



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 Dunker, John Tel/Mob: (773) 742-2776
Address 111 W State St #504 Rockford IL 61101
Emergency Contact Sandy-dtr Tel/Mob: (815) 519-7000
Homemaker Name Armstrong, Kenneth A Tel/Mob: (
Date Assigned 12/15/2020
Client Condition _____

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 Days a week on:

Mon Tue Wed Thu Fri Sat Sun
From _____ To _____ Hours per week Daily Hours

Start Date of Services _____

You should provide only the following duties (checked):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Eating | <input type="checkbox"/> 2. Bathing | <input checked="" type="checkbox"/> 3. Grooming |
| <input checked="" 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 type="checkbox"/> 15. Being Alone |

Supervisor 's Signature _____ Date: _____