



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

Client Name Sommer, Evangeline Tel: (815) 999-6275
Address 1418 Sandy Hollow 44 N Rockford IL 61109
Emergency Contact _____ Tel: _____
Homemaker Name Turner, Joy Tel: (815) 519-3073
Date Assigned 6-24-20
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 5 Days a week on:

Mon 3.00 Tue 3.00 Wed 3.00 Thu 3.00 Fri 3.00 Sat 0.00 Sun 0.00

From M/T/TH/Fr To Wed 17.75 Hours per week
11am-2:30p 11-2:45p
☐ **Daily Hours** 0.00

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 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: _____