

**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): _____

Applicants who are on individual visit and/or telephone list(s), shall interact with those individuals in a professional capacity only.

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), pursuant to [R.I.G.L § 11-18-1](#).

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
- Intern/Student
- Volunteer
- Temporary Access (**no ID badge issued**)
- Contractor
- Projected Term of Service: _____
- Renewal (old badge must be surrendered 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 (doc.idunit@doc.ri.gov) 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

BANNER Negative Positive

CHECKED BY: _____

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)

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

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:** _____