



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 Hill, Lisbeth Tel: (815) 399-8032
Address 2229 15th Ave Rockford IL 61104
Emergency Contact Maia (dau) Tel: (815) 980-4770
Homemaker Name Blankenship, Erica N Tel: (779) 774-0669
Date Assigned 07/20/2020
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 4 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 Mon-Wed 12-4pm To Thur 12-4:30 16.50 Hours per week ☐ Daily Hours 0.00

Start Date of Services _____

You should provide only the following duties (checked):

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. Eating | <input checked="" type="checkbox"/> 2. Bathing | <input checked="" type="checkbox"/> 3. Grooming |
| <input checked="" type="checkbox"/> 4. Dressing | <input 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 checked="" type="checkbox"/> 15. Being Alone |

Supervisor 's
Signature _____ Date: _____