

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
 FAMILY REUNION PROGRAM  
 DOCUMENT VERIFICATION FORM

<b>Facility Name</b>		
<b>Incarcerated Individual:</b>		<b>DIN</b>
<b>VISITOR</b>	<b>AGE</b>	<b>RELATIONSHIP</b>
1.		
2.		
3.		
4.		

1. Do you want to participate in the Family Reunion Program? \_\_\_Yes \_\_\_No

Comments:

---

2. Do you or anyone listed have a medical or handicapping conditions that requires daily medication or special provisions? \_\_\_Yes \_\_\_No

Comments:

---

**NOTE:** Any personal hygiene care items MAY be authorized with current Doctor's note which is required to be presented at every FRP visit. Request must be noted on this form; otherwise, items will not be allowed in FRP site.

3. List the identifying number and attach the copies of the requested documents, where indicated, of which you will be presenting the original at the time of your personal interview at the facility.

**ALL VISITORS ARE REQUIRED TO SUBMIT TWO (2) FORMS OF I.D. (ONE MUST BE A PHOTO ID). IN ADDITION, A BIRTH CERTIFICATE AND PROOF OF RELATIONSHIP MUST ALSO BE SUBMITTED AND REMAIN ON FILE IN ORDER TO PARTICIPATE IN FRP.**

<b>SPOUSE NAME:</b> Birth Certificate: _____	Marriage Certificate # _____	Driver's License#: _____
Birth Certificate for _____	Photo ID:	Other ID:
Birth Certificate for _____	Photo ID:	Other ID:
Birth Certificate for _____	Photo ID:	Other ID:
Birth Certificate for _____	Photo ID:	Other ID:

Attach a NOTARIZED letter indicating approval to participate for the child if biological parent is not attending. EX: step-mother, step-father, aunt, legal guardian. If the visitor is not the custodial parent or legal guardian it is suggested that they carry a copy of the notarized form with them during visits.

4. PLEASE ATTACH A PHOTO COPY OF ALL DOCUMENTS REQUIRED.

**ORIGINAL (CERTIFIED) DOCUMENTS FOR ALL PARTICIPANTS MUST BE PRESENTED TO FACILITY STAFF THE SAME DAY THE PHOTO IS TAKEN.  
NOT PRESENTING ORIGINAL DOCUMENTS AT TIME OF PHOTO WILL DELAY FRP VISIT.**

5. Family Comments


\_\_\_\_\_  
**Signature of person completing the Form  
(only sign in presence of a Notary)**

\_\_\_\_\_  
**Date**

**NOTARY:**