**RECEIPT OF HANDBOOK**

[ ]  Reentry Center [ ]  Community Parenting Alternative [ ]  Graduated Reentry

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** - Individual