

**RHODE ISLAND DEPARTMENT OF CORRECTIONS
ACCESS TO FACILITIES APPLICATION**

No application will be processed if information is omitted or illegible.

PART I: *Applicants must complete Part I fully. Incomplete applications will be returned.*

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Alias(es): _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ E-mail Address: _____

Last 4 digits of SSN: _____ Date of Birth: ____ / ____ / ____ Gender: ☐ Male ☐ Female

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Reason for Facility Access Request:

Applicant's Agency/Organization Affiliation: _____

Agency/Organization Address: _____ City/State: _____

Supervisor's Name: _____ Telephone Number: _____

Please explain the reason you will be working inside the facility(s): _____

Are you currently or have you ever been on an inmate's Visitors List? ☐ Yes ☐ NoAre you currently or have you ever been on an inmate's Telephone List? ☐ Yes ☐ NoAre you currently or have you ever sent or received an email with an inmate? ☐ Yes ☐ NoDo you currently have relative(s) or relationships to anyone incarcerated at the ACI? ☐ Yes ☐ No

* If YES to any of the above questions, provide your relationship to the inmate, the inmate's name(s), and the facility they are housed in:

R.I.G.L § 11-18-1 Giving False Document to Agent, Employee, or Public Official: Any person who knowingly provides herein any statements which are false or erroneous, or defective in any important particular and which are intended to mislead may be deemed guilty of a misdemeanor, and, upon conviction, may be imprisoned, for a term not exceeding one year, or fined, an amount not exceeding one thousand dollars (\$1,000).

Applicant's Signature: _____ Date: _____

PART II: *To be completed and signed by the applicant's RIDOC Sponsor.*

This individual will be entering the facility as:

- | | |
|---|---|
| ☐ Institutional Clergy | ☐ Contractor |
| ☐ Intern/Student | Projected Term of Service: _____ |
| ☐ Volunteer | ☐ Renewal (old badge must be surrendered |
| ☐ Temporary Access (no ID badge issued) | at time of new issue) |

This individual ☐ DOES ☐ DOES NOT require a photo ID badge.

This individual requires access to the following RIDOC facility(s):

- ☐ ISC ☐ HSC ☐ MAX ☐ MED ☐ MIN ☐ WOM ☐ ALL Facilities

Nature of Business (i.e., program, education, research, etc.): _____

Sponsor's Printed Name: _____ Title: _____

Sponsor's Signature: _____ Phone: _____

SPONSORS: Completed applications must be forwarded to the Records & ID Unit for processing. For information on Sponsors' responsibilities, including the process for an individual found to have a criminal background, please see the most recent version of RIDOC Policy 9.23 DOC; Access to ACI Facilities.

***** FOR INS-OPS USE ONLY *****

CHECK(S) PERFORMED

DATE CHECK(S) PERFORMED: _____

NCIC ☐ Negative ☐ Positive

BCI ☐ Negative ☐ Positive

Court Portal ☐ Negative ☐ Positive

Inmate's Email Contact ☐ Negative ☐ Positive

Inmate's Visitor List ☐ Negative ☐ Positive

Inmate's Phone Contact ☐ Negative ☐ Positive

Checked by: _____

Positive results will be attached to the original form and Sponsors will be notified.

LEVEL OF ACCESS GRANTED:

☐ Employee FULL Access (**BLUE**)

☐ Non-Employee (assigned) FULL Access (**BLUE**)

☐ Non-Employee (not assigned) FULL Access (**GREEN**)

☐ LIMITED Access (**PURPLE**)

☐ LIMITED Access (**No photo ID**)

Facility Warden's Approval (FOR TEMPORARY ACCESS ONLY)

Facility Warden Name (please print): _____ Phone: _____

Facility Warden's Signature: _____ Date: _____

Assistant Director of Institutions & Operations (ADIO) review and approval is required **if** Records & ID determines the background information warrants it. ☐ **Approved** ☐ **Denied**

ADIO Signature: _____ **Date:** _____