

Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Casey Dahl	34567890	02/20/1975	08/24/2026	Home · POS 12
SERVICE	HOURS	UNITS	TIME	CAREGIVER
ICLS, H2015 U3	2	8	3:30 PM – 5:30 PM	Maria Peters- , Designated coordinator

SERVICE NARRATIVE

ICLS session on money management. Casey reviewed the bank balance on the phone app and matched two receipts. Discussed the difference between wants and needs before a purchase.

SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Money management
- Social skills

SUPPORT PLAN OUTCOMES · 1 OF 1 ADDRESSED

YES Did Casey take scheduled medications with a reminder only?
Take medications on schedule

LEVEL OF ASSISTANCE

Low
Mostly independent; occasional prompts

DAILY ACTIVITIES

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

MEDICATION ADMINISTRATION

3 administered as scheduled
Metformin 500 mg, 08:00
Metformin 500 mg, 20:00
Lamotrigine 100 mg, 20:00

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:
Maria Peters
08/24/2026, 5:32 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:
Casey Dahl
08/24/2026, 5:31 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