



3949 N Pulaski Road
Chicago, IL 60641
Phone: 773-283-0090
Fax: 773-5645-818

HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Douglas, Eugene Tel: (815) 491-5080
Address 511 N Church St #703 Rockford IL 61103
Emergency Contact Gloria Mcdonald-sister Tel: 815-995-8065
Homemaker Name Miller, Rozene L Tel: (779) 774-4979
Date Assigned 6/16/2020-6/19/20
Client Condition needs assistance w/ ADLs

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

From 1230p To 230p 4.00 Hours per week ☐ Daily Hours 0.00

Start Date of
Services _____

You should provide only the following duties (checked):

- | | | |
|-----------------------------|--------------------------|-----------------------------|
| <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 | _____ 6. Incontinence |
| _____ 7. Managing Money | _____ 8. Telephoning | <u>X</u> 9. Preparing Meals |
| <u>X</u> 10. Laundry | <u>X</u> 11. Housework | <u>X</u> 12. Outside Home |
| <u>X</u> 13. Routine Health | _____ 14. Special Health | <u>X</u> 15. Being Alone |

Supervisor 's
Signature _____ Date: 06/12/2020