



Client Name	<u>Smith, Suzanne</u>	Tel: <u>(815) 968-6741</u>
Address	<u>1720 Rose Ave Rockford IL 61102</u>	
Emergency Contact	<u>Grayland (brother)</u>	Tel: <u>779-777-0387</u>
Homemaker Name	<u>Kent, Jacqueline</u>	Tel: <u>() -</u>
Date Assigned	<u>6-29-20</u>	
Client Condition	<u>needs assistance w/ ADLs</u>	

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

Mon  Tue  Wed  Thu  Fri  Sat  Sun

From Mon-Fri To 9-1pm 20.00 Hours per week  **Daily Hours**

You should provide only the following duties (checked):

- |                            |                          |                             |
|----------------------------|--------------------------|-----------------------------|
| <u>X</u> 1. Eating         | <u>X</u> 2. Bathing      | <u>    </u> 3. Grooming     |
| <u>    </u> 4. Dressing    | <u>X</u> 5. Transferring | <u>X</u> 6. Incontinence    |
| <u>X</u> 7. Managing Money | <u>X</u> 8. Telephoning  | <u>X</u> 9. Preparing Meals |
| <u>X</u> 10. Laundry       | <u>X</u> 11. Housework   | <u>X</u> 12. Outside Home   |
| X 13. Routine Health       | 14. Special Health       | 15. Being Alone             |

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_