Journies Inc. Drug Screening Color Notification Form

Participant Info	
First Name:	
Last Name:	
Email:	
Phone:	
Probation Officer:	
Assigned Color	· & QR CODE to Facebook Page
Color:	
Important Notice	– New Drug Screening Procedure
Each participant has been assigned a specific coll is your responsibility to check Journies Inc.'s testing that day. • If your color is posted, you must report fo • We will no longer be calling or texting part	official Facebook page daily to see which color is called for ryour drug screen that same day.
 This system is mandatory and applies to a 	•
Please note: Testing times and details may vary	. Always follow the instructions listed with the color posting.
It is your responsibility to ch	eck Journies Inc.'s official Facebook page daily!
Acknow	vledgment & Signature
responsibility to check the Journies Inc. Faceboo understand that failure to comply may result in a vio	ad and understand the above information. I acknowledge that it is my k page daily for my color and to report for testing when required. I plation being reported to my probation officer or referring agency. Date: