



Client Name	<u>Doty, Janet</u>	Tel: <u>(815) 962-6478</u>
Address	<u>2901 Searles Ave E110 Rockford IL 61101</u>	
Emergency Contact	<u>Catherine (friend)</u>	Tel: <u>815-871-9774</u>
Homemaker Name	<u>Williams, Moneshia T</u>	Tel: <u>(779) 208-2586</u>
Date Assigned	<u>5/28/2020</u>	
Client Condition	needs assistance w/ ADLs	

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

Mon	4.00	Tue	4.00	Wed	4.00	Thu	4.00	Fri	4.00	Sat	0.00	Sun	0.00
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From 8a To 12noon 20.00 Hours per week **Daily Hours**

Start Date of Services

You should provide only the following duties (checked):

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

Supervisor's Signature _____ Date: _____