




**Patuxent Institution
Directive**

Erin B. Shaffer, Psy.D.

**Approved By:
Erin B. Shaffer, Psy.D.
Director**

Title: Welfare and Menstrual Hygiene Kits	Directive Number: PATX.172.0002
Related MD Statute/Regulations: Correctional Services Article, § 9-616, Annotated Code of Maryland; COMAR 12.14.03.05 and 12.14.04.04 ADM.245.0001 - Fiscal Operations for Inmate Funds OPS.110.0047 -Personal Search Protocols – Inmates OPS.200.0011 – Inmate Grooming OPS.250.0001 -Inmate Mail-Mail Room Procedure OPS.175.0002-Revised – No Cost: Admission, Menstrual Hygiene, and Welfare Kits	Supersedes: PATX.175.0002, <i>Indigent Inmates</i> , dated June 12, 2014
Related ACA and MCCA Standards: ACA: 1-CORE-1A-02; 1-CORE-2C-01; 1-CORE-4B-03; 1-CORE-5C-07; 4-4025; 4-4035; 4-4042; 4-4044; 4-4166; 4-4226; 4-4274; 4-4283; 4-4331; 4-4342; 4-4489; 4-ALDF-1A-04; 4-ALDF-4B-06; 4-ALDF-6A-08; 4-ALDF-6A-09; 4-A DF-7D-15; and MCCA: .04A 4) and .05E.	Authorized By:  Paige C. Jones, Warden
	Effective Date: June 28, 2023 Number of Pages: 3

.01 Purpose.

To establish procedures for supplying indigent inmates with certain commissary items.

.02 Scope.

Applicable to Patuxent Institution.

.03 Policy.

It is the policy of Patuxent Institution to adhere to OPS.175.0002, *No Cost: Admission, Menstrual Hygiene, and Welfare Kits*.

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms defined.

(1) Indigent Inmate has the meaning stated in COMAR 12.02.20.01:

(a) "Indigent inmate" means an inmate who, within the previous 2 weeks, has not received pay for an assignment in work or school, and who has less than \$2 in his or her spending account, or an inmate received within the previous 2 weeks who has not had \$2 in his or her spending account.

(b) "Indigent inmate" does not mean an inmate who establishes a pattern of receiving and spending funds within a 30-day period, thereby manipulating the inmate's account balance in order to be eligible for the benefits.

(2) "Inmate" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of

Maryland.

(3) Personal hygiene articles has the meaning stated in OPS.175.0002, *No Cost: Admission, Menstrual Hygiene, and Welfare Kits*.

(4) Welfare Kit has the meaning stated in OPS.175.0002, *No Cost: Admission, Menstrual Hygiene, and Welfare Kits*.

.05 Responsibility.

A. In addition to .06, Procedures, outlined in OPS.175.0002,

(1) Welfare Kits.

- (a) A Welfare Kit Request form (Appendix A) may be requested from the tier officer.
- (b) The inmate shall complete the Welfare Kit Request form and submit the form to the Clothing Room Supply Officer for processing.
- (c) Once a determination of eligibility is made by the Regional Finance Office,
 - (i) The inmate will be called and issued a pass to the Clothing Room to receive their kit, or
 - (ii) The inmate will receive a copy of their notice of ineligibility.
- (d) Upon delivery of the Welfare Kit, the Clothing Room Officer will ensure that the inmate signs the delivery receipt.
- (e) At the end of the month, all Welfare Kit Request forms will scanned and email to the Standards Office.

(2) Menstrual Hygiene Kits.

- (a) A Menstrual Hygiene Order form may be requested from the tier officer.
- (b) The inmate shall complete the Menstrual Hygiene Order form (Appendix B) and submit the form to the Clothing Room.
- (c) The Correctional Supply Officer shall ensure that all requested Menstrual Hygiene Kits are delivered to the Patuxent Institution-Women (PIW).
- (d) Upon receipt of the Menstrual Hygiene Kits, the PIW Officer-in-Charge (OIC) will deliver the kit to the requestor.
- (e) Upon delivery of the Menstrual Hygiene Kit, the PIW OIC will ensure that the inmate signs a delivery receipt (Appendix C).

- (f) At the end of the month, all Menstrual Hygiene Kit forms and delivery receipts will scanned and email to the Standards Office.

.06 Appendix.

- A. Inmate Welfare Kit Request form – OPS Form # 175.0002aR
- B. Menstrual Hygiene Order form – Form # OPS.175-2eR
- C. Menstrual Hygiene Kit Receipt – Form # PI.175.0002

.07 History.

- A. This directive rescinds Patuxent Institution Directive PATX.175.0002, *Indigent Inmates*, issued June 12, 2014.

.08 Distribution

- A
- L
- S – Supply Officers

DPSCS CORRECTIONAL OPERATIONS
WELFARE KIT REQUEST

Correctional Facility

Inmate Name: _____ Housing Unit Number: _____

SID Number: _____ Date _____

In order to be eligible for a Welfare Kit, an inmate must meet the eligibility requirements as defined in OPS.175.0002. Welfare Kit orders will not be filled if an inmate does not meet eligibility criteria.

Each Welfare Kit contains the same items, but quantities may vary based on an inmate's pretrial or sentenced status and whether the kit is received monthly or quarterly.

I request a welfare kit, and I authorize a deduction from my account in the amount equal to the value of the welfare commissary package if an analysis of my account shows a pattern of receiving and spending funds in a 30-day period to maintain indigence.

Inmate Signature Date Requested

Completed and verified by the Regional Finance Office

You are ELIGIBLE to receive a Welfare Kit because it has been determined that:

- Your current available account balance is LESS THAN \$2.00; and
 - o You have not received state pay for a job/school assignment during the previous 2 weeks or
 - o You do not have a job/school assignment.
- Other: _____

You are NOT eligible to receive a Welfare Kit because it has been determined that:

- Your current spending account balance is \$2.00 or more.
- You have received state pay for a job/school assignment during the previous 2 weeks.
- Your account shows a pattern of receiving and spending funds in a 30-day period to maintain indigence status.
- Other: _____

Regional Finance Officer Name and Signature

Date

DO NOT DETACH COPIES OF THIS FORM – A COPY WILL BE RETURNED WHEN PROCESSED

Sign Below at the Time of Delivery

Inmate's Signature

SID Number

Date of Issue

Issuing Officer's Name and Signature

Date of Issue

Welfare Kit was not issued due to: _____

MENSTRUAL HYGIENE KITS ORDER FORM

Maryland Department of Public Safety and Correctional Services

No-Cost Menstrual Hygiene Kits (Women): MCIW, Patuxent, BCBIC, CDF, YDC

- **Menstrual Hygiene Kit: Facility Issued (Please indicate # requested)**
- **At time of Admission/Intake a female inmate may choose a combination total of 24 items below:**

Contents: Choose # beside each up to total 24

- _____ 8 pack of regular absorbency sanitary napkins
- _____ 8 pack of maxi / super absorbency sanitary napkins
- _____ 4 pack of overnight absorbency sanitary napkins
- _____ 4 pack of light absorbency tampons
- _____ 8 pack regular absorbency tampons
- _____ 8 pack of super absorbency tampons

- **Each month female inmates may choose a combination total of 48 items below:**

Contents: choose # beside each up to total 48

- _____ 8 pack of regular absorbency sanitary napkins
- _____ 8 pack of maxi / super absorbency sanitary napkins
- _____ 4 pack of overnight absorbency sanitary napkins
- _____ 4 pack of light absorbency tampons
- _____ 8 pack regular absorbency tampons
- _____ 8 pack of super absorbency tampons

Submit this form to the Correctional Supply Officer

Facility Name	
Inmate Name	
Inmate SID Number #	
Order Date	
Cell Location	
Requested by (Signature)	

MENSTRUAL HYGIENE KIT RECEIPT

Inmate Name: _____ SID # _____

Order Date: _____ Received Date: _____

Inmate's Signature: _____

Issuing Officer's Name (printed): _____

Issuing Officer's Signature: _____

Form # PI.175.0002

MENSTRUAL HYGIENE KIT RECEIPT

Inmate Name: _____ SID # _____

Order Date: _____ Received Date: _____

Inmate's Signature: _____

Issuing Officer's Name (printed): _____

Issuing Officer's Signature: _____

Form # PI.175.0002

MENSTRUAL HYGIENE KIT RECEIPT

Inmate Name: _____ SID # _____

Order Date: _____ Received Date: _____

Inmate's Signature: _____

Issuing Officer's Name (printed): _____

Issuing Officer's Signature: _____

Form # PI.175.0002