

# Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

|                                 |          |               |                   |                  |
|---------------------------------|----------|---------------|-------------------|------------------|
| CLIENT                          | PMI #    | DATE OF BIRTH | DATE OF SERVICE   | SETTING          |
| Casey Dahl                      | 34567890 | 02/20/1975    | 09/01/2026        | Home · POS 12    |
| SERVICE                         | HOURS    | UNITS         | TIME              | CAREGIVER        |
| IHS without training, \$5135 UC | 2        | 8             | 1:00 PM – 3:00 PM | Tobi Okafor, DSP |

## SERVICE NARRATIVE

Supported grocery put-away and meal prep for tomorrow. Practiced using the microwave safely. Riley chose to call grandmother afterward. Calm evening.

## 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

**Medium**  
Regular prompting or partial assistance

## DAILY ACTIVITIES

- Assisted Casey with coordinating transportation to events, appointments, and social outings
- Supported Casey with medication reminders and monitoring for side effects

## 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*  
09/01/2026, 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*  
09/01/2026, 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**