



Client Name	<u>Upton, Minnie</u>	Tel: <u>(815) 977-4987</u>
Address	<u>1605 Iris Ave Rockford IL 61102</u>	
Emergency Contact	<u>Sherry Upton (dau)</u>	Tel: <u>(720) 339-9430</u>
Homemaker Name	<u>Sims, Falon P</u>	Tel: <u>(815) 713-6634</u>
Date Assigned	<u>5-27-20</u>	
Client Condition	Need assistance with ADLS fill-in	

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.

Mon  Tue  Wed  Thu  Fri  Sat  Sun   
 From Wed/Fri To 9-12 3.00 Hours per week  **Daily Hours**

Start Date of  
Services

<u>      </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
<u>  X  </u> 13. Routine Health	14. Special Health	<u>  X  </u> 15. Being Alone

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