



**STATE OF MONTANA  
MONTANA WOMEN'S PRISON  
OPERATIONAL PROCEDURE**

Procedure No.: MWP 1.2.12	Subject: <b>INMATE WELFARE ACCOUNT</b>
Reference: DOC 1.2.12	Page 1 of 3 & 1 Attachment
Effective Date: January 23, 2019	
Signature: /s/ Jennie Hansen / Warden	

**I. PRUPOSE**

Montana Women's Prison will maintain and manage facility accounts to enhance programs and services that directly impact inmates.

**II. DEFINITIONS:**

**Inmate Welfare Accounts-** the account in the state special revenue fund that is the repository for net proceeds from inmate canteen purchases, inmate phone use, cash proceeds from the disposition of confiscated contraband, and any public money held for the needs for the inmates and not otherwise allocated; also referred to as the Inmate Welfare Fund (IWF).

**IWF Representative (Inmate Welfare Fund) -** An inmate that represents the inmate population at meetings held by the MWP Administration to make decisions concerning the expenditure of IWF monies.

**Residential Advisory Committee (RAC)-** An inmate that represents the inmate population at meetings held by the MWP Administration to make decisions concerning the expenditure of IWF monies.

**III. PROCEDURE**

**A. IWF Representatives**

1. IWF Representative duties and expectations are as follows:
  - a. Disseminate correct and accurate information from meetings/interactions with members of the MWP Administration; and
  - b. Interact with all staff and inmates in a respectful and considerate manner.
2. IWF Representative qualifications and criteria are as follows:
  - a. A history of good behavior, with minimum of 90 days clear conduct since their last major write-up.
  - b. Have demonstrated good communication skills and the ability to interact well with staff and inmates.
3. The selection of the IWF Representative are as follows:
  - a. When there is an opening for an IWF Representative, the Inmate Services Lieutenant will contact staff for a suggested replacement.

- b. MWP Administration will select one inmate from each general population POD to serve as the Representative for the IWF committee from those who are recommended.
4. The terms for the IWF Representative are as follows:
  - a. Each IWF Representative will serve an 18-month term.
  - b. If an IWF Representative resigns or is removed from the position for any reason, the Inmate Services Lieutenant will contact staff for a suggested replacement.
  - c. The Inmate Services Lieutenant may remove an IWF Representative from the position if the Representative:
    - i. Fails to maintain a good disciplinary record with no major infractions.
    - ii. Misuses or abuses the position
    - iii. Engages in any conduct or behavior that is determined to be inappropriate for an IWF Representative.
    - iv. Exhibits an inability in interact or work appropriately with others.
    - v. Engages in written or verbal communications that is derogatory, accusatory, inappropriate, or have potential to affect the security or orderly operation of the facility.
6. The IWF Representatives will receive a monetary stipend from the IWF as outlined in *MWP procedure 5.1.1 Inmate Assignments* while they serve in these positions.
7. The supplies of an IWF Representative are as follows:
  - a. The IWF Representative will use the inmate computer to prepare and complete the meeting forms.

## **B. IWF Committee Meetings**

1. MWP Administration and the Inmate Services Lieutenant will meet quarterly and as necessary with the IWF Representative.
2. The Inmate Services Lieutenant will schedule the day, time and location of the meeting, and notify the IWF Representative.
3. Staff requesting IWF funds for inmate special activities, Family Day, Food Sales, etc. must first complete the required paperwork for the function (within the required timeframe) and then fill out a *Request for IWF Funding* form (attachment A). They must forward the complete form, with a copy of the required paperwork attached, to the Inmate Services Lieutenant who will review the form and paperwork for accuracy, proper processing, required timeframes, and required authorization/signature. The Inmate Services Lieutenant will process the forms as follows:
  - a. If the form and required paperwork have been properly processed, the Inmate Services Lieutenant will take the paperwork to the committee meeting for signatures.

- b. If the form and required paperwork are not properly processed, the Inmate Services Lieutenant will send them back to the staff member who submitted them to correct the errors.
- 4. Discussion at the meeting will be restricted to the funding topics on the form, and the topics must relate to funding issues that affect the entire inmate population.
- 5. The Inmate Services Lieutenant may invite additional staff to attend the meeting.
- 6. The Inmate Services Lieutenant will fill in the decision sections on the *Request for IWF Funding* form and forward copies to the MWP Administration and IWF Representatives. Copies will be posted in each POD.
- 7. If a funding topic isn't addressed at the meeting, or requires input from others, it will be tabled and addressed at the next meeting.
- 8. In the event the Inmate Services Lieutenant and the IWF Representatives are unable to reach an agreement on a funding issue, the matter will be forwarded to the Warden to make the final decision.
- 9. The Inmate Services Lieutenant and IWF Representatives will establish and maintain a filing system to archive the topics addressed at every IWF committee meetings.

**IV. CLOSING**

Questions concerning this procedure should be directed to the Warden or designee

**V. ATTACHMENTS**

Request for IWF Funding

Attachment A



**State of Montana  
DEPARTMENT OF CORRECTIONS  
REQUEST FOR IWF FUNDING**

**IWF Request # \_\_\_\_\_**

Request: \_\_\_\_\_

Facility: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Date \_\_\_\_\_

Request Description:

\_\_\_\_\_

Amount Requested _____	Annual _____
	Monthly \$ _____
	One Time \$ _____
	Total \$ _____

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\*All requests for OWF funds from facility staff must be forwarded to a Department budget analyst prior to submitting to the facility administrator.

Facility Administrator \_\_\_\_\_ Date \_\_\_\_\_

Budget Analyst \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Offender Representative \_\_\_\_\_ Date \_\_\_\_\_

\*Please indicate compliance with each item by checking the appropriate box and providing an explanation of the manner in which each requirement has been fulfilled.

The facility administrator has consulted with the facility's offenders and has a record of their approval or disapproval. If the facility's offenders have disapproved the proposal, the facility administrator has a compelling reason to override the offenders' disapproval. Please explain:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The facility administrator's proposal meets the needs of the facility's offenders or the offenders and their families. Please explain:

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The facility administrator has a written justification for the proposal that demonstrates that the Department or facility is not obligated to provide the proposed services, supplies, or equipment. Please explain (or include an attached copy of written justification):

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