Participant Contract

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| Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Agreement

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| I understand and agree to the following: | Initial |
| * I will download and install the ConnectComply application on my Android or iOS (iPhone) smartphone; the application is available from Google Play or iOS App Store. | \_\_\_\_\_\_\_\_\_ |
| * If I change phones, I will immediately install and log in to ConnectComply on my new device. | \_\_\_\_\_\_\_\_\_ |
| * I will carry my phone with me at all times and maintain active data service. | \_\_\_\_\_\_\_\_\_ |
| * I will notify my Case Manager, in advance, if I will be out of cell phone or WiFi range for more than 10 minutes. | \_\_\_\_\_\_\_\_\_ |
| * I will not put my phone into “Do Not Disturb” or silent mode. I agree that not hearing my phone go off will mean that I am out of compliance with the terms of this program, and will result in sanctions. | \_\_\_\_\_\_\_\_\_ |
| * I will not attempt to manipulate my check-ins in any way. ConnectComply has multiple systems in place to detect manipulation, and attempts will be reported to your case manager and/or judge. | \_\_\_\_\_\_\_\_\_ |
| * Once logged in, I will agree to any on-screen prompts (e.g. allowing notifications, camera access, etc.) | \_\_\_\_\_\_\_\_\_ |
| * If I lose or misplace my phone, I will contact my case manager immediately. | \_\_\_\_\_\_\_\_\_ |
| * I must respond to any notifications from the ConnectComply application. | \_\_\_\_\_\_\_\_\_ |

By signing, I certify that I have reviewed these conditions and have been advised of the consequences of non-compliance. I have reviewed the conditions and understand the terms of this contract. I am willing to enter into this contract freely and voluntarily.

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_