



Client Name	<u>Yadav, Ankit</u>	Tel: <u>9876543210</u>
Address	<u>gomti nagar gomti nagar Lucknow UP 212121</u>	
Emergency Contact	<u>Deepak</u>	Tel: <u>9876543211</u>
Homemaker Name	<u>Barrera, Anna</u>	Tel: <u>() -</u>
Date Assigned	<u>15-JAN-2020</u>	
Client Condition	NA	

The above named Client is to be seen Days a week on:

Mon	10.00	Tue	20.00	Wed	30.00	Thu	40.00	Fri	50.00	Sat	60.00	Sun	70.00
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From Mon To Fri 40.00 Hours per week **Daily Hours**

Start Date of Services

You should provide only the following duties (checked):

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|----------------------------|--------------------------|--------------------------|
| <u>X</u> 1. Eating | <u>X</u> 2. Bathing | _____ 3. Grooming |
| <u>X</u> 4. Dressing | <u>X</u> 5. Transferring | _____ 6. Incontinence |
| <u>X</u> 7. Managing Money | _____ 8. Telephoning | _____ 9. Preparing Meals |
| <u>X</u> 10. Laundry | _____ 11. Housework | _____ 12. Outside Home |
| X 13. Routine Health | 14. Special Health | 15. Being Alone |

Supervisor's Signature Abkit Yadav Date: 01/15/2020