

## RHODE ISLAND DEPARTMENT OF CORRECTIONS

PHOTO ID Please check appropriate box:

- ☒ First-time application
- ☐ Replacement; Lost Security Form must be attached
- ☐ Change in status; old card must be surrendered in at time of new issue
- ☐ Renewal; old card must be surrendered at time of new issue

ID# \_\_\_\_\_

### IDENTIFICATION CARD/ACCESS TO FACILITIES APPLICATION

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

Today's Date: \_\_\_\_\_

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

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

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

Social Security Number: \_\_\_\_\_ Gender: ☐ Male ☐ Female

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

Home Telephone Number: \_\_\_\_\_

Notify in case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RIDOC Position Title: \_\_\_\_\_ Assigned Facility/Bldg.: \_\_\_\_\_

Shift: \_\_\_\_\_ Days Off: \_\_\_\_\_

**RIDOC EMPLOYEES: PLEASE STOP HERE AND SIGN:** \_\_\_\_\_

### **NON-RIDOC EMPLOYEES: PLEASE CONTINUE:**

Agency/Organization Affiliation: Ocean & Bay Intergroup (Overeaters Anonymous)

Agency Street Address: P.O. Box 41273

City/State/Zip: Providence, RI 02940

Nature of Business: 12 Step Program Projected Term of Service: \_\_\_\_\_

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain on reverse side.

Are you currently or have you ever been on an inmates 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) incarcerated at the A.C.I.? ☐ Yes ☐ No

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

### **NON-RIDOC EMPLOYEES: PLEASE STOP HERE AND SIGN:**

Non-Employee Card Applicant's Signature: \_\_\_\_\_

\* Include a copy of your drivers license