



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 Gilbertson, Diana Tel: (815) 650-5684
Address 630 E State St 1106 Rockford IL 61104
Emergency Contact Constance-dtr Tel: (779) 772-0086
Homemaker Name Ryder, Jennifer Tel: (815) 329-9887
Date Assigned _____
Client Condition Need assistance with 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 0.00 Wed 0.00 Thu 0.00 Fri 0.00 Sat 0.00 Sun 0.00
From M/W/F To 12-4pm 12.00 Hours per week ☐ **Daily Hours** 0.00

Start Date of
Services _____

You should provide only the following duties (checked):

<u> </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> X </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
<u> X </u> 13. Routine Health	<u> X </u> 14. Special Health	<u> </u> 15. Being Alone

Supervisor 's
Signature _____ Date: _____