

# FAMILY REUNION PROGRAM INELIGIBLE FACILITY LEVEL

Form 4500G  
Reproduce Locally as Needed

LAST MI	FIRST	DIN
FACILITY	DATE OF APPLICATION	LOG #:

**You have been deemed ineligible to apply for the Family Reunion Program due to the below identified reason(s). Please make note of ineligibility and corrective action.**

- Temporary Release eligible. Reapply if recently denied.
- Higher security designation than permitted on program site.

SECURITY LEVEL \_\_\_\_\_ SECURITY SITE LEVEL \_\_\_\_\_

- Discipline: \_\_\_\_\_ Major \_\_\_\_\_ Chronic \_\_\_\_\_ Severe \_\_\_\_\_ Excessive
- Had not been in General Population for required period of time.

ARRIVED: \_\_\_\_\_ APPLIED: \_\_\_\_\_

- Had not been at current facility for required period of time.

ARRIVED: \_\_\_\_\_ APPLIED: \_\_\_\_\_

- Had not been married for required period of time. (Spouse is only requested visitor.)

MARRIED: \_\_\_\_\_ APPLIED: \_\_\_\_\_

- Application submitted prior to meeting conditions set in previous denial decision.

SEE DECISION DATED: \_\_\_\_\_

- An application is currently under review or appeal.

**YOU ARE DIRECTED TO TAKE THE FOLLOWING CORRECTIVE ACTION PRIOR TO REAPPLYING:**

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REAPPLY DATE: \_\_\_\_\_

**NOTE: ADHERENCE TO THE ABOVE IDENTIFIED CORRECTIVE ACTION(S) DOES NOT IMPLY APPROVAL FOR THE FAMILY REUNION PROGRAM, ONLY THAT YOU MAY THEN BE ELIGIBLE FOR CONSIDERATION.**

FRP ORC: \_\_\_\_\_ DATE: \_\_\_\_\_