



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 Mensching, Linda Tel: (815) 761-1212
Address 4964 Pine Cone Court Unit 3 Loves Park IL 61111
Emergency Contact Brian Mensching Son Tel: (815) 355-3318
Homemaker Name Burris, Nioka S Tel: (815) 505-3285
Date Assigned 6/18/2020
Client Condition Needs assistance w/ ADL's

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 1 Days a week on:

Mon 0.00 Tue 0.00 Wed 0.00 Thu 4.00 Fri 0.00 Sat 0.00 Sun 0.00
From 9 AM To 1 PM 4.00 Hours per week ☐ **Daily Hours** 0.00

Start Date of
Services _____

You should provide only the following duties (checked):

- | | | |
|--------------------------------|--------------------------------|---------------------------------|
| <u> </u> 1. Eating | <u> X </u> 2. Bathing | <u> X </u> 3. Grooming |
| <u> </u> 4. Dressing | <u> </u> 5. Transferring | <u> </u> 6. Incontinence |
| <u> </u> 7. Managing Money | <u> </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 |
| <u> </u> 13. Routine Health | <u> </u> 14. Special Health | <u> X </u> 15. Being Alone |

Supervisor's
Signature _____ Date: 06/16/2020