Daily Service Note

SONDER HOMECARE · 245D LICENSE 1234567

CLIENT	PMI #	DATE OF BIRTH	DATE OF SERVICE	SETTING
Casey Dahl	34567890	02/20/1975	08/12/2026	Home · POS 12

SERVICE	HOURS	UNITS	TIME	CAREGIVER
IHS without training, S5135 UC	2	8	1:00 PM – 3:00 PM	Tobi Okafor, DSP

SERVICE NARRATIVE

Household tasks and medication reminder. Riley wiped counters and took out recycling with one prompt each. Evening medications taken with reminder only. No concerns.

SUPPORTS PROVIDED

Personal care / ADLs · Skill building per support plan · Communication · Independence

SUPPORT PLAN OUTCOMES · 0 OF 1 ADDRESSED

NO — 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 household tasks such as laundry, dishes, and tidying living areas
- Supported Casey in practicing coping strategies during moments of stress or frustration
- Assisted Casey with hygiene routines to promote consistency

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:
Tobi Okafor
08/12/2026, 3:02 PM CT · UMPI A100000004

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
08/12/2026, 3:01 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