



Client Name	<u>Lopez, Concepcion</u>	Tel: <u>(630) 276-6566</u>
Address	<u>4260 Sunset Ter 104 Loves Park IL 61111</u>	
Emergency Contact	<u>Betsy-dtr</u>	Tel: <u>(630) 709-3962</u>
Homemaker Name	<u>Vidal, Carmela</u>	Tel: <u>() -</u>
Date Assigned	<u>07/14/2020</u>	
Client Condition	<u>Needs assistance with ADL\\\'S</u>	

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

Mon  Tue  Wed  Thu  Fri  Sat  Sun

From 1:00pm To 4:00pm 9.00 Hours per week  **Daily Hours**

You should provide only the following duties (checked):

- |                               |                              |                                 |
|-------------------------------|------------------------------|---------------------------------|
| <u>    </u> 1. Eating         | <u>  X  </u> 2. Bathing      | <u>    </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   |
| 13. Routine Health            | 14. Special Health           | 15. Being Alone                 |

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