Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Taylor Frey	45678901	09/30/2003	08/29/2026	Community · POS 99

SERVICE	HOURS	UNITS	TIME	CAREGIVER
Respite care, out of home, S5150 UB	6	24	4:00 PM – 10:00 PM	Maria Peters-, Designated coordinator

SERVICE NARRATIVE

Out-of-home respite. Taylor went to the community pool with the group, then a pizza night. Some anxiety at bedtime; staff sat nearby and Taylor was asleep by 10:30.

SUPPORTS PROVIDED

Personal care / ADLs · Skill building per support plan · Safety supervision · Meals

SUPPORT PLAN OUTCOMES · 1 OF 2 ADDRESSED

NO — Did Taylor cook or plan a meal today?
Live in my own apartment

YES — Did Taylor complete a chore from the checklist without a prompt?
Live in my own apartment

LEVEL OF ASSISTANCE

High
Hands-on support or continuous direction

DAILY ACTIVITIES

- Assisted Taylor with budgeting, paying bills, and tracking spending
- Assisted Taylor with developing and following a weekly activity schedule to reduce idle time and promote active daily routines

MEDICATION ADMINISTRATION

None scheduled

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Maria Peters

08/29/2026, 10:02 PM CT · NPI 1234567893

CAREGIVER SIGNATURE

Caregiver. I certify under penalty of law that I personally provided the services described here, and that the date, times, hours, and units on this note are true and complete. I understand that falsifying a service record is fraud and may lead to criminal prosecution, civil penalties, and loss of my employment.

Electronically signed by:

Taylor Frey

08/29/2026, 10:01 PM CT · verified with private client code

CLIENT SIGNATURE

Person served. I have reviewed this note. I certify that I received this service on the date and during the times shown, from the caregiver named here, as authorized in my support plan. If anything above is wrong I will not sign, and I will tell the provider so it can be corrected. I understand that knowingly giving false information for Medical Assistance payment is a crime.

VISIT VERIFICATION — Electronic visit verification, GPS captured at clock-in and clock-out