



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 Abesamis, Darline Tel: (773) 599-0020
Address 4015 N Milwaukee Ave Unit 506 Chicago IL 60641
Emergency Contact _____ Tel: (773) 610-3310
Homemaker Name Hong, In Sun Tel: (408) 829-9048
Date Assigned _____
Client Condition _____

This Plan of Care has to be followed by the Hemecare 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 _____ To _____ 0.00 Hours per week ☐ **Daily Hours**

Start Date of
Services _____

You should provide only the following duties (checked):

<input type="checkbox"/> 1. Eating	<input checked="" type="checkbox"/> 2. Bathing	<input checked="" type="checkbox"/> 3. Grooming
<input checked="" 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: 04/21/2020