



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

Client Name Gummerus, Eric Tel: (779) 200-0122
Address 1000 Chamberlain St #1209 Rockford IL 61104
Emergency Contact _____ Tel: (_____
Homemaker Name Kahe, Nathacha B Tel: (412) 863-8229
Date Assigned 12/18/19
Client Condition needs assistance w/ 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 5p To 7p 2.00 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 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 type="checkbox"/> 10. Laundry | <input type="checkbox"/> 11. Housework | <input 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: _____