



3949 N Pulaski Road
Chicago, IL 60641
Phone: 773-283-0090
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HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Swanson, Bonnie Tel: (815) 516-7957
Address 4260 Sunset Ter #106 Loves Park IL 61111
Emergency Contact _____ Tel: (_____
Homemaker Name Bush, Destiny O Tel: (779) 238-1334
Date Assigned 2-5-20
Client Condition Need assistance with 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 Days a week on:

Mon Tue Wed Thu Fri Sat Sun
From 12pm To 2pm 4.00 Hours per week ☐ **Daily Hours**

Start Date of
Services _____

You should provide only the following duties (checked):

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Eating | <input checked="" type="checkbox"/> 2. Bathing | <input 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 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 type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health | <input checked="" type="checkbox"/> 15. Being Alone |

Supervisor's
Signature _____ Date: _____