



3949 N Pulaski Road  
Chicago, IL 60641  
Phone: 773-283-0090  
Fax: 773-5645-818

## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Malak, Peter Tel: (815) 491-5123  
Address 505 N. Main St Apt 201 Rockford IL 61103  
Emergency Contact Anne Legge Tel: 815-398-7284  
Homemaker Name Martin, Rashod M Tel: (815) 968-9175  
Date Assigned 6/4/2020  
Client Condition needs assistance w/ 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 5 Days a week on:

Mon 2.00 Tue 2.00 Wed 2.00 Thu 2.00 Fri 2.00 Sat 0.00 Sun 0.00  
From 4p To 6p 10.00 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: 06/12/2020