Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Jordan Abelard	12345678	04/12/1998	07/20/2026	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

Quiet morning. Jordan was tired and needed extra time to start; staff used the visual schedule and Jordan completed all three tasks. Practiced texting the case manager to confirm an appointment. No incidents.

SUPPORTS PROVIDED

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

SUPPORT PLAN OUTCOMES · 2 OF 3 ADDRESSED

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

NO — 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

High
Hands-on support or continuous direction

DAILY ACTIVITIES

- Supported Jordan in practicing coping strategies during moments of stress or frustration
- Accompanied Jordan on community outings, providing support as needed to promote comfort and participation

MEDICATION ADMINISTRATION

None scheduled

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Sam Nguyen

07/20/2026, 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

07/20/2026, 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