

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

Inmate Name (Last, First)

DOC Number

Unit / Cell Assignment

Date

By signing this form, which I have read and have had explained to me, I am acknowledging willingness to participate in the Progressive Reintegration Opportunity (PRO) Unit program, Level Five.

Further, I understand that:

1. My **behavior, attitude, and program participation** while in the PRO Unit, will be closely monitored. Program non-compliance may result in termination from the PRO Unit program and a Classification Review for Quality of Life and 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