



CHAPERONE ORIENTATION CERTIFICATE

Chaperone name

Date

Name

DOC number

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

This document certifies that the above named chaperone has attended and successfully completed the orientation conducted by the Residential Community Transition Team (RCTT).

This certification remains in effect unless rescinded by the RCTT, the court, or at the request of the chaperone.

By signing, I acknowledge that I have received the orientation and I understand and agree to abide by the expectations as set forth by the RCTT.

Signature

Date

CHAPERONE APPROVAL

Department of Corrections

Signature

Date

Sex Offender Treatment Provider (SOTP)

Signature

Date

Department of Social and Health Services (DSHS)

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** - RCTT, Chaperone, Supervised individual