



3949 N Pulaski Road
Chicago, IL 60641
Phone: 773-283-0090
Fax: 773-5645-818

HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Satter, Inez Tel: (815) 239-2514
Address 6559 Best Rd Pecatonica IL 61063
Emergency Contact Martha (DIL) Tel: 815 339 2119
Homemaker Name Busker, Allison K Tel: () -
Date Assigned 4/5/19
Client Condition Needs assistance w/ ADLs

This Plan of Care has to be followed by the Homecare Aide/Homemaker for the above named Client. The Plan of Care is designed to meet the Client's individual needs. It is mandatory to follow the Plan of Care so the Client can best receive the services the State has assigned for him/her. If you cannot adhere to this Plan of Care for the Client, please call your Supervisor and discuss the matter.

The above named Client is to be seen 2 Days a week on:

Mon 3.00 Tue 0.00 Wed 0.00 Thu 0.00 Fri 3.00 Sat 0.00 Sun 0.00
From 10 AM To 3 PM 16.00 Hours per week ☐ **Daily Hours** 0.00

Start Date of
Services _____

You should provide only the following duties (checked):

<input type="checkbox"/> 1. Eating	<input checked="" type="checkbox"/> 2. Bathing	<input checked="" type="checkbox"/> 3. Grooming
<input checked="" type="checkbox"/> 4. Dressing	<input checked="" type="checkbox"/> 5. Transferring	<input type="checkbox"/> 6. Incontinence
<input type="checkbox"/> 7. Managing Money	<input checked="" type="checkbox"/> 8. Telephoning	<input checked="" type="checkbox"/> 9. Preparing Meals
<input checked="" type="checkbox"/> 10. Laundry	<input checked="" type="checkbox"/> 11. Housework	<input checked="" type="checkbox"/> 12. Outside Home
<input checked="" type="checkbox"/> 13. Routine Health	<input type="checkbox"/> 14. Special Health	<input checked="" type="checkbox"/> 15. Being Alone

Supervisor's
Signature _____ Date: _____