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## HEMOCARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name Wilson, Judy Tel/Mob: (815) 962-0530  
Address 502 Euclid Avenue Rockford IL 61102  
Emergency Contact Penny Tel/Mob: (815) 289-8972  
Homemaker Name Cooper, Alexis Tel/Mob: (815) 501-2124  
Date Assigned 11/05/2020  
Client Condition \_\_\_\_\_

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 \_\_\_\_\_ To \_\_\_\_\_  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 checked="" 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: \_\_\_\_\_