



Client Name	Thomas, William	Tel: (815) 656-1271
Address	649 W Chestnut St Freeport IL 61032	
Emergency Contact	Lisa Winston	Tel: 815-323-3969
Homemaker Name	Winston, Lisa	Tel: (815) 656-1271
Date Assigned	1/17/18	
Client Condition	Needs assistance w/ adls	

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

Mon Tue Wed Thu Fri Sat Sun

From varies To varies 12.00 Hours per week **Daily Hours**

You should provide only the following duties (checked):

- | | | |
|--------------------------------|--------------------------------|---------------------------------|
| <u> </u> 1. Eating | <u> X </u> 2. Bathing | <u> X </u> 3. Grooming |
| <u> X </u> 4. Dressing | <u> </u> 5. Transferring | <u> X </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: _____