

# Adult Correctional Facility Visiting Program Application

Ministry of Corrections, Policing and Public Safety  
Custody, Supervision and Rehabilitation Services

**Attention:**

- All visitors are subject to a security screening process including an internal security check and or criminal record name check.
- An application may be denied visiting privileges if security and safety concerns exist.
- All visitors may be searched in accordance with Part IV, Division IV of *The Correctional Services, Act, 2012*.
- All visiting activities will be monitored and may be supervised.
- Once an application is approved, the application is valid for the duration of the inmate's current sentence unless new information requires further review.
- A total of 12 approved visitors is allowed on an inmate's visiting list at any given point in time.

**SECTION A - Applicant Information: (Please print)**

Last Name:	Given Name(s):	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>		
Current Mailing Address:	Contact Number:	
<input type="text"/>	<input type="text"/>	
Relationship to Inmate:	Length of Relationship:	
<input type="text"/>	<input type="text"/>	

If you have identified yourself as the inmate's spouse (legal spouse or have lived together prior to the inmate's incarceration), please specify the length of the relationship. You may be required to provide documentation to support the relationship.

Skype Address for Virtual Visiting: (The Skype address must be exact)

**SECTION B - Inmate Information: (Please print)**

Last Name:	Given Name(s):	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>		

**SECTION C – Applicant Declaration and Consent**

1) I hereby declare that to the best of my knowledge the information in this application is true and complete. I understand I must immediately report any changes in my circumstances that affect my eligibility for the Correctional Facility Visiting Program.

2) I hereby consent to the collection, use and/or disclosure of any information I have provided about me to and from an official of the Ministry of Corrections, Policing and Public Safety, which will be used exclusively to perform a security or criminal record check on me, based on the information provided.

3) I understand that approval of visiting privileges is conditional, in part upon satisfactory results of a security or criminal record check. The information is being collected, used and disclosed in accordance with accepted collection, use and disclosure of personal information as defined in *The Freedom of Information and Protection of Privacy Act* and will be relevant to, and may be used, shared or disclosed for the purpose of determining and verifying my eligibility as a visitor in a correctional facility and for reasons that are consistent with criminal justice processes and maintaining the security of the correctional facility, where authorized by law.

4) I understand that if I wish to withdraw this consent, I may do so at any time by notifying the correctional facility.

<div><div></div><div>Name of Applicant</div></div>	Date: <div><div></div><div>DD/MM/YYYY</div></div>
<div><div></div><div>Signature of Applicant</div></div>	

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## SECTION C - Child or Children's Information: (if applicable)

1. You must be the parent or guardian of the child/children (under 18 years of age) and may be required to provide legal documentation to support the guardianship.
2. You must accompany the child/children for the visit. In the event that you are unable to, you may give permission to a third party to bring the child/children to the visit.
3. Your named third party must also be an approved visitor on the inmate's visiting list. If the third party is not already an approved visitor, it is your responsibility to advise them to submit a Visiting Program Application for approval.
4. If you have any questions, please direct them to the correctional facility where you wish to visit.

Full Name

Date of Birth (dd/mm/yyyy)

Relationship to Inmate

Male ☐ Female ☐

Full Name

Date of Birth (dd/mm/yyyy)

Relationship to Inmate

Male ☐ Female ☐

Full Name

Date of Birth (dd/mm/yyyy)

Relationship to Inmate

Male ☐ Female ☐

Full Name

Date of Birth (dd/mm/yyyy)

Relationship to Inmate

Male ☐ Female ☐

Third Party:

Last Name:

Given Name(s):

Date of Birth (dd/mm/yyyy)

I give permission for the abovenamed person to bring my child /children to the correctional facility to visit the inmate identified in this application.

Name of Parent/Guardian

Date: DD/MM/YYYY

Signature of Parent/Guardian

## FOR OFFICE USE ONLY

a) Inmate Name:  b) Unit:  c) Inmate Consent: Yes ☐ Staff Initials:

d) Date Application Received:  Approved? Yes ☐ No ☐  
(dd/mm/yyyy)

e) i) If Approved, Date Inmate Notified:  Staff Initials:   
(dd/mm/yyyy)

ii) If Not Approved, Provide the Reasons Below:

f) Date of Notification Letter Sent to Applicant:   
(dd/mm/yyyy)

g) Date Returned to Administrator for Filing:   
(dd/mm/yyyy)

h) ADDP/Visiting Correspondence Officer:

# Adult Correctional Facility Visiting Program Application

**Please return pages 1 and 2 of this signed Program Application to the correctional facility to which you applied to visit either by mail, in person or by fax.**

Correctional Facility	Mailing Address	Contact Number	Fax Number
Regina Correctional Centre	Box 617 Regina, SK Canada S4P 3A6	306-924-9000	306-787-0432
Saskatoon Correctional Centre	910 - 60th Street E Saskatoon, SK Canada S7K 2H6	306-956-8800	306-931-0811
Prince Albert Correctional Centre	3021 1 <sup>st</sup> Ave West Prince Albert, SK Canada S6V 5A7	306-953-3000	306-953-3030
Pine Grove Correctional Centre	Box 5001 Prince Albert, SK Canada S6V 7J5	306-953-3100	306-953-3108
Regina Reintegration Unit	2267 Smith Street Regina, SK Canada S4P 2P5	306-787-3667	306-787-0476
Saskatoon Reintegration Unit	501 - 4th Avenue N Saskatoon, SK Canada S7K 2M5	306-933-7722	306-933-7714
Women's Saskatoon Reintegration Unit	123 La Ronge Road Saskatoon, SK Canada S7K 5T3	306-933-6181	306-933-6183
Prince Albert Reintegration Unit	1827 1 <sup>st</sup> Ave West Prince Albert, SK Canada S6V 4Z5	306-953-3150	306-953-3156
Besnard Lake Correctional Camp	Box 5000 La Ronge, SK Canada S0J 1L0	306-425-4014	306-425-4061
Whitespruce Provincial Training Centre	72 Smith Street E Yorkton, SK Canada S3N 2Y4	306-786-5748	306-786-1693
Integrated Custody Facility at the Saskatchewan Hospital North Battleford	Box 39 #1 Jersey Street North Battleford, SK Canada S9A 2X8	306-440-4100	306-446-5985

