



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 Williams, James Tel: (815) 721-5520
Address 310 7th St #821 Rockford IL 61104
Emergency Contact Charles (brother) Tel: 815-962-2999
Homemaker Name White, Victoria Tel: (779) 256-1221
Date Assigned 6-17-20
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 3 Days a week on:

Mon 5.00 Tue 0.00 Wed 5.00 Thu 0.00 Fri 5.00 Sat 0.00 Sun 0.00
From M/W/F To 9-2pm 15.00 Hours per week ☐ **Daily Hours** 0.00

Start Date of
Services _____

You should provide only the following duties (checked):

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

Supervisor's
Signature _____ Date: 06/15/2020