

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

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

**BADGE ID#** \_\_\_\_\_

**PART I: To be completed and signed by the applicant.**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_ / \_\_ / \_\_\_\_ Height: \_\_ ft. \_\_ in. Weight: \_\_\_\_\_ lbs.

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency/Organization Affiliation (if applicable): \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Projected Term of Service: \_\_\_\_\_

Have you ever been charged and/or convicted of a crime? †Yes†No **If yes, please explain below.**

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

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

Do you currently have relative(s) or relationships to anyone incarcerated at the ACI? †Yes†No

If yes to any, your relationship to inmate and his/her name: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Applicant's Signature:* \_\_\_\_\_

**STOP HERE.**