



3949 N Pulaski Road  
Chicago, IL 60641  
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## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Dumas Mosby, Cynthia Tel: (708) 490-6130  
Address 1565 State St Calumet City IL 60409  
Emergency Contact \_\_\_\_\_ Tel: mestrella  
Homemaker Name Martin, Devyn N Tel: (773) 440-0366  
Date Assigned 8/2/2019  
Client Condition Needs 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  Days a week on:

Mon  Tue  Wed  Thu  Fri  Sat  Sun   
From 8am To 3:30pm 37.00 Hours per week ☐ **Daily Hours**

Start Date of  
Services \_\_\_\_\_

You should provide only the following duties (checked):

- |                                                        |                                                     |                                                        |
|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| <input checked="" 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 checked="" type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health         | <input type="checkbox"/> 15. Being Alone               |

Supervisor's  
Signature \_\_\_\_\_ Date: \_\_\_\_\_