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
IHS without training, S5135 UC	2	8	1:00 PM – 3:00 PM	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
- Community integration
- Money management

SUPPORT PLAN OUTCOMES · 1 OF 1 ADDRESSED

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

LEVEL OF ASSISTANCE

Low
Mostly independent; occasional prompts

DAILY ACTIVITIES

- Supported Casey in practicing coping strategies during moments of stress or frustration
- Accompanied Casey on community outings, providing support as needed to promote comfort and participation
- Assisted Casey with developing and following a weekly activity schedule to reduce idle time and promote active daily routines

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, 3:02 PM 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:

Casey Dahl

08/13/2026, 3:01 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