

ATD CCMS PROGRAM CLIENT UNDERTAKING AGREEMENT

Client UCI Number: _____

I, _____, client of the John Howard Society's ATD CCMS program, understand that as part of the John Howard Society's commitment to the Canadian Border Services Agency, the John Howard Society is required to advise the CBSA should any of the following occur:

1. Failing to follow any of the conditions of your CCMS ATD plan, Release Orders, Supervised Undertaking Conditions and or the directions of your Caseworker(s).
2. Failing to observe any imposed curfew requirements.
3. Failing to attend Programs/Resources that you were directed to attend by the John Howard Society.
4. Failing to appear at any required appointments with the John Howard Society, the CBSA authorities, or any other authorities.
5. Leaving the Mandatory Residence, or your residence in the community, without permission/authorization of program staff; and/or leaving the City of without prior permission from the John Howard Society.
6. Being under the influence of or in the possession of drugs and/or alcohol, or being in the possession of a weapon if such occurrences would constitute a breach of your conditions of release.
7. Committing acts of violence or making verbal or physical threats towards any staff or member of the community.
8. Abuse, destruction and/or theft of John Howard Society and/or John Howard Society Partner property.
9. Failing to submit to a drug and/or alcohol test when directed to do so by the John Howard Society or the CBSA.

I understand that any violations as set out above may lead to a breach report being made to the CBSA and may result in my being returned to custody.

Signature of Client: _____ Date: _____

Signature of Employee: _____ Date: _____

Employee's Name and position: _____
(please print)