



Client Name	<u>Hintzen, Richard</u>	Tel: <u>(815) 961-8988</u>
Address	<u>7821 S Main St Rockford IL 61102</u>	
Emergency Contact	<u>Mary Ann Ives-niece</u>	Tel: <u>(319) 830-2323</u>
Homemaker Name	<u>Spates, Starlett</u>	Tel: <u>(815) 386-3346</u>
Date Assigned	<u>7-3-20</u>	
Client Condition	Need assistance with ADLS	

The above named Client is to be seen Days a week on:

Mon Tue Wed Thu Fri Sat Sun

From Mon/Fri To 8-11am 6.00 Hours per week **Daily Hours**

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

Supervisor's Signature _____ Date: _____