



3949 N Pulaski Road  
Chicago, IL 60641  
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## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Ward, Lloyd Tel: (815) 708-9330  
Address 2901 Searles Ave Apt D101 Rockford IL 61101  
Emergency Contact Dana Harmon Tel: 815 971 2506  
Homemaker Name Smith, Angelia M Tel: (815) 593-6650  
Date Assigned 4-13-2020  
Client Condition Needs assistance with ADL\\S

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 12:30pm To 5:00pm 18.00 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 checked="" type="checkbox"/> 3. Grooming
<input type="checkbox"/> 4. Dressing	<input checked="" type="checkbox"/> 5. Transferring	<input checked="" 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 type="checkbox"/> 15. Being Alone

Supervisor's  
Signature \_\_\_\_\_

Date: \_\_\_\_\_