



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 Taylor, Penny Tel: (815) 289-3425
Address 2321 Halsted Rd #321 Rockford IL 61103
Emergency Contact _____ Tel: abunke
Homemaker Name Aebly, Nita Tel: (815) 298-9634
Date Assigned 6/30/2020
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 Days a week on:

Mon Tue Wed Thu Fri Sat Sun
From 11a To 215p 9.75 Hours per week ☐ **Daily Hours**

Start Date of
Services _____

You should provide only the following duties (checked):

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Eating | <input type="checkbox"/> 2. Bathing | <input type="checkbox"/> 3. Grooming |
| <input type="checkbox"/> 4. Dressing | <input type="checkbox"/> 5. Transferring | <input type="checkbox"/> 6. Incontinence |
| <input type="checkbox"/> 7. Managing Money | <input type="checkbox"/> 8. Telephoning | <input 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 type="checkbox"/> 15. Being Alone |

Supervisor's
Signature _____ Date: _____