Daily Service Note

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

Worked on laundry sequence from the support plan: sorted, loaded, and started the machine with verbal prompts only. Reviewed the bus schedule for Thursday's outing. Jordan asked to call a friend and did so independently.

SUPPORTS PROVIDED

- Personal care / ADLs
- Skill building per support plan
- Community integration
- Money management

SUPPORT PLAN OUTCOMES · 2 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

NO — Did Jordan help plan or cook a meal today?
Cook two meals a week

LEVEL OF ASSISTANCE

Low
Mostly independent; occasional prompts

DAILY ACTIVITIES

- Modeled and practiced communication skills with Jordan in a natural setting
- Supported Jordan in contacting family, friends, or providers to stay connected
- Provided supervision and safety monitoring throughout the service

MEDICATION ADMINISTRATION

1 administered as scheduled
Omeprazole 20 mg, 09:15

INCIDENTS

None reported

ACKNOWLEDGEMENT AND REQUIRED SIGNATURES

Electronically signed by:

Sam Nguyen

08/04/2026, 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

08/04/2026, 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