

3949 N Pulaski Road
Chicago, IL 60641
Phone: 773-283-0090
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HOMECARE AIDE / HOMEMAKER SERVICE ASSIGNMENT & PLAN OF CARE

Client Name	test, sam	Tel:	(815) 713-5798
Address	5301 East State Street Rockford IL 61107		
Emergency Contact	44444	Tel:	(
Homemaker Name	Smith, Sarah	Tel:	(
Date Assigned	07/21/2020		
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 0 Days a week on:

Mon Tue Wed Thu Fri Sat Sun
 From To 0.00 Hours per week **Daily Hours**

Start Date of Services

You should provide only the following duties (checked):

<u>X</u> 1. Eating	_____ 2. Bathing	_____ 3. Grooming
<u>X</u> 4. Dressing	_____ 5. Transferring	_____ 6. Incontinence
<u>X</u> 7. Managing Money	_____ 8. Telephoning	_____ 9. Preparing Meals
<u>X</u> 10. Laundry	_____ 11. Housework	_____ 12. Outside Home
X 13. Routine Health	14. Special Health	15. Being Alone

Supervisor's Signature _____ Date: _____