



Client Name	Upton, Earl	Tel: (815) 977-4987
Address	1605 Iris Ave Rockford IL 61102	
Emergency Contact	Sherry Upton	Tel: 720-339-9430
Homemaker Name	Adams, Brenda K	Tel: (815) 980-5328
Date Assigned	6-13-20/6-14-20	
Client Condition	Need assistance with ADLS fill-in	

The above named Client is to be seen 2 Days a week on:

Mon	0.00	Tue	0.00	Wed	0.00	Thu	0.00	Fri	0.00	Sat	3.00	Sun	3.00
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From Sat/Sun To 9-12:30pm 7.00 Hours per week ☐ **Daily Hours**

Start Date of
Services

You should provide only the following duties (checked):

- | | | |
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| <u>X</u> 1. Eating | <u>X</u> 2. Bathing | <u>X</u> 3. Grooming |
| <u>X</u> 4. Dressing | <u>X</u> 5. Transferring | <u> </u> 6. Incontinence |
| <u> </u> 7. Managing Money | <u>X</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 |
| X 13. Routine Health | 14. Special Health | X 15. Being Alone |

Supervisor's Signature _____ Date: 06/11/2020