



Client Name	test, sam	Tel:	(815) 713-5798
Address	5301 East State Street Rockford IL 61107		
Emergency Contact	44444	Tel:	(
Homemaker Name	Omalley, William	Tel:	(815) 713-5798
Date Assigned	10/17/19		
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.

Mon	0.00	Tue	0.00	Wed	0.00	Thu	5.00	Fri	5.00	Sat	0.00	Sun	0.00
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From 10:00a To 10:15am 0.25 Hours per week **Daily Hours**

Start Date of Services

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

Supervisor's Signature _____ Date: _____