

Home Detention and Residential Work Facility Schedule

Weekly Schedule

HD or RWF (Please **check** which one is applicable to you)

Name: _____

Date: _____

Every single time you leave the facility or your home it must be on this schedule. **Schedule all activities in blocks unless absolutely necessary.** You are required to include AM/PM on this schedule as well as a specific name and street address for each location, and mode of transport. This schedule must be approved by DCCC Staff.

Monday					Date	_____	Transp. Type: Car, Walk, Moped, etc.
Appointment Type/Location	Address	Time Frame	Leave Time	Return Time			
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING						
Tuesday					Date	_____	Transp. Type: Car, Walk, Moped, etc.
Appointment Type/Location	Address	Time Frame	Leave Time	Return Time			
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING						
Wednesday					Date	_____	Transp. Type: Car, Walk, Moped, etc.
Appointment Type/Location	Address	Time Frame	Leave Time	Return Time			
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING						
Thursday					Date	_____	Transp. Type: Car, Walk, Moped, etc.
Appointment Type/Location	Address	Time Frame	Leave Time	Return Time			
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING						

_____ No Motion Checked

_____ VV Inclusion Area Checked

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Friday		Date			Transp. Type: Car, Walk, Moped, etc.
Appointment Type/Location	Address	Time Frame	Leave Time	Return Time	
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING				
Saturday		Date			Transp. Type: Car, Walk, Moped, etc.
Appointment Type/Location	Address	Time Frame	Leave Time	Return Time	
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING				
Sunday		Date			Transp. Type: Car, Walk, Moped, etc.
Appointment Type/Location	Address	Time Frame	Leave Time	Return Time	
MEETINGS IN THE FACILITY ONLY	NAME OF MEETING				

Case Meeting-30min
 Comm. Svc.
 Gas-10m
 Dr/Crt - 60 Min
 Bank-15min

DATE I WILL TURN IN MY NEXT PAY STUB AND PAY FEES _____

- a. Make sure you have included all events on your schedule. If you do not have something on your schedule and you call to add it after you have turned your schedule in, it may be denied and sanctions may be issued.
- b. Be advised that participants must remain in the facility or at home a minimum of eight (8) consecutive hours for each twenty-four (24) period. Excessive overtime requests may be denied.
- c. Participant Notes: _____

FOR OFFICE USE ONLY			
CONTACT SHEET <input type="checkbox"/> Y <input type="checkbox"/> N	COMM. SVC <input type="checkbox"/> Y <input type="checkbox"/> N	RECEIPTS <input type="checkbox"/> Y <input type="checkbox"/> N	PAYSTUBS <input type="checkbox"/> Y <input type="checkbox"/> N
SCHEDULE ENTERED BY: _____			
SCHEDULE ENTRY VERIFIED BY: _____			
CASE MANAGER: AK/KR/SW/KW/AM DCCC NOTES: _____			

_____ No Motion Checked

_____ VV Inclusion Area Checked