

# Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

|                                      |          |               |                   |                  |
|--------------------------------------|----------|---------------|-------------------|------------------|
| CLIENT                               | PMI #    | DATE OF BIRTH | DATE OF SERVICE   | SETTING          |
| Casey Dahl                           | 34567890 | 02/20/1975    | 08/13/2026        | Home · POS 12    |
| SERVICE                              | HOURS    | UNITS         | TIME              | CAREGIVER        |
| Homemaker, home management, S5130 TF | .5       | 6             | 3:30 PM – 5:00 PM | Tobi Okafor, DSP |

## SERVICE NARRATIVE

Deep-cleaned the bathroom and changed bed linens. Organized the medication cabinet and discarded an expired bottle with Casey's agreement. Set out clothes for the week.

## SUPPORTS PROVIDED

Personal care / ADLs

Skill building per support plan

Health and safety

Social skills

## SUPPORT PLAN OUTCOMES · 1 OF 1 ADDRESSED

**YES** Did Casey take scheduled medications with a reminder only?  
Take medications on schedule

## LEVEL OF ASSISTANCE

Medium  
Regular prompting or partial assistance

## DAILY ACTIVITIES

- Provided supervision and safety monitoring throughout the service
- Assisted Casey with meal planning, grocery shopping, and preparing a meal

## MEDICATION ADMINISTRATION

3 administered as scheduled  
Metformin 500 mg, 08:00  
Metformin 500 mg, 20:00  
Lamotrigine 100 mg, 20:00

## INCIDENTS

None reported

## ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Tobi Okafor

08/13/2026, 5:02 PM CT · UMPI A10000004

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:

Casey Dahl

08/13/2026, 5:01 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