



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 Grove, Grissel Tel: (815) 569-1008  
Address 215 Sundance Trail Capron IL 61012  
Emergency Contact N/A Tel: N/A  
Homemaker Name Devenish, Lydia Tel: (815) 979-9830  
Date Assigned 02-4-2020  
Client Condition Need 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 3pm To 6:45pm 18.29 Hours per week ☐ **Daily Hours**

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

You should provide only the following duties (checked):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Eating                     | <input type="checkbox"/> 2. Bathing               | <input type="checkbox"/> 3. Grooming                   |
| <input type="checkbox"/> 4. Dressing                   | <input type="checkbox"/> 5. Transferring          | <input 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: \_\_\_\_\_