Daily Service Note

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Jordan Abelard	12345678	04/12/1998	09/01/2026	Home · POS 12

SERVICE	HOURS	UNITS	TIME	CAREGIVER
IHS with training, H2014 UC U3	.5	14	9:00 AM – 12:30 PM	Sam Nguyen, DSP

SERVICE NARRATIVE

Staff provided community support and transportation for Winifred to attend a women's support group, "Circle of Healing." Staff assisted Winifred with safe transportation, arrival, and navigating the environment due to mobility limitations. Upon arrival, staff remained available for support and supervision throughout the duration of the group. During the group session, Winifred was attentive and engaged. She participated by listening to group discussions and shared limited personal reflections when prompted. Topics during the group included emotional wellness, coping strategies, self-reflection, and setting intentions for the new year. Winifred demonstrated appropriate social behavior, maintained a calm demeanor, and interacted respectfully with group members. Staff provided encouragement, reassurance, and verbal prompting as needed to support participation and comfort in the group setting. Winifred's mood throughout the group was stable and cooperative. She appeared relaxed and expressed appreciation for attending the session. No behavioral concerns were observed. Staff remained present to ensure safety, provide emotional support, and assist with transitions as needed. Following the group outing, Staff transported Winifred to a relative's home to attend a New Year family gathering. Staff assisted with transportation, arrival, and ensured Winifred's safety during the transition. At the family gathering, Winifred engaged appropriately with relatives, participated in conversation, and appeared comfortable in the social setting. Staff provided supervision, redirection as needed, and ensured Winifred's needs were met throughout the visit. Throughout the session, staff monitored Winifred for fatigue and mobility concerns, provided reminders to rest as needed, and ensured a safe and supportive environment. No major challenges were noted during this session.

LEVEL OF ASSISTANCE

High
Hands-on support or continuous direction

DAILY ACTIVITIES

- Assisted Jordan with physical activity or exercise as tolerated
- Provided supervision and safety monitoring throughout the service

MEDICATION ADMINISTRATION

1 administered as scheduled
Omeprazole 20 mg, 09:15

INCIDENTS

None reported

SUPPORTS PROVIDED

Personal care / ADLs · Skill building per support plan · Daily living · Community integration

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

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Sam Nguyen

09/01/2026, 12:32 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:

Jordan Abelard

09/01/2026, 12:31 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