Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Taylor Frey	45678901	09/30/2003	08/19/2026	Home · POS 12

SERVICE	HOURS	UNITS	TIME	CAREGIVER
ILS, individual, H2032 TG	2	8	5:30 PM – 7:30 PM	Tobi Okafor, DSP

SERVICE NARRATIVE

Laundry at the shared laundry room: Taylor loaded, paid with the card, and set a timer. While waiting, practiced reading a bus schedule for the Monday day-support trip.

SUPPORTS PROVIDED

Personal care / ADLs · Skill building per support plan · Social skills · Household tasks

SUPPORT PLAN OUTCOMES · 2 OF 2 ADDRESSED

YES — Did Taylor cook or plan a meal today?
Live in my own apartment

YES — Did Taylor complete a chore from the checklist without a prompt?
Live in my own apartment

LEVEL OF ASSISTANCE

High
Hands-on support or continuous direction

DAILY ACTIVITIES

- Assisted Taylor with developing and following a weekly activity schedule to reduce idle time and promote active daily routines
- Assisted Taylor with coordinating transportation to events, appointments, and social outings

MEDICATION ADMINISTRATION

None scheduled

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Tobi Okafor

08/19/2026, 7:32 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:

Taylor Frey

08/19/2026, 7:31 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