



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 Gradick, Doris Tel/Mob: (815) 282-0350  
Address 2750 N Mulford Rd #A207 Rockford IL 61114  
Emergency Contact John-son Tel/Mob: 815-670-7480  
Homemaker Name Murry, Daraisha T Tel/Mob: (779) 232-9010  
Date Assigned 11/13/19  
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  Days a week on:

Mon  Tue  Wed  Thu  Fri  Sat  Sun   
From 130p To 330p 4.00 Hours per week ☐ **Daily Hours**

Start Date of Services \_\_\_\_\_

You should provide only the following duties (checked):

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

Supervisor 's Signature \_\_\_\_\_ Date: \_\_\_\_\_