

# Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

|                                |          |               |                   |                    |
|--------------------------------|----------|---------------|-------------------|--------------------|
| CLIENT                         | PMI #    | DATE OF BIRTH | DATE OF SERVICE   | SETTING            |
| Taylor Frey                    | 45678901 | 09/30/2003    | 08/06/2026        | Community · POS 99 |
| SERVICE                        | HOURS    | UNITS         | TIME              | CAREGIVER          |
| Day support services, T2021 UC | 5        | 20            | 9:00 AM – 2:00 PM | Sam Nguyen, DSP    |

## SERVICE NARRATIVE

Day support. Cooking class (quesadillas). Taylor followed the recipe and shared with the table. Afternoon board games; managed losing a round without frustration.

## SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Health and wellness
- Social skills

## SUPPORT PLAN OUTCOMES · 1 OF 2 ADDRESSED

- YES

Did Taylor cook or plan a meal today?  
Live in my own apartment
- NO

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 household tasks such as laundry, dishes, and tidying living areas
- Supported Taylor in practicing coping strategies during moments of stress or frustration

## MEDICATION ADMINISTRATION

None scheduled

## INCIDENTS

None reported

## ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Sam Nguyen

08/06/2026, 2:02 PM CT · UMPI A100000003

### 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

08/06/2026, 2:01 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