

# Client Assistance Plan

(formerly Plan of Care)



Washington Home Care LLC  
 P.O. Box 1244  
 Washington, CT 06793  
 203-577-8979

**Client:**  
**Service Seeker (elderly person in need of care):**  
**Address:** **Start Date:**  
**Gender:**  
**Birthday:**

Contact information/Guarantor/POA/Conservator – Include phone/emails

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Emergency Contact(s):

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## DUTIES TO PERFORM

	<u>Sun</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>As Needed</u>	<u>Informational</u>
<i>Bathing</i>									
• Shave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Shower assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Communication</i>									
• Keep instructions simple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Dressing</i>									
• Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Set clothes out for client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Meal Preparation</i>									
• Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Miscellaneous</i>									
• Socialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Socialization - companionship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Client's Level of Function

Notes:

Duties to Perform

Service Provider (formerly the Caregiver) Name:

Please list any other:

**Clean the Residence**

**Light housekeeping**

**Ambulation**

**Assistance dressing**

**Meal Preparation**

**Transportation to/from appointments, shopping**

**Assist with shower and dressing**

**Make bed and vacuum rooms**

**Empty garbage throughout residence**

**Laundry**

**Assist with med reminders**

**Authorization (if required) – Physician – Sign and date**

**Authorization – (if any) Guardian/POA/Conservator (Please specify) – Sign and date**

**Authorization – Guarantor – Sign and date**