



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

Client Name Upshaw, Charles Tel: (815) 222-7641  
Address 2321 Halsted Road #523 Rockford IL 61103  
Emergency Contact Charette Upshaw Tel: 815-908-1478  
Homemaker Name Horton, Montell Tel: (414) 349-1513  
Date Assigned 6/26/2020  
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 2 Days a week on:

Mon 0.00 Tue 3.00 Wed 0.00 Thu 3.00 Fri 0.00 Sat 0.00 Sun 0.00

From 12noon To 3p 6.00 Hours per week ☐ Daily Hours 0.00

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 checked="" 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 type="checkbox"/> 14. Special Health         | <input checked="" type="checkbox"/> 15. Being Alone    |

Supervisor's  
Signature \_\_\_\_\_

Date: \_\_\_\_\_