Daily Service Note

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Jordan Abelard	12345678	04/12/1998	08/11/2026	Home · POS 12

SERVICE	HOURS	UNITS	TIME	CAREGIVER
IHS with training, H2014 UC U3	3	12	9:00 AM – 12:00 PM	Sam Nguyen, DSP

SERVICE NARRATIVE

Community outing to Cub Foods. Jordan compared prices on two items and chose the cheaper one without prompting. Cooked pasta for lunch with staff supervising the stove. Reviewed tomorrow's plan on the whiteboard.

SUPPORTS PROVIDED

Personal care / ADLs · Skill building per support plan · Health and safety · Social skills

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

Low
Mostly independent; occasional prompts

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
- Assisted Jordan with setting boundaries and navigating social interactions

MEDICATION ADMINISTRATION

1 administered as scheduled
Omeprazole 20 mg, 09:15

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Sam Nguyen

08/11/2026, 12:02 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:

Jordan Abelard

08/11/2026, 12:01 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