



Client Name	Hill, Lisbeth	Tel: (815) 399-8032
Address	2229 15th Ave Rockford IL 61104	
Emergency Contact	Maia (dau)	Tel: 815-980-4770
Homemaker Name	Hunter, Lillian	Tel: () -
Date Assigned	9-6-2019	
Client Condition	Needs assistance with ADL\\\\\\\\\\\\S	

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 1 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
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From 2:00pm To 4:00pm 10.00 Hours per week **Daily Hours**

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

Supervisor's Signature _____ Date: _____