



Client Name	<u>Adrian, Joanne D.</u>	Tel: <u>(815) 751-4944</u>
Address	<u>111 W. State St #912 Rockford IL 61101</u>	
Emergency Contact	<u>Charlene Pharran</u>	Tel: <u>815-683-7207</u>
Homemaker Name	<u>Harris, Melba L</u>	Tel: <u>() -</u>
Date Assigned	<u>2-28-2020</u>	
Client Condition	<u>Needs assistance with ADL\\\\\\\\\\\\S</u>	

The above named Client is to be seen 2 Days a week on:

Mon	0.00	Tue	0.00	Wed	0.00	Thu	0.00	Fri	0.00	Sat	0.00	Sun	0.00
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From 9:00am To 12:00pm 6.00 Hours per week **Daily Hours**

Start Date of
Services

You should provide only the following duties (checked):

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

Supervisor's Signature _____ Date: _____