



Client Name	Chattergoon, Misty	Tel: (815) 209-6874
Address	408 N. Third St. #1 Rockford IL 61107	
Emergency Contact	Hondu (son)	Tel: 815-378-4876
Homemaker Name	Moss, Tiesha C	Tel: (815) 621-9089
Date Assigned	11-8-2018	
Client Condition	Needs assistance with ADL\\\'S	

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.

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 2:00pm 25.00 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 | <u>X</u> 3. Grooming |
| <u>X</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 |
| X 13. Routine Health | 14. Special Health | X 15. Being Alone |

Supervisor's Signature _____ Date: _____