INDIGENT STATUS REQUEST FORM

Name _____________________________ AO# __________________

Housing Unit _________________________ Month/Year ______________________

The request for indigent status is based on the offender’s previous month’s and current financial activity.

The rules for granting indigent status according to DOC Policy 4.1.4 are:

1. The offender has received or spent less than $15 in the previous month.
2. The offender has less than $15 in his or her account at the previous month’s end.
3. The offender has less than $15 on his or her account at the time of verification.
4. The request form must be filled out completely and clearly written.
5. The facility resident account representative must receive the request no later than the second business day of each month.

Indigent packages will contain basic personal hygiene items and writing materials. Housing unit staff, or designees, will distribute indigent packages.

Requests for indigent status must be resubmitted for each month.

Offender Signature ________________________________ Date __________________

Staff use only

Approved ____________ Denied ____________

Reason for denial ___________________________________________________________

__________________________________ Date __________________

Staff member ___________________________ Date __________________

DOC 4.1.4 (Attachment) Indigent Status – Revised 12-15-08