



Client Name	<u>Barker, Vicky</u>	Tel: <u>(815) 713-7712</u>
Address	<u>207 Newman St Apt D1 Durand IL 61024</u>	
Emergency Contact	<u>N/A</u>	Tel: <u>(</u>
Homemaker Name	<u>Carter, Chantel M</u>	Tel: <u>() -</u>
Date Assigned	<u>6-24-20</u>	
Client Condition	<u>Need assistance with ADLS</u>	

The above named Client is to be seen 5 Days a week on:

From M/ 10-3pm To T/W/TH/F 8-11am 17.00 Hours per week ☐ **Daily Hours**

You should provide only the following duties (checked):

- Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_