



RECEIPT OF HANDBOOK

Reentry Center Graduated Reentry Community Parenting Alternative

Name

DOC number

I acknowledge I have received the handbook and agree to comply with its contents. I confirm the following to be true and correct.

- I have read, or have had read to me, and fully understand the contents of the handbook.
- I understand I will be held accountable for the rules and regulations contained in the handbook and DOC 20-073 Standard Rules.
- I understand that failure to follow the rules may result in disciplinary action, up to and including termination from the program.

Signature

Date

Witness

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file **COPY** - Participant