



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 Korinke, Vicki Tel: (815) 222-0983
Address 1508 4th Ave Apt 1 Rockford IL 61104
Emergency Contact Tabbatha Korinke Dtr Tel: 8153190864
Homemaker Name Stormont, Janis C Tel: (815) 670-9204
Date Assigned 2-24-20
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 3.00 Tue 0.00 Wed 3.00 Thu 0.00 Fri 0.00 Sat 0.00 Sun 0.00

From M/W To 12-3pm 6.00 Hours per week ☐ **Daily Hours** 0.00

Start Date of Services _____

You should provide only the following duties (checked):

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Eating | <input type="checkbox"/> 2. Bathing | <input type="checkbox"/> 3. Grooming |
| <input type="checkbox"/> 4. Dressing | <input type="checkbox"/> 5. Transferring | <input type="checkbox"/> 6. Incontinence |
| <input type="checkbox"/> 7. Managing Money | <input type="checkbox"/> 8. Telephoning | <input type="checkbox"/> 9. Preparing Meals |
| <input type="checkbox"/> 10. Laundry | <input type="checkbox"/> 11. Housework | <input type="checkbox"/> 12. Outside Home |
| <input type="checkbox"/> 13. Routine Health | <input type="checkbox"/> 14. Special Health | <input type="checkbox"/> 15. Being Alone |

Supervisor's
Signature _____

Date: _____