



3949 N Pulaski Road
Chicago, IL 60641
Phone: 773-283-0090
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HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Bunke, Stanley Tel: (815) 963-2573
Address 2116 N Court St Rockford IL 61103
Emergency Contact Darleen Bunke Tel: 815-963-2573
Homemaker Name HCP Hall, Annita Tel: (815) 218-7071
Date Assigned 6/25 & 6/26/2020
Client Condition Needs assistance w/ ADL's; fill-in

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 2 Days a week on:

Mon 2.00 Tue 2.00 Wed 2.00 Thu 2.00 Fri 2.00 Sat 0.00 Sun 0.00

From 1:00 To 3 Hours per week ☐ **Daily Hours** 0.00
PM PM 4.00

Start Date of
Services _____

You should provide only the following duties (checked):

<input type="checkbox"/> 1. Eating	<input checked="" type="checkbox"/> 2. Bathing	<input type="checkbox"/> 3. Grooming
<input type="checkbox"/> 4. Dressing	<input checked="" type="checkbox"/> 5. Transferring	<input type="checkbox"/> 6. Incontinence
<input type="checkbox"/> 7. Managing Money	<input checked="" 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 checked="" type="checkbox"/> 15. Being Alone

Supervisor 's
Signature _____ Date: _____