

**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](mailto: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:** \_\_\_\_\_