Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Jordan Abelard	12345678	04/12/1998	07/15/2026	Home · POS 12

SERVICE	HOURS	UNITS	TIME	CAREGIVER
Employment exploration, T2019 U2	2	8	1:00 PM – 3:00 PM	Maria Peters-, Designated coordinator

SERVICE NARRATIVE

Employment exploration. Visited Goodwill and spoke with the floor lead about stocking and donation intake. Jordan asked two questions about hours. Afterwards listed what was liked (moving, sorting) and disliked (noise at the register).

SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Workplace communication
- Time management

SUPPORT PLAN OUTCOMES · 3 OF 3 ADDRESSED

YES — Did Jordan participate in a community outing?
Improve social skills

YES — Did Jordan start a conversation with a peer or staff member today?
Improve social skills

YES — Did Jordan help plan or cook a meal today?
Cook two meals a week

LEVEL OF ASSISTANCE

Low
Mostly independent; occasional prompts

DAILY ACTIVITIES

- Assisted Jordan with hygiene routines to promote consistency
- Assisted Jordan with household tasks such as laundry, dishes, and tidying living areas
- Supported Jordan with medication reminders and monitoring for side effects

MEDICATION ADMINISTRATION

None scheduled

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Maria Peters

07/15/2026, 3:02 PM CT · NPI 1234567893

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:

Jordan Abelard

07/15/2026, 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