



Client Name	Mihailovic, Jovan	Tel: (773) 961-5927
Address	111 W. State Street Apt 1011 Rockford IL 61101	
Emergency Contact	N/A	Tel: (
Homemaker Name	Miller, Rozene L	Tel: (779) 774-4979
Date Assigned	6-16-20	
Client Condition	Need assistance with ADL'S / Fill-in	

The above named Client is to be seen 1 Days a week on:

Mon	0.00	Tue	3.00	Wed	0.00	Thu	0.00	Fri	0.00	Sat	0.00	Sun	0.00
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From Tuesday To 10-1pm 3.00 Hours per week ☐ **Daily Hours**

Start Date of Services

You should provide only the following duties (checked):

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

Supervisor's Signature \_\_\_\_\_ Date: 06/15/2020