

Offender Request to Facility Resident Account Representative

**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 \_\_\_\_\_

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Staff use only

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason for denial \_\_\_\_\_  
\_\_\_\_\_

Staff member \_\_\_\_\_ Date \_\_\_\_\_