



3949 N Pulaski Road  
Chicago, IL 60641  
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## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Merkel, Jacob Tel/Mob: (815) 616-8175  
Address 1011 Longhorn St Freeport IL 61032  
Emergency Contact Robin Jensen-dtr Tel/Mob: (206) 280-2315  
Homemaker Name Wooten, Shantell J Tel/Mob: (331) 645-3374  
Date Assigned 2/12/2020  
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  Days a week on:

Mon  Tue  Wed  Thu  Fri  Sat  Sun   
From 4p To 7p 12.00 Hours per week  **Daily Hours**

Start Date of Services \_\_\_\_\_

You should provide only the following duties (checked):

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

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