

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.

You are ELIGIBLE to receive Welfare Kit if:

- Your account has not been received from the previous correctional facility where you were housed. This has resulted in your inability to visit the commissary for a significant amount of time.
- Your current active and commissary account balances are LESS THAN \$2.00; and
 - You have not received state pay for a job/school assignment during the last 30 days; or
 - You do not have a job/school assignment.
- Other: _____

You are NOT ELIGIBLE to receive a Welfare Commissary Package if:

- Your current spending account balance is are \$2.00 or more.
- You have received state pay for a job/school assignment during the last 30 days.
- Other: _____

I request a welfare kit, and I authorize a deduction from my spending 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

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

Kit Request Forms or Kit Not Issued to Inmate because: _____