



REENTRY ORIENTATION

Community Parenting Alternative (CPA) Graduated Reentry

Name DOC number Date

- General rules
- Curfew
- Community resources
- Religious practices
- No research participation
- Classification procedures
- Substance use disorder testing
- Assigned employee/contract staff
- Access to mental health, medical, and dental care
- Disciplinary procedures, including good time credits
- Mail correspondence, telephone usage, visiting regulation
- Budget and saving plans, including financial transactions and Legal Financial Obligations
- No working as an informant (Exception may be granted by the Reentry Senior Administrator when police provide evidence that s/he is the only individual capable of obtaining information)
- Custodial Sexual Misconduct:** I understand that sexual misconduct between an individual on community supervision and a Department employee is a violation of Washington State Law per RCW 9A.44.160. Any allegation(s) of custodial sexual misconduct will be investigated and may result in the prosecution of the employee. I understand that under the law, there is no consensual sex between a Department employee and an individual on community supervision. I understand the reporting process for custodial sexual misconduct. ***If you have any questions, you may contact the Reentry Senior Administrator at (360) 725-8828.***
- Americans with Disabilities Act accommodation required (e.g., braille, video-closed captioning, language interpreter): _____
Interpreter name: _____ Date: _____

I hereby acknowledge that I have received orientation regarding all items checked above.

Signature Date

Witness name 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.

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