

**Sample Letter for
Family Reunion Program – Visitor Contact Letter**

Facility Letter Head (See Directive #0008, “Use of Department Stationery & Business Cards”)

Contact Name (Primary Family Member)

Date:
RE: Family Reunion Program
Inmate Name DIN

This letter is to confirm our conversation on **(DATE)** in which you selected your FRP dates as **(DATES)**. **We will start processing visitors at (TIME) on (DATE). Your visit will end at (TIME) on (DATE).** All visitors must arrive no later than **(TIME)**. If anyone will be late, they **MUST** contact us at **(PHONE NUMBER)** prior to **(TIME)** on the date of the FRP visit.

NO VISITORS WILL BE PROCESSED AFTER (TIME):

As we discussed, any significant changes to appearance will require a new photo identification to be taken prior to your FRP date. If you or any participating family member requires new photo identification, please contact me to set up an appointment.

Please keep in mind that if you need to cancel your visit, you must provide notification **at least five (5) business days** prior to the visit so that we may attempt to backfill the unit. Per Department policy, any inmate or family member failing to provide the required notice or who cancels twice will be required to reapply.

The following family members have been approved for the FRP visit, no additional guests will be allowed:

VISITOR NAME:	AGE:	RELATIONSHIP:
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This approval is contingent upon the inmate’s continued eligibility in accordance with Directive #4500 and Policy and Procedure 3217, e.g., a good pattern of adjustment, no major or chronic disciplinary problems and program participation. Inmates who need a reasonable accommodation must follow the procedure outlined in Directive #2612, “Inmates with Sensorial Disabilities,” and or Directive #2614, “Reasonable Accommodations for Inmates with Disabilities.”

Family members do not have to submit to any medical testing prior to visit.

Your request for Reasonable Accommodation for _____ has been approved.

Your request for Reasonable Accommodation for _____ has not been approved.

There is no request/approval Reasonable Accommodations on record.

Sincerely,

_____, FRP ORC

CC: Inmate
FRP File