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**CHAPERONE ORIENTATION CERTIFICATE**

Chaperone name Date

Name DOC number

The chaperone has attended and successfully completed the orientation conducted by the Residential Community Transition Team (RCTT).

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| --- | --- | --- | --- |
| **SUBJECT** | **CHAPERONE** | **RCTT REPRESENTATIVE** | **DATE** |
| Patterns of behavior  |       |       |       |
| Incident response |       |       |       |
| Communications plan |       |       |       |
| Violation reporting |       |       |       |

By signing, I understand and agree to abide by the expectations as set forth by the RCTT. This certification remains in effect unless rescinded by the RCTT, the court, or at the request of the chaperone.



Signature Date

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| --- |
| **CHAPERONE APPROVAL** |

      

Community Corrections Specialist Signature Date

      

Sex Offender Treatment Provider Signature Date

      

Department of Social and Health Services 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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