

**New Intake—ATIS Request Form**

*This form is used during the incarcerated individual (IP) intake process for enrollment in the ATIS system if the Facility’s Approved Call List change period has expired.*

**Correctional Facility:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SID#:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **HOUSING UNIT:** \_\_\_\_\_

**Instructions:** All fields must be completed and all information must be printed clearly. If the form is incomplete or unreadable then the information will not be processed.

Telephone Numbers to be Added to Call List							
#	AREA CODE	TELEPHONE NUMBER (7 DIGITS)	Relationship	#	AREA CODE	TELEPHONE NUMBER (7 DIGITS)	Relationship
1				9			
2				10			
4							
5							
6							
7							
8				Maximum Telephone Numbers Allowed			

Telephone Numbers to be Deleted from Call List							
#	AREA CODE	TELEPHONE NUMBER (7 DIGITS)	Relationship	#	AREA CODE	TELEPHONE NUMBER (7 DIGITS)	Relationship
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				Maximum Telephone Numbers Allowed			

**YOUR SIGNATURE IS REQUIRED**

\_\_\_\_\_  
INCARCERATED INDIVIDUAL SIGNATURE (Required)

\_\_\_\_\_  
DATE REC'D

\_\_\_\_\_  
DATA ENTRY DATE