



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

Client Name Lawwill, Jennifer Tel: (779) 537-8304  
Address 8212 Cameo Dr Machesney Park IL 61115  
Emergency Contact Conway Lawwill-spouse Tel: (815) 713-3532  
Homemaker Name Lamon, Heather Tel: () -  
Date Assigned 08/04/2020  
Client Condition \_\_\_\_\_

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 \_\_\_\_\_ To \_\_\_\_\_  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 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: \_\_\_\_\_