

# Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

|                               |          |               |                    |                 |
|-------------------------------|----------|---------------|--------------------|-----------------|
| CLIENT                        | PMI #    | DATE OF BIRTH | DATE OF SERVICE    | SETTING         |
| Jordan Abelard                | 12345678 | 04/12/1998    | 07/25/2026         | Home · POS 12   |
| SERVICE                       | HOURS    | UNITS         | TIME               | CAREGIVER       |
| Respite care, in home, \$5150 | 4        | 16            | 10:00 AM – 2:00 PM | Sam Nguyen, DSP |

## SERVICE NARRATIVE

Afternoon respite. Walked to the park, then homework support for 30 minutes. Dinner eaten fully. Brushed teeth with one reminder. Parent returned at 7:00 and staff gave a handoff.

## SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Meals
- Community outing

## SUPPORT PLAN OUTCOMES · 2 OF 3 ADDRESSED

- YES

Did Jordan participate in a community outing?  
Improve social skills
- YES

Did Jordan start a conversation with a peer or staff member today?  
Improve social skills
- NO

Did Jordan help plan or cook a meal today?  
Cook two meals a week

## LEVEL OF ASSISTANCE

Medium  
Regular prompting or partial assistance

## DAILY ACTIVITIES

- Assisted Jordan with budgeting, paying bills, and tracking spending
- Assisted Jordan 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:

Sam Nguyen

07/25/2026, 2:02 PM CT · UMPI A100000003

### 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:

Jordan Abelard

07/25/2026, 2:01 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