

Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Casey Dahl	34567890	02/20/1975	06/24/2026	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

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

MEDICATION ADMINISTRATION

None scheduled

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:



06/24/2026, 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:



06/24/2026, 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