

**ORANGE COUNTY CORRECTIONS DEPARTMENT  
NEW PROVIDER APPLICATION FORM**

**CHECK LIST VERIFICATION**

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Application Information Sheet

\_\_\_\_\_ Criteria Eligibility Sheet

\_\_\_\_\_ Application

\_\_\_\_\_ Background Check Permission Form

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**TO BE COMPLETED BY CHAPLAIN/ORGANIZATION/OCCD**

Sponsoring Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Interview/Facility Tour: \_\_\_\_\_ Facility Assigned: \_\_\_\_\_ Purpose: \_\_\_\_\_

Frequency of Visit: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly

Approved by Program Staff: \_\_\_\_\_ Title: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Department: \_\_\_\_\_ Date: \_\_\_\_\_

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**CORRECTIONS USE ONLY**

\_\_\_\_\_ Completed Application

\_\_\_\_\_ Letter of Recommendation, Copy of Drivers License/State Issue  
Identification Card and Social Security Card

\_\_\_\_\_ FCIC/NCIC

\_\_\_\_\_  
Approved/Denied by

\_\_\_\_\_  
Date