Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Jordan Abelard	12345678	04/12/1998	08/05/2026	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

Toured the Roseville library back office. Jordan shelved returns for 20 minutes with the volunteer coordinator and stayed on task throughout. Discussed transportation options for a possible volunteer slot.

SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Job search
- Workplace communication

SUPPORT PLAN OUTCOMES · 1 OF 3 ADDRESSED

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

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

NO — Did Jordan help plan or cook a meal today?
Cook two meals a week

LEVEL OF ASSISTANCE

High
Hands-on support or continuous direction

DAILY ACTIVITIES

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

MEDICATION ADMINISTRATION

1 administered as scheduled
Omeprazole 20 mg, 09:15

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Maria Peters

08/05/2026, 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

08/05/2026, 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