MENSTRUAL HYGIENE KITS ORDER FORM



Maryland Department of Public Safety and Correctional Services

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 maxi / s	osorbency tampons			
Each month female inmates my choose a combination total of 48 items below: Contents: choose # beside each up to total 48 8 pack of regular absorbency sanitary napkins8 pack of maxi / super absorbency sanitary napkins4 pack of overnight absorbency sanitary napkins4 pack of light absorbency tampons8 pack regular absorbency tampons8 pack of super absorbency tampons				
To submit this form Correctional Supply officer				
Facility Name				
Inmate Sid Number				
Cell Location				
Order Date				
Inmate Name				
Requested by (Signature)				



Welfare Kit # 1 ___

BISM WELFARE AND ADMISSION KITS ORDER FORM

Maryland Department of Public Safety and Correctional Services

WK1 Facilities: Baltimore Detention Services (BCBIC, BPC, CDF, JCI-B, MTC, and YDC)

Item# : **10604-43003**

Kit Price: \$6.44 each

Contents:					
•	Five Stamped Envelopes				
•					
•	One Toothbrush				
•					
•	one ser non on becautain				
•	- One 5 Comb				
	One Anti-Shank Razor The Alarman State of the				
•	Five .125oz Shaving Cream Packets				
 One 5" x 8" Writing Tablet One Black Flexible Pen 					
•	One 4oz Shampoo				
> Admission Kit:	Quantity Item# : 10604-43007	Kit Price : \$0.76 each			
Contents:					
•	One .85oz Toothpaste				
•	One 1.5oz Soap				
•	One Toothbrush				
•	One 1.5oz Roll-On Deodorant				
Attention:	Greg Kalifut <u>tslacum@bism</u>	ustries and Services of Maryland l.org (fax 410-573-2665)			
Facility Name					
Customer Number					
Purchase Order Number	er				
Purchase Order Number Order Date	er				
Order Date					
Order Date Contact Phone Numbe	er e				
Order Date Contact Phone Number Contact Fax Number	ame)				

BISM WELFARE AND ADMISSION KITS ORDER FORM

Maryland Department of Public Safety and Correctional Services

WK2 Correctional Facility: Patuxent Institution (All Buildings)

Welfare Kit # 2	Item#: 10604-43004 Kit Price : \$3.47 each				
Quantit	ty				
Contents:					
One 3oz Soap					
One Toothbrush					
One 2.75oz Toothpaste					
	ne 3oz Roll-on Deodorant				
	ne Anti-Shank Disposable Razor				
	ne 5" x 8" Writing Tablet				
One Black Flexible Pen					
	ne 4oz Shampoo vo 4oz Body Wash				
• Admission Kit:Qua	Item# : 10604-43007 Kit Price : \$076 each				
Contents:					
	ne .85oz Toothpaste				
• Or	ne 1.5oz Soap				
	ne 1.5oz Soap ne Toothbrush				
• Or	·				
• Or	ne Toothbrush				
• Or • Or	ne Toothbrush ne 1.5oz Roll-On Deodorant				
• Or • Or • Or • Or	ne Toothbrush ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services of				
• Or • Or • Or • Or	ne Toothbrush ne 1.5oz Roll-On Deodorant				
• Or • Or • Or • Or	ne Toothbrush ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services of				
• Or • Or To submit this form, Maryland Attentio	ne Toothbrush ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services of				
• Or • Or To submit this form, Maryland Attentio Facility Name	ne Toothbrush ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services of				
• Or • Or To submit this form, Maryland Attentio Facility Name Customer Number	ne Toothbrush ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services of				
• Or • Or • Or To submit this form, Maryland Attentio Facility Name Customer Number Purchase Order Number	ne Toothbrush ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services of				
• Or • Or • Or To submit this form, Maryland Attentio Facility Name Customer Number Purchase Order Number Order Date	ne Toothbrush ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services of				
• Or • Or • Or To submit this form, Maryland Attentio Facility Name Customer Number Purchase Order Number Order Date Contact Phone Number	ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services on: Greg Kalifut tslacum@bism.org fax (410-573-2665)				
• Or • Or • Or To submit this form, Maryland Attentio Facility Name Customer Number Purchase Order Number Order Date Contact Phone Number Contact Fax Number	ne Toothbrush ne 1.5oz Roll-On Deodorant please email or fax to: Blind Industries and Services on: Greg Kalifut tslacum@bism.org fax (410-573-2665)				

BISM COMMISSARY NETWORK WELFARE AND ADMISSION KITS ORDER FORM

Maryland Department of Public Safety and Correctional Services

00 : 59/	WK3 Correctional Facility: MCIW			
• Welfare Kit # 3	Quantity	Item# : 10604-43 0	005 Kit Price : \$4.76 ea	ach
Contents: • • • • • • • • • • • • •	One Toothbrush One 2.75 Toothpas Two 3 oz. Roll-on D Two 3oz Bar Soap Two 4oz Shampoo One 4oz Body Was One Comb One Black Flexible One Writing Tablet Ten Envelopes	Peodorant h Pen		
• Admission Kit: Contents:	Quantity One .85oz Toothpa One 1.5oz Soap One Toothbrush One 1.5oz Roll-On		Kit Price : \$0.76 eac	h
	m, please ema	ail or fax to: Bli	nd Industries and S ism.org fax (410-57	
Facility Name				
Customer Number				
Purchase Order Numb	oer			
Order Date				
Contact Phone Number	er			
Contact Fax Number				
Requested by (Print N	ame)			
Requested by (Signatu	ıre)			

BISM WELFARE AND ADMISSION KITS ORDER FORM

Maryland Department of Public Safety and Correctional Services

WK4 Correctional Facilities: BCF, BCCC, BPRU, CDF, CMCF, DRCF, ECI, ECI-A, EPRU, JCI, MCIH, MCIJ, MCTC, MRDCC, NBCI, RCI, SMPRU, WCI

Welfare Kit # 4:		Item#: 10604-43006	Kit Price: \$5.58each	
2	Quantity			
Contents:	Thirty Envolones			
•	Thirty Envelopes One Writing Table	t- 5" x 8"		
•	One Black Flexible			
•	One 2.75oz Toothpaste			
•	One Toothbrush			
•	One Black Comb			
•	Two 3oz Bar Soaps			
•	Five Shaving Cream Packets .125oz			
•	Two Anti-shank razors			
•	Two Roll-on Deodo			
•	One 4oz Shampoo			
Admission Kit:	Iter	m# : 10604-43007	Kit Price: \$0.76each	
	Quantity			
Contents:				
•	One .85oz Toothpa	aste		
•	One 1.5oz Soap			
•	One Toothbrush			
•	One 1.5oz Roll-On	Deodorant		
	-		ndustries and Services of org Fax (410-573-2665)	
Facility Name				
Customer Number	r			
Purchase Order N	umber			
Order Date				
Contact Phone Nu	mber			
Contact Fax Numb	er			
Requested by (Pri	nt Name)			
Requested by (Sig	nature)			