

# Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

|                                |          |               |                    |                 |
|--------------------------------|----------|---------------|--------------------|-----------------|
| CLIENT                         | PMI #    | DATE OF BIRTH | DATE OF SERVICE    | SETTING         |
| Jordan Abelard                 | 12345678 | 04/12/1998    | 07/21/2026         | Home · POS 12   |
| SERVICE                        | HOURS    | UNITS         | TIME               | CAREGIVER       |
| IHS with training, H2014 UC U3 | .5       | 14            | 9:00 AM – 12:30 PM | Sam Nguyen, DSP |

## SERVICE NARRATIVE

Community outing to Cub Foods. Jordan compared prices on two items and chose the cheaper one without prompting. Cooked pasta for lunch with staff supervising the stove. Reviewed tomorrow’s plan on the whiteboard.

## SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Independence
- Health and safety

## SUPPORT PLAN OUTCOMES · 3 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
- YES

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

## LEVEL OF ASSISTANCE

High  
Hands-on support or continuous direction

## DAILY ACTIVITIES

- Supported Jordan in contacting family, friends, or providers to stay connected
- Assisted Jordan with setting boundaries and navigating social interactions

## MEDICATION ADMINISTRATION

None scheduled

## INCIDENTS

None reported

## ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Sam Nguyen

07/21/2026, 12:32 PM CT · UMPI A10000003

### 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

07/21/2026, 12:31 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