



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: \_\_\_\_\_  
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: \_\_\_\_\_