Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Riley Bergstrom	23456789	11/03/2011	08/21/2026	Home · POS 12

SERVICE	HOURS	UNITS	TIME	CAREGIVER
IHS with family training, S5125 UC	1.5	6	10:00 AM – 11:30 AM	Maria Peters-, Designated coordinator

SERVICE NARRATIVE

Family training session with Riley's mother present. Modeled the two-prompt bedtime routine and coached mom through it. Mom ran the last step alone. Left a printed routine card on the fridge.

SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Community integration
- Money management

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

- Assisted Riley with budgeting, paying bills, and tracking spending
- Assisted Riley with developing and following a weekly activity schedule to reduce idle time and promote active daily routines
- Assisted Riley with household tasks such as laundry, dishes, and tidying living areas

MEDICATION ADMINISTRATION

None scheduled

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Maria Peters

08/21/2026, 11:32 AM 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:

Riley Bergstrom

08/21/2026, 11:31 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