



FACILITY APPLICATION FORM

To complete form electronically, click **SUBMIT** button to send by Email:
*To Email manually, attach and send to: afihn@tbn.org • **Send Fax: 1-619-276-7121

Please provide the following information to apply for a free TBN Second Chance installation in your correctional facility. We recommend you consult with your maintenance or engineering department to complete this form.

TELL US ABOUT YOUR FACILITY

Name of your Facility: _____ Warden Name: _____
Facility Type: Federal State Private Juvenile Re-entry/Aftercare Facility Other: _____
Security Level: Minimum Medium Maximum No. of Inmates: Men _____ Women _____ Juveniles _____
Address: _____ City: _____ State: _____ Zip: _____
Requester/Contact Person: _____ Phone: (_____) _____
Engineer/Maintenance Contact Person: _____ Title: _____
Phone: (_____) _____ Fax: (_____) _____ Email: _____

TELL US ABOUT YOUR FACILITY'S CURRENT TELEVISION DISTRIBUTION SYSTEM

What network(s) are you interested in receiving for your facility?

TBN JCTV The Church Channel TBN Enlace USA All Networks

Do you currently have TBN in your facility? Yes No

Question A: Is your facility currently wired for video distribution? Yes No

If yes, please answer the questions below. If no, please skip to Question B.

How many television sets are connected? _____

Number of Head End Rooms (where video distribution equipment is located)? _____

If yes, are there multiple units/buildings that have separate TV distributions? Yes No

What building is the Head End Room located in? (Please be specific on location, i.e. Bldg. A, Communications Room)

Question B: If your facility does **NOT** have video distribution, what area would you like connected to receive the TBN Channels? (Chapel, Faith Pod, etc. – Please be as specific as possible, i.e. Building J, Section 2)

Does the facility receive local cable channels? Yes No If yes, please give name of cable provider:

Does the facility receive satellite broadcasts? Yes No If yes, what satellite systems are installed?

DirecTV DISH Network C-band

Do you have approval from the warden or authorized representative to implement TBN Second Chance?

Yes No In Process I am the authorized requester

Warden/Official Contact Information: Phone: (_____) _____ Email: _____

Thank you and we look forward to serving you!

**3 Ways
To Submit
This Form:**

1. To complete this form electronically, click the **SUBMIT** button to send by Email. _____
2. *If you have trouble using the SUBMIT button, fill out the form and save it to your computer. Attach the completed form to an Email manually and send to: afihn@tbn.org
3. **Lastly, if neither of these options work for you, please send form by Fax: 1-619-276-7121



TBN SECOND CHANCE

INSTRUCTION SHEET

THREE WAYS TO SUBMIT TBN SECOND CHANCE FACILITY APPLICATION FORM

OPTION ONE:

Complete the Facility Application PDF form using Adobe Acrobat Reader (Version 5.0 or later) and click the **SUBMIT** button to attach and send it by Email.

Each prison facility is requested to FILL OUT and SUBMIT the attached Facility Information Form using Adobe Acrobat Reader (Version 5.0 or later). This is the preferred format and the most accurate transfer of your information.

Download the FACILITY APPLICATION FORM PDF and OPEN with Adobe Acrobat Reader. Next BEGIN TYPING your information in each FORM FIELD. Use the TAB KEY to advance to the next FORM FIELD. Your facility information will be sent directly back to TBN once the SUBMIT button is clicked from most Email programs like Microsoft Outlook. After you click on the **SUBMIT** button, a box will appear and select SELECT EMAIL CLIENT. Click the box DESKTOP EMAIL APPLICATION and hit OK. In the next box that appears, click SAVE DATA FILE which will bring up an Email (Using your default Email program) with the attachment ready to SEND to TBN. Please replace the subject header line with the name of your facility and click SEND.



OPTION TWO:

If you have trouble using the **SUBMIT** button, fill out the form fields in Adobe Acrobat Reader (Version 5.0 or later) and save it to your documents folder on your computer. Attach the completed form to an Email manually and send it to TBN (Email: afihn@tbn.org).

You may find that you are using an Email program which is *not* supported by Adobe Acrobat Reader (e.g. Lotus Notes) and need to take a manual approach to attaching your completed Facility Information Form to an Email. After you've completed the form, click the **SUBMIT** button again and SELECT EMAIL CLIENT. Select OTHER and click OK. In the next box that appears, select SAVE DATA FILE which allows you to save and rename the file with your facility name to your Documents Folder. Open your Email program and create a NEW EMAIL. Attach the completed form to your Email and send to TBN (Email: afihn@tbn.org). Please replace the subject header line with the name of your facility and click SEND.



OPTION THREE:

Lastly, if the first two options are not working out, please send the completed Facility Application Form to TBN by Fax: 1-619-276-7121.

CLICK HERE TO DOWNLOAD THE LATEST VERSION OF ADOBE ACROBAT READER.

Thank you and we look forward to serving you!