

# Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

|                                 |          |               |                   |                  |
|---------------------------------|----------|---------------|-------------------|------------------|
| CLIENT                          | PMI #    | DATE OF BIRTH | DATE OF SERVICE   | SETTING          |
| Casey Dahl                      | 34567890 | 02/20/1975    | 07/24/2026        | Home · POS 12    |
| SERVICE                         | HOURS    | UNITS         | TIME              | CAREGIVER        |
| IHS without training, S\$135 UC | 2        | 8             | 1:00 PM – 3:00 PM | Tobi Okafor, DSP |

## SERVICE NARRATIVE

Household tasks and medication reminder. Riley wiped counters and took out recycling with one prompt each. Evening medications taken with reminder only. No concerns.

## SUPPORTS PROVIDED

Personal care / ADLs

Skill building per support plan

Independence

Health and safety

## 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

- Assisted Casey with household tasks such as laundry, dishes, and tidying living areas
- Supported Casey in practicing coping strategies during moments of stress or frustration
- Assisted Casey with hygiene routines to promote consistency

## MEDICATION ADMINISTRATION

None scheduled

## INCIDENTS

None reported

## ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Tobi Okafor

07/24/2026, 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

07/24/2026, 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