

Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Riley Bergstrom	23456789	11/03/2011	08/26/2026	Home · POS 12
SERVICE	HOURS	UNITS	TIME	CAREGIVER
IHS without training, \$5135 UC	2	8	9:00 AM – 11:00 AM	Tobi Okafor, DSP

SERVICE NARRATIVE

Casey completed the kitchen routine (dishes, wipe-down, trash) with a checklist and no prompts. Medications taken on time. Watched a show together and talked about weekend plans.

SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Daily living
- Community integration

SUPPORT PLAN OUTCOMES · 1 OF 1 ADDRESSED

YES Did Riley complete the bedtime routine with two or fewer prompts?
Bedtime routine

LEVEL OF ASSISTANCE

Low
Mostly independent; occasional prompts

DAILY ACTIVITIES

- Supported Riley in practicing coping strategies during moments of stress or frustration
- Accompanied Riley on community outings, providing support as needed to promote comfort and participation
- Assisted Riley 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:
Tobi Okafor
08/26/2026, 11:02 AM CT · UMPI A100000004

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:
Riley Bergstrom
08/26/2026, 11:01 AM 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**