

**LEVEL FOUR
PROGRESSIVE REINTEGRATION OPPORTUNITY PROGRAM
PARTICIPATION ACKNOWLEDGEMENT**

Inmate Name (Last, First)

DOC Number

Unit / Cell Assignment

Date

By signing this form, which I have read, I am acknowledging willingness to participate in the Progressive Reintegration Opportunity (PRO) Unit.

Further, I understand that:

1. Participation in the PRO Unit is a program. As such, my behavior, program participation, and attitude, while in the PRO Unit, will be closely monitored. Program non-compliance may result in termination from the PRO Unit program, reduction in Quality of Life, and a Classification Review for Restricted Privileges.
2. I will be required to attend and **fully participate** in all recommended programming in the PRO Unit. Refusal to participate in the PRO Unit programming will result in a change of Quality of Life Level.
3. Any disciplinary reports I receive may result in a change of Quality of Life Level.
4. Violations of posted operational rules or negative chronological entries may result in a change of Quality of Life Level.
5. Refusal to sign this document will result in placement on Restricted Privileges and a change in the Quality of Life Level.

Inmate Signature / Date

Staff Signature / Date