



Client Name	<u>Yttrie, Sharon</u>	Tel: <u>(779) 772-3285</u>
Address	<u>2901 Searles Ave C109 Rockford IL 61101</u>	
Emergency Contact	<u>Chuck Yttrie</u>	Tel: <u>812 455 1310</u>
Homemaker Name	<u>Thomas, Karen</u>	Tel: <u>(815) 540-8789</u>
Date Assigned	<u>6/29/2020</u>	
Client Condition	<u>needs assistance w/ ADLs</u>	

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.

Mon	0.00	Tue	0.00	Wed	4.00	Thu	0.00	Fri	0.00	Sat	0.00	Sun	0.00
From 9a		To 1p		16.00		Hours per week				Daily Hours		0.00	

Start Date of Services

<u>X</u> 1. Eating	<u> </u> 2. Bathing	<u>X</u> 3. Grooming
<u>X</u> 4. Dressing	<u>X</u> 5. Transferring	<u>X</u> 6. Incontinence
<u> </u> 7. Managing Money	<u> </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
13. Routine Health	14. Special Health	X 15. Being Alone

Supervisor's Signature _____ Date: _____