# Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

| CLIENT | PMI # | DATE OF BIRTH | DATE OF SERVICE | SETTING |
|---|---|---|---|---|
| Riley Bergstrom | 23456789 | 11/03/2011 | 08/27/2026 | Home · POS 12 |

| SERVICE | HOURS | UNITS | TIME | CAREGIVER |
|---|---|---|---|---|
| Respite care, in home, S5150 | 4 | 16 | 3:00 PM – 7:00 PM | Sam Nguyen, DSP |

## SERVICE NARRATIVE

Afternoon respite. Walked to the park, then homework support for 30 minutes. Dinner eaten fully. Brushed teeth with one reminder. Parent returned at 7:00 and staff gave a handoff.

## SUPPORTS PROVIDED

Personal care / ADLs · Skill building per support plan · Meals · Community outing

## SUPPORT PLAN OUTCOMES · 0 OF 1 ADDRESSED

NO — Did Riley complete the bedtime routine with two or fewer prompts?
Bedtime routine

## LEVEL OF ASSISTANCE

Medium
Regular prompting or partial assistance

## DAILY ACTIVITIES

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

## MEDICATION ADMINISTRATION

None scheduled

## INCIDENTS

None reported

## ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

*Sam Nguyen*

08/27/2026, 7:02 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:

*Riley Bergstrom*

08/27/2026, 7:01 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