



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 Robinson, Lester Tel: (779) 770-1806  
Address 416 Gregory St Rockford IL 61104  
Emergency Contact Barbara-sister Tel: (414) 461-7717  
Homemaker Name King, Alison Tel: (815) 975-8080  
Date Assigned 6-22-20  
Client Condition Need assistance with 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 M/F 3-7:30pm To Tues 3:30-6:30pm 12.00 Hours per week ☐ **Daily Hours**

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

You should provide only the following duties (checked):

- |  |  |  |
|--|--|--|
| <input checked="" 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 type="checkbox"/> 8. Telephoning                | <input checked="" type="checkbox"/> 9. Preparing Meals |
| <input checked="" 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 checked="" type="checkbox"/> 14. Special Health | <input checked="" type="checkbox"/> 15. Being Alone    |

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