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 ☐ No

Are you currently or have you ever been on an inmate's Telephone List? ☐ Yes ☐ No

Are you currently or have you ever sent or received an email with an inmate? ☐ Yes ☐ No

Do 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
- ☐ 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.): Participate in Physical Abiltiy Test

Sponsor's Printed Name: Joseph Coffey Title: Deputy Warden

Sponsor's Signature: Joseph Coffey Phone: 401-462-2284

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:** _____