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**HOME CONFINEMENT PROGRAM  
DAILY ACTIVITY FORM**

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EFFECTIVE DATE: \_\_\_\_\_

PARTICIPANT: \_\_\_\_\_

MONITORING UNIT #: \_\_\_\_\_

<b>Days</b> (e.g., <i>Mon-Fri</i> or <i>Week 1</i> )	<b>Leave Time</b>	<b>Enter Time</b>	<b>Activity</b> (e.g., <i>employment, counseling, religious activities</i> )

PARTICIPANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_