I.  **AUTHORITY:**  TCA 4-3-603, TCA 4-3-604, TCA 4-3-606, TCA 40-24-107, TCA 40-25-130, TCA 40-25-143, TCA 40-28-201, TCA 41-21-216, TCA 41-21-512, TCA 41-6-105, TCA 41-6-106, and TCA 41-21-901 through 911.

II.  **PURPOSE:**  To maintain a cashless inmate economy through the use of an inmate trust fund.

III.  **APPLICATION:**  To all institutional employees, inmates, and privately managed institutions.

IV.  **DEFINITIONS:**

   A.  **Central Trust Fund Administration (CTFA):**  Department of Finance and Administration Correction Central Accounting Staff located in the Tennessee Department of Correction (TDOC) Central Office who are responsible for the administration of the trust fund account.

   B.  **Government Check:**  Any check or warrant from a city, municipality, county, state, or federal government.

   C.  **Inmate Trust Fund:**  The account established for an inmate into which he/she can deposit and withdraw his/her personal funds.

   D.  **Manager:**  For purposes of this policy, Wardens, Superintendents, or Directors.

   E.  **Strategic Technology Solutions (STS):**  A division of the Tennessee Department of Finance and Administration responsible for managing and operating the IT and support functions of the TDOC.

   F.  **Third Party Vendor:**  Company contracted to provide inmate fund receipt and release card services for the TDOC.

   G.  **Trust Fund Custodian:**  An employee designated by the manager to maintain the trust fund account.

V.  **POLICY:**  The TDOC shall maintain all inmate monies in a trust fund account.

VI.  **PROCEDURES:**

   A.  **Receipts processed at the institution shall be handled as follows:**

      1.  The use or possession of cash, credit, debit, or rebate cards, or tokens of any kind by inmates is prohibited, except for those inmates specified in Section VI.(D)(5) of this policy. Each inmate shall surrender all monies in his/her possession to the manager or designee.

      2.  When a government, private business check, or money order is received for an inmate, the mailroom staff will write a receipt in accordance with Policy #202.04. Personal checks or third party checks will not be accepted.
3. No money intended for an inmate’s trust fund shall be accepted at the institution except for the following reasons:

   a. Money orders for payment of fees
   
   b. Checks from private businesses (subject to verification)
   
   c. Checks from government entities (subject to verification)
   
   d. Funds in possession of inmate at admission (subject to related policies)
   
   e. If the third party vendor systems are inaccessible for more than three business days, money orders will be accepted at the institution until such time as the third party vendor system becomes accessible.

   A copy of the receipt will be given to the inmate at the time of receipt unless the check is to be verified under Section (4) below. For all checks to be verified under Section (4), the receipt will be held by the Trust Fund staff until the check is verified. A copy of the receipt will be sent to the business office along with the check, warrant or money order and any supporting documents received. A copy of the receipt will remain in the receipt book in the mailroom. The trust fund staff will assure that all receipts are completed in their entirety. Before the receipt book is filed for audit purposes, the trust fund staff will review and sign off on the receipt book.

4. All government check(s) except from correctional facilities, county jails, and/or contracted vendors when inmates are transferred into TDOC from a county jail or correctional facility will be held until the issuing agency/business verifies that the payment is legitimate and due to the inmate. Checks shall be scanned and sent via e-mail to the CTFA for verification utilizing Private & Government Trust Fund Check Verification Form, CR-4000. If CTFA is able to determine a verification of a recurring check, CTFA will notify the institutional trust fund office and subsequent checks may be deposited without additional verification.

5. All private business checks, cashier’s checks, or money orders of $1,000 or greater must be held, scanned and sent to the CTFA for verification utilizing Private & Government Trust Fund Check Verification Form, CR-4000, until verified as legitimate and due to the inmate.

6. If it is not possible to scan and e-mail the check(s), they may be sent via facsimile. If checks are sent via facsimile, an e-mail should be sent informing the CTFA staff that a check is being faxed for verification.

7. The institution should wait at least 15 days before contacting the CTFA to check on the status of checks. CTFA will make a follow up contact to attempt to verify the check. If no response is received within 15 days of follow-up contact, CTFA will instruct the institution trust fund staff to deposit the check or money order,
8. A log shall be kept at both CTFA and institutions of all of the checks which have been verified. This log shall include the Inmate’s Name, TDOC ID, Issuer’s Name, Check Number, Amount, Date Received, Date verified, and the name and contact information of the person who verified the check.

B. Receipts collected by an approved third party vendor shall be handled as follows:

1. Inmate receipts may be accepted by the approved vendor in any one of the following methods:
   a. Money orders mailed to a P.O. Box provided by the vendors.
   b. Credit and debit card payments made on-line via the vendor’s secure website.
   c. Credit and debit card payments made via the vendor’s toll-free customer service line.
   d. Credit and debit card payments made via the vendor’s mobile application.
   e. Payments made at select retail outlets who subcontract with the vendor to accept payments.

2. The vendor shall have the responsibility to assure that the payment references a valid TDOC ID.

3. In the event that no matching TDOC ID is found, the vendor shall produce an error message and attempt to resolve the error.

4. If the error cannot be resolved, the vendor shall deny the payment and, if possible, notify the sender.

5. If the payment is acceptable, the vendor shall transmit a daily Automated Clearinghouse (ACH) transaction to the account and in the manner set forth by the Treasurer of the State of Tennessee.

6. The vendor shall also transmit a daily file to STS, in a format approved by the department. The file shall contain details of all transactions processed by the vendor for TDOC.

7. STS staff shall upload the inmate transactions from the vendor into the offender management system (OMS).

8. An exception report shall be produced when the quantities and amounts transmitted by the vendor do not agree to the quantities and amounts received by TDOC. All exceptions shall be resolved within 24 hours of receipt.

9. Each institution shall reconcile the detailed transaction report provided by the third party vendor to the Bank Deposit transaction report (MKN) from Document Direct daily.
10. On a monthly basis, the CTFA shall reconcile the aggregate of all transactions recorded by Treasury via the ACH process and all transactions recorded in OMS for vendor activity. Any variances and exceptions shall be researched and corrected.

C. Deposits shall be made as follows:

1. The business office receives the money order from the mailroom and scans it into iNovah. As the document is being scanned, the printer will restrictively endorse the money order. Staff enters the money order into OMS, and a deposit is prepared.

2. Bank deposits shall be made according to Finance and Administration Policy 25 except for checks, warrants, or money orders received for inmates. Inmate receipts will be deposited within five business day.

3. The prepared deposit shall be sent to the bank along with the money orders. A certificate of deposit will be scanned when it is returned from the bank via iNovah and the deposit will then be submitted.

4. Private institutions should scan and e-mail the Certificates of Deposit (CDs) to the CTFA for entry into iNovah no later than the following business day. CD should be sent for all days when inmate funds are deposited. No inmate deposits should be made on the last business day of the month. On the last working day of the month, a list of all CDs for the month shall be sent to CTFA by noon. The CTFA must have all private institution CDs entered in iNovah by the first working day of the following month.

D. Withdrawals from the trust fund shall be made as follows:

1. Withdrawals may be made from an inmate’s account without consent if the withdrawal is allowed by policy, statute (including but not limited to levied Criminal Injuries Compensation Fees and Litigation taxes when a certification has been received from the court and court costs imposed against the inmate and paid by the state), or court order. The CTFA will enter those court costs paid by the State on OMS (screen LCDU, code STA). Notification of such withdrawals shall be made to the inmate.
<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Amount</th>
<th>Policy Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth certificate</td>
<td>$15.00</td>
<td>511.08</td>
</tr>
<tr>
<td>Class A D-board</td>
<td>$5.00</td>
<td>502.02</td>
</tr>
<tr>
<td>Class B D-board</td>
<td>$4.00</td>
<td>502.02</td>
</tr>
<tr>
<td>Class C D-board</td>
<td>$3.00</td>
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<td>Copies</td>
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<td>216.01</td>
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<tr>
<td>DNA</td>
<td>$37.00</td>
<td>113.92</td>
</tr>
<tr>
<td>Driver license</td>
<td>Actual Cost</td>
<td>511.05</td>
</tr>
<tr>
<td>Electronic monitoring (work release program)</td>
<td>$3.80 per day / $26.60 Weekly</td>
<td>208.02</td>
</tr>
<tr>
<td>Emergency medical co pay</td>
<td>$5.00</td>
<td>113.15</td>
</tr>
<tr>
<td>Fail to pick a specialty meal</td>
<td>$5.00</td>
<td>116.01</td>
</tr>
<tr>
<td>Inmate photo</td>
<td>$2.00 (tax included)</td>
<td>510.01</td>
</tr>
<tr>
<td>Inmate TDOC ID card</td>
<td>$5.00</td>
<td>506.13</td>
</tr>
<tr>
<td>Keys</td>
<td>Actual Cost</td>
<td>208.05</td>
</tr>
<tr>
<td>Medical – Self-injurious</td>
<td>Actual Cost</td>
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<tr>
<td>Medical co pay</td>
<td>$3.00</td>
<td>113.15</td>
</tr>
<tr>
<td>Notary</td>
<td>$1.00</td>
<td>202.05</td>
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<td>Positive drug test</td>
<td>$18.00 per drug found</td>
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<td>Postage</td>
<td>Actual Cost</td>
<td>507.02</td>
</tr>
<tr>
<td>Refusal of specialty services/appointments</td>
<td>$10.00</td>
<td>113.15</td>
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<tr>
<td>Refusal to take drug test</td>
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<td>Room and board (work release program)</td>
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<tr>
<td>State ID card</td>
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<td>Stop payment</td>
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<tr>
<td>Transportation (work release program)</td>
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<tr>
<td>Wrist bands</td>
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</tr>
</tbody>
</table>

2. Withdrawals other than those for Vendor Media Kiosk Account transfers and those mandated by policy shall be requested in writing by the inmate.

a. These requests shall be made by using the Personal Withdrawal Request, CR-2727; Commissary Order, CR-3344; or an acceptable alternative developed by the institution (TDOC facilities shall refer to Policy #209.02 for further instructions). All withdrawal requests must be signed by the inmate with proper signatory approvals. Unsigned withdrawal requests, except fee for services requests as described in Fees from Inmates for Services, Policy #208.05, will not be processed.

b. The personal withdrawal request shall be forwarded to the trust fund custodian after being signed (not stamped) by a witness and the Warden or designee.
After processing, the original of the request form shall be returned to the inmate. A copy of the request will be maintained in the trust fund office, whether the request is approved or denied.

c. Personal withdrawals may only be made payable to inmates’ immediate family members or for other legitimate verifiable reasons. (See Visitation, Policy #507.01 for definitions of immediate family) The verification of legitimacy shall be supplied by the inmate and approved by the Warden or designee. Transfer of funds to an incarcerated (TDOC) member of the inmate's immediate family may be approved by the Warden of the institution in which the receiving family member is incarcerated.

d. The status of a specific check should not be requested until the check is 30 days old. Exceptions may be granted in unusual circumstances.

e. An inmate may request that a stop payment be placed on a check that has been issued from his/her trust fund account. Justification must be sent to the CTFA from the trust fund custodian as to why the stop payment is needed. If approved, the inmate will be charged $15.00 for this service. A withdrawal will be processed from the inmate's trust fund account and placed in a trust fund organization account called "stop payment". Once a month, these funds will be transferred to the State of Tennessee General Fund by the CTFA.

3. The following priorities for withdrawals shall apply to inmates participating in a work release program:

   a. Specific court orders and deductions allowed by statute applicable to a specific inmate

   b. Room and board, electronic monitoring, and other costs - TDOC facilities will refer to Policy #208.02 for further guidance

   c. Necessary travel expenses to and from work and associated incidental expenses

   d. Weekly draws attributable to work related expenses. Phase III participants at transition centers may request up to $60 be loaded onto a verified release card by trust fund staff through the third party vendor. The balance of the release card shall not exceed $180 at any time. A signed and approved withdrawal request shall be completed for the amount of each reload. Prior to the reloading the card, the vendor shall be contacted to obtain the current balance unless the institution has access to the vendor’s website to verify the card balance online. The cards shall be loaded and reloaded in accordance with the release card sections of this policy using the Third Party Vendor website.
The participant with the assistance of the counselor should refer any questions about the use or operation of the release card to the third party vendor utilizing the toll-free number found on the back of the release card.

e. Support of dependents, if any, in amounts fixed by the designated institutional work program coordinator

Payment in full or ratably of obligations acknowledged in writing by inmate

(1) Monthly contributions to the Criminal Injury Compensation Fund (CICF) should be made according to Policy #513.01. The money shall be credited to the CICF organization account within the trust fund. Privately managed facilities will comply in accordance with their policy and contractual requirements.

(2) Supervision and Rehabilitation Fees should be deducted according to Policy #513.01. The money shall be credited to the Supervision and Rehabilitation organizational account within the trust fund. Privately managed facilities will comply in accordance with their policy and contractual requirements.

f. Other amounts owed the TDOC

g. Other requested personal withdrawals

4. CTFA shall follow these procedures for fees collected by the institutions with work release programs:

a. On the first workday of each month, the funds shall be deducted from the Supervision and Rehabilitation and CICF organization accounts of the inmate trust fund.

b. A reallocation journal voucher shall be prepared to transfer the funds from the inmate trust fund to the department revenue accounts of the appropriate allotment codes and to the Department of Treasury for the Criminal Injuries Compensation Fund as follows:

(1) Department 313030362 Criminal Injuries Compensation Fund
(2) Department 3291300100 Supervision and Rehabilitation Fund (TPFW)
(3) Department 3294700100 Supervision and Rehabilitation Fund (MCCX)
(4) Department 3291600100 Supervision and Rehabilitation Fund (MLCC)

E. On a monthly basis, the CTFA shall perform the following tasks to reconcile the Trust Fund account:

1. Reconcile the issues and cancels transmitted to Treasury to the issues and cancel JVs entered into Edison. Make any corrections as needed.
2. Ensure that all regular trust fund JVs and Inter-unit JVs have been posted correctly.

3. Prepare a monthly reconciliation between the trust fund balance per the MKJ report and the Edison account balance in the trust fund account.

F. A trust fund account balance report shall be generated daily and reviewed for negative balances. Appropriate corrective action shall be taken for inmates with negative account balances. The report and documentation of corrective action taken shall be retained for audit purposes.

G. All checks that have been outstanding for six months shall be added back into an inmate's account by the institution. The CTFA will provide relevant data on a quarterly basis.

H. If an inmate is transferred to another state facility, the sending facility shall provide a set of complete documents supporting the balance of any outstanding obligations of the inmate to the receiving facility. The receiving facility will be responsible for the administration of the account.

I. In the event of an inmate’s death, the Warden’s/Superintendent’s designee of the facility where the inmate was housed regardless of where the inmate was assigned will contact the family and forward the Trust Fund Estate Settlement, CR-3618.

1. Upon receipt of the completed CR-3618 and after the subsequent payroll has processed, the trust fund custodian will send a scanned copy of the form via e-mail to the CTFA. If scanning is not possible, a facsimile may be used.

2. A check shall be generated to the “Estate of (Inmate Name)” in care of executor with the address provided above.

3. The CTFA will mail the check to the address provided and retain a copy of the check with the Trust Fund Estate Settlement, CR-3618. CTFA will email a copy of the check with receipt date and date mailed to the institution.

4. If the form is not returned within 30 days, the trust fund custodian will notify CTFA by electronic mail and provide the last known address listed on OMS for family contacts and/or emergencies. The funds will then be moved to the Unclaimed Organization account.

5. In the event an inmate has less than $5.00 at the time of death and is not expected to receive additional funds, an obligation may be issued payable to the inmate and mailed to the last known address/emergency contact on file. It is not necessary to send the Trust Fund Estate Settlement, CR-3618, in this instance.

J. Upon release, and after subsequent payrolls have been processed, the trust fund custodian shall notify the appropriate court(s) of the amount of CICF, State Recovery of Court Costs (STA), Litigation Taxes, and Sex Offender Tax that was originally owed, the amount collected, and the balance of the amount still owed.
K. After an inmate is released, the fiscal director or designee shall use the approved vendor system to load the balance of the inmate’s trust fund account to a release card after deducting any and all outstanding obligations. Release money due to the inmate (See Policy #511.03) shall be issued to the inmate via a petty cash check.

1. Within 24 hours of the discovery of needed corrections or additional funds received after an inmate release card has been processed, the institution trust fund staff shall utilize the vendor system to adjust or reload the release card. The institution staff will enter the release card modification entry in OMS. RDB should be used for any additions, while ADJ code shall be used for any reductions.

2. All release card modifications will be reconciled on the following business day to ensure third party vendor transactions and OMS transactions are in balance. This reconciliation shall be completed using the Third Party Daily Reconciliation, CR-4003. If the reconciliation contains an unresolved discrepancy, CTFA must be notified by the next business day.

3. Release cards are subject to a minimum balance of $5.00 and a maximum balance of $5,000.
   a. A release card may be issued for less than $5.00 if an inmate is expected to receive additional funds (such as for inmate pay) after which the card total will be equal to or greater than $5.00.
   b. When initially loading a release card in the third party vendor website, institutional staff will be prompted to enter:

      (1) Offender Name

      (2) Offender’s TDOC ID Number

      (3) Release Package Identification (RPID)

      (4) Date of Birth (DOB)

      (5) Total amount to be loaded on the Release Card

      (6) Social Security number for the card. This shall allow all cards to be verified. Institutional staff shall receive real-time confirmation of verification. (Please use the social security number as listed in OMS). Even if the number in OMS appears to be a “dummy” number, i.e., 999-99-9999, institutional staff must still key that number. If, and only if the social security field in OMS is blank, “123-45-6789” must be entered. This shall allow institutional staff to complete the load process but the card will not be verified. Do not use “123-45-6789” if there is a social security number listed in OMS. If an inmate has over $2,500 in his/her trust fund account, institutional staff shall initially load the card for total balance up to $5,000. If the load was not successful, institutional staff will load only $2,500. The remaining balance should be paid via Release Warrant (RLW).
4. If an inmate has less than $5.00 at the time of release and is not expected to receive additional funds after release, the inmate may donate the funds in his or her account to a qualified 501(c)(3) organization with approval from the Warden/Superintendent and fiscal director. The personal withdrawal request shall be made payable to the Inmate Charitable Donations Organization Account and specify the 501(c)(3) organization. If the inmate does not wish to donate his or her funds, a release check will be issued and mailed to the forwarding address provided by the inmate.

5. When an inmate is released on a commitment detainer, a trust fund check may be issued for the balance of an inmate’s account and mailed to the last known address of the offender. A check shall not be issued when an inmate is released on any other type of detainer.

6. When monies are received for and/or remain in the account of an inmate after release, if possible, funds will be added to the inmate release card issued to the inmate within 24 hours. Otherwise, the monies must be paid via a Release Warrant (RLW) and mailed to the last known address of the inmate.

7. Trust/Fund Checks returned “undeliverable” shall be cancelled and the funds placed in the unclaimed organization account. The CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.

8. The Third Party Release Card Control Log, CR-4002, shall be maintained for all inmate release cards received from the third party vendor. Upon receipt of a new batch of cards, the card numbers shall be logged. Upon issuance of a release card to an inmate, the log shall be updated to include the date of issuance, the inmate name and TDOC ID number, and the amount of the funds added to the card.

9. On a daily basis, the vendor shall send an ACH Debit transaction for the total of all release card transactions.

10. If access to the Trust Fund portion of the third party vendor system needs to be added, modified, or deleted, then a request shall be sent to the Central Office Trust Fund who will contact the vendor. The request shall include the Name, RAC-F ID, and e-mail address of the person needing access.

L. When a check that is issued to an inmate after his/her release remains outstanding for a period of six months, the inmate's funds shall be transferred to the unclaimed organization account. The CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.

M. When an inmate remains on "escape" status and monies remain in the trust fund account for a period of six months, the inmate's monies shall be transferred to the unclaimed organization account. The CTFA will transfer the funds at the appropriate time to the Department of Treasury, Unclaimed Property Division.

N. To retrieve the funds transferred to the Unclaimed Property ORG account in Sections VI.(I) and (K) above, the following procedures shall be followed:
1. Requests to withdraw (return) inmate funds transferred in VI.(I) shall be submitted in writing to the fiscal director of the institution where the inmate is housed or from which he/she was paroled. These requests will be forwarded to the CTFA.

2. OMS entries shall be made to Debit the Unclaimed Organization account and Credit the Inmate’s Trust Fund account.

3. To claim inmate funds transferred to the Department of Treasury, Unclaimed Property Division, the inmate will be required to file a claim with that division.

O. Trust Fund organization accounts will be established for purposes specified in other sections of this policy and for specific special use purposes. The following guidelines shall be followed in establishing and managing trust fund organization accounts:

1. New trust fund organization accounts must be set up in OMS by Central Trust Fund Administration (CTFA) staff.

2. Requests for new trust fund organization accounts shall be requested via e-mail by the Trust Fund Custodian who shall send a copy of the Trust Fund Organization Account Add-Change-Inactive form, CR-3998, to the Bi-Central Trust Fund group e-mail account. The institutional fiscal director shall be copied on the e-mail.
   a. Requests for new trust fund organization accounts shall include the name of the proposed trust fund organization account, the intended purpose of the trust fund account, and source and use of funds.
   b. Requests for new trust fund organization accounts established for inmate organizations shall be signed by the fiscal director, verifying the inmate organization meets all the requirements of Policy #503.01.
   c. Requests for new trust fund organization accounts that will maintain a reserve balance shall include the intended reserve balance as well as a specific plan for how any excess funds will be handled.
   d. The use of generic trust fund organization accounts is not permitted. Examples: Holding Account or General Account.

3. A trust fund organization account will be established for inmate photographs.
   a. Any costs for processing inmate photographs shall be paid from this trust fund organization account based on the same criteria as the Department of General Services’ purchasing regulations.
   b. On a monthly basis, funds in excess of those needed to cover costs associated with inmate photographs will be transferred by the trust fund custodian to the miscellaneous revenue organization account.

4. Trust fund organization accounts for incentive programs, donation programs, and other special projects shall be distributed as appropriate. Any excess funds should be cleared immediately (i.e., as additional donation, tip, refund to participants, or being moved to the trust fund interest organization).
5. Trust fund organization accounts used for the accumulation of specific miscellaneous revenue sources shall be cleared to the Miscellaneous Revenue Organization Account on or before the last day of each month by the institutional trust fund staff.

6. All trust fund organization accounts shall be reviewed monthly by the fiscal director or designee. If the trust fund organization account is no longer needed, the trust fund custodian shall send a copy of the Trust Fund Organization Account Add-Change-Inactive Form, CR-3998, to the BI-Central Trust Fund group e-mail account. The institutional fiscal director shall be copied on the e-mail. The trust fund organization account shall be cleared and CTFA will modify the description to indicate that the trust fund organization account is inactive.

7. Trust Fund organization account descriptions shall not be changed except to reflect a name change of the related inmate organization. Change requests should be sent to CTFA using Trust Fund Organization Add-Change-Inactive form, CR-3998. Inactive trust fund organization accounts shall not be renamed and used for a new purpose.

P. Interest earned from trust fund investments will only be utilized to pay expenses of maintaining the trust fund account, to purchase recreational supplies that directly benefit the majority of the inmate population, and to offset printing costs associated with the inmate newsletter. No interest money earned from trust fund investments will be utilized to purchase recreational equipment (i.e., weights/weight machines, backboards, table saws for arts and crafts, etc.) Exemptions to this will only be granted by the Commissioner/designee.

1. The earned funds shall be maintained by each facility and the CTFA as an organization account within the trust fund. The CTFA will distribute interest earnings into the trust fund organization accounts quarterly based on the average number of inmates for each facility.

2. The manager shall approve all purchases prior to the obligation of funds.

3. The fiscal officer shall ensure that all appropriate accounting procedures are followed.

4. All purchases shall require bids based on the same criteria as purchasing regulations.

5. Goods and services shall be paid for by check made payable to the vendor, supported by vendor's invoice. A check shall not be made payable to cash or an employee.

6. Within ten working days after the end of the quarter, the fiscal director or designee shall sign a written status report including beginning balance, deposits, withdrawals, and ending balance of the interest account using Inmate Trust Fund Interest Account Quarterly Status Report, CR-4004. For all privately managed facilities, the Contract Monitor of Compliance (CMC) shall review records to determine if the report is completed quarterly as required. A detailed listing of the goods or services purchased shall be included. This report shall be approved by the Warden/Superintendent or designee and retained for audit and historical reference. The CTFA shall be notified quarterly via e-mail that this report has been completed.
7. The Department of General Services, Division of Personal Property Utilization's rules and regulations and Policy #206.01 shall be adhered to when purchasing equipment. Privately managed facilities will comply in accordance with their policy and contractual requirements.

Q. Inmates shall be allowed to open and maintain savings accounts or legitimate investments, with the earnings accruing directly to the inmate. The inmate must obtain the prior approval of the Warden/Superintendent or designee before a savings account is opened or an investment transaction initiated. Documentation of the Warden/Superintendent or designee approval shall be maintained for audit purposes.

1. Inmates maintaining such savings/investment accounts shall be required to provide a copy of the account transactions and balance to their counselors on a quarterly basis. This information will be documented on OMS conversation LCDG, Contact Note, using code QRFA, and shall include quarterly beginning and ending balances, as well as total deposits and withdrawals from each account during the quarter. Inmates refusing to provide a quarterly copy of account transactions and balances shall be subject to discipline under applicable provisions of Policy #502.05.

2. On a quarterly basis, by the 21st working day following the end of the quarter, the Warden or designee shall submit a listing of any inmate with a savings or investment account with a balance of $2,000 or greater including supporting documentation or a memo stating that no inmate had a savings or investment account with a balance of $2,000 or greater to the Director of Budget and Fiscal Services for review as to the inmate's potential to contribute towards the cost of his/her care in accordance with TCA 41-21-901 through 911. This information shall be submitted using Inmate Savings-Investment Account Memo, CR-4005. This listing will include notations of any inmates who refused to provide the required quarterly documents and the disciplinary action taken. For privately managed institutions, the TDOC Contract Monitor of Compliance will have responsibility for assure that this information is reported in a timely basis. When an inmate is transferred to another institution, the trust fund custodian of the sending institution shall notify the trust fund custodian of the receiving institution that an outside savings account exists. The last received savings account statement shall be sent from the sending institution to the receiving institution.

R. Inmates shall not have checking account privileges.

S. CTFA staff shall conduct a quarterly review of each inmate’s trust fund account.

1. When the review indicates the possibility that sufficient assets may exist to allow the state to recover at least 10% of the estimated cost of the inmate’s care for a two year period, the Director of Budget and Fiscal Services shall forward an Inmate Financial Status Report, CR-3561, to the fiscal officer of the appropriate institution with directions as to completion. If CR-3561 has been completed within the past year, an additional form will not be required.
2. Upon receipt of the completed Inmate Financial Status Report, CR-3561, the Director of Budget and Fiscal Services shall prepare a memorandum detailing the results of the trust fund account review and forward it, along with CR-3561, to the Chief Financial Officer for investigation. An inmate shall not be reported more than once per year unless their total assets have increased by 10% or more since the date of the last report.

3. When the Chief Financial Officer investigation indicates that the inmate appears to possess sufficient assets to recover at least 10% of his/her estimated cost of care for two years (or total sentence, whichever is less), the Chief Financial Officer shall forward Inmate Financial Status Report, CR-3561, and the results of the investigation to the General Counsel.

4. The General Counsel shall provide the information concerning an inmate’s assets and potential ability to reimburse the state for at least a portion of his/her care to the State Attorney General’s office for action.

T. On an annual basis during the first quarter of each fiscal year, the Director of Budget and Fiscal Services shall prepare a report to the Commissioner detailing the amount of money collected during the previous fiscal year under the provisions of TCA 41-21-901 through 911.

U. Upon receipt of information regarding an inmate’s potential assets from diagnostic center staff (See Policy #401.02), the Director of Budget and Fiscal Services shall initiate the actions outlined in Section VI.(S) of this policy.

V. Inmates who have not had a trust fund balance of $6.00 or more at any time during the pay period will receive a hygiene kit. INFOPAC report BI01MKO, Offenders Eligible to Receive Hygiene Kits, will be available on the 17th day of each month. Inmates listed on this report are to receive their hygiene kit within five working days. Each Warden/Superintendent shall designate staff to distribute the hygiene kits. Upon delivery, this information will be documented on OMS Conversation LCDG, Contact Note, using Code KITI.

W. When an inmate is within 90 days of expiring his/her sentence and has not had a trust fund balance of six dollars or more in the last three pay periods, the inmate may be eligible to receive assistance from the institution in the form of a state ID or birth certificate upon his/her release. The inmate must complete a withdrawal request for the birth certificate. If the inmate does not have sufficient funds to pay for the birth certificate, funds from the miscellaneous Revenue ORG account may be used. Institutional trust fund staff should attempt to recoup these funds if possible before the inmate is released.

X. On a daily basis the fiscal director shall ensure the reconciliation of the trust fund daily transaction is completed. The last page of the Trust Fund checklist must be signed and dated by the fiscal director or designee indicating that the report has been reconciled, balanced, and funds were transferred to the appropriate organization accounts. The designee must be an independent employee from the trust fund operation to maintain segregation of duties.
Y. On a weekly basis, STS will send out a report listing all obligations for the week. The Fiscal Director or designee shall review this report for transactions which fall outside the normal scope of business. Any repetitive transactions for the same amount and or made to same person should be investigated for fraud or policy violations. Suspect transactions should be reported to CTFA and to the appropriate personnel with the Office of Investigation and Compliance (OIC).

Z. For institutions utilizing the vendor media kiosk program:

1. Eligible inmates can request fund transfers from their institution trust fund account to the Vendor Media Account utilizing the vendor media kiosk.
   a. Media transfers can be made in increments of 50 cents only.
   b. The vendor will transfer a file daily to TDOC STS which lists all inmates who have requested a transfer to the vendor media account.
   c. A return file will be sent daily from TDOC to the vendor indicating which transfer requests have been approved.
   d. Each day, the vendor will credit the inmate media account for all approved transactions.
   e. Each day, TDOC shall electronically debit the Inmate Trust Fund account for all approved media accounts.
   f. Overnight, TDOC shall electronically credit the appropriate organization account established for this purpose for all approved transactions at each institution which posted the previous day.
   g. Institution Trust Fund staff shall review and verify that all media entries are reconciled to the reports provided through the vendor’s website.

2. On a monthly basis, the vendor shall prepare and submit an invoice to TDOC Central Trust Fund for all approved media transfers made during the previous month.
   a. Central Trust Fund staff shall reconcile the invoice amounts to the Media Organization account balances. All differences shall be researched and corrected or explained.
   b. Central Trust Fund staff shall debit each institution Media Account ORG and credit the DCCO Media Account ORG for the reconciled amount.
   c. Central Trust Fund staff shall request an Obligation from the DCCO Media Account ORG for the reconciled amount of the vendor invoice.
   d. Central Trust Fund staff shall review the check for accuracy and mail the Obligation to the vendor along with any required or requested documentation.
3. Unused funds in the Vendor Media Account upon inmate release shall be the responsibility of the vendor. It is the responsibility of the inmate to contact kiosk service provider for a refund.

VII. ACA STANDARDS: 4-4027, 4-4031, 4-4034, 4-4044, 4-4045, 4-4046, and 4-4047.

VIII. EXPIRATION DATE: March 1, 2023.
INMATE NAME: ___________________________ TDOC ID: ___________________________
SOCIAL SECURITY NUMBER: ___________________________
INMATE ADDRESS (legal residence) ___________________________

LAST EMPLOYER: ___________________________
ADDRESS: ___________________________

The Inmate Financial Responsibility Act of 1998 (TCA Section 41-21-901 et. seq.) mandates that the Department of Correction wherein you are sentenced may obtain information from you regarding your assets. “Assets” include property, tangible or intangible, real or personal, belonging to you or due to you including income or payments from social security, worker's compensation, pension benefits, previously earned salary or wages, bonuses, annuities, retirement benefits, insurance benefits, or from any other source whatsoever, but does not include a homestead owned by you, money received by you from the State of Tennessee as settlement of a claim against the Department of Correction, a money judgment received by you from the State of Tennessee as the result of a civil action in which the Department of Correction was named defendant and found to be liable or money saved by you from wages and bonuses paid to you while confined in a state correctional facility. The State of Tennessee may use this information to seek reimbursement for the rest of your care. You may be required to update this information during your incarceration. Failure to provide complete financial information may be considered by the Board of Parole for purposes of a parole determination.

I have the following assets: Dollar Amount Location (Specify)

Worker’s Compensation/Payments ___________________________
Retirement Benefits ___________________________
Other Pension Benefits (Specify) ___________________________
Previously Earned Salary or Wages ___________________________
Previously Earned Bonuses ___________________________
Annuities ___________________________
Bank Accounts ___________________________
Stocks or Bonds ___________________________
Real Property Other than Homestead ___________________________
Other: ___________________________ ___________________________

I swear or affirm under oath, that to the best of my knowledge, the information provided herein is complete and accurate.

_________________________________ ___________________________
Inmate Signature Date

_________________________________ ___________________________
Staff Witness Date

TO BE COMPLETED IF INMATE REFUSES TO EXECUTE THIS FORM

Staff Comments: __________________________________________

_________________________________ ___________________________
Staff Signature Date
TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ESTATE SETTLEMENT

To Whom It May Concern:

I, ________________________________, do hereby state that I am the Executor
Print Name

of The Estate of __________________________ TDOC ID _______________________

and wish for his/her Trust Fund Account be sent to me at the following address:

________________________________________________________
Signature of Executor or Estate

Address:

________________________________________________________

________________________________________________________

________________________________________________________

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Subscribed and sworn to in my presence, this _______ day of ______________________

Date: ____________________________ __________________________________________
Signature of Notary
## THIRD PARTY DAILY RECONCILIATION

<table>
<thead>
<tr>
<th>JPay Report Total</th>
<th>MKN Report Total</th>
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<tr>
<td>Reconciliation Comments:</td>
<td>Reconciliation Comments:</td>
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<td>Adjusted JPay totals $ -</td>
<td>Adjusted MKN Totals $ -</td>
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Balance

Reconciled By: ____________________________
(Signature & Date)

Reviewed by ____________________________
(Signature & Date)
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<tr>
<th>Request Date</th>
<th>TDOC ID</th>
<th>Name (Last, First, Middle)</th>
<th>Date of Incarceration</th>
<th>Check #</th>
<th>Refund Year/Check Date or Comp Month</th>
<th>Check Amount</th>
<th>Name/Address/Telephone Number of the Issuor of Funds</th>
<th>Status: 1st Attempt</th>
<th>Status: 2nd Attempt</th>
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<td>Card #</td>
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<td>Inmate Name</td>
<td>TDOC ID</td>
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<td>Activation Amount</td>
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Total Number of Cards: 0
Total Activation Amount: 0.00
Total Reloaded Amount: 0.00
Total Voided Amount: 0.00
Date of Request: ___________________________

Institution: ______________________________

Name of Requester: ______________________

☐ ADD NEW ORG

Suggested Name for ORG: __________________

Purpose of ORG (How account will be used): _____________________________________________

_________________________________________________________________________________

ORG will be Cleared: (Choose one)

☐ 1. Monthly (or other Frequency) __________

☐ 2. When Balance Exceeds ______________

☐ 3. Upon Completion of Program __________

☐ 4. Never (Funds will be used for Operation of Inmate Organization) _________________

☐ 5. Other (Specify) _______________________

Is this account for an Inmate Club or Organization?  ☐ Yes  ☐ No  If “Yes”, please provide the name of the Staff Sponsor

Name of Staff Sponsor: _____________________  RACF ID: __________________

☐ ORG NAME CHANGE

Existing ORG#: _______________

Reason for change: ______________________________________________________________

☐ INACTIVE ORG #

Reason for inactivity: ____________________________________________________________

Fiscal Director Approval ___________________________  Date ________________
MEMORANDUM

TO: __________________________________________

FROM: ________________________________________

DATE: ________________________________________

SUBJECT: Inmate Savings/Investment Accounts

Per TDOC Policy #208.01 Q.1, contact notes regarding savings accounts were entered on TOMIS for inmates with accounts.

Per section Q.2, we are submitting the following inmates’ names for potential contribution towards their care in accordance with TCA 41-21-901 through 911. These inmates have a savings account balance greater than $2,000. Copies of their account statements are attached.

<table>
<thead>
<tr>
<th>Inmate name/TDOC#</th>
<th>Account Balance</th>
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<tbody>
<tr>
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</table>

The following inmates did not present a copy of their account statements as required per policy and were issued disciplinary action for violation of TDOC/Institutional policy.

<table>
<thead>
<tr>
<th>Inmate name/TDOC#</th>
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<tr>
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</table>

Thank you.

Reviewer
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<table>
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<tbody>
<tr>
<td><strong>Beginning Balance</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Deposits</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$0.00</td>
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<tr>
<td><strong>Withdrawals</strong></td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$0.00</td>
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<tr>
<td><strong>Ending Balance</strong></td>
<td>$0.00</td>
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</tbody>
</table>

Prepared By______________________________________ Date_______________

Approved By______________________________________ Date_______________
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

$  DATE:  

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:  

DOLLARS

THIS CHECK IS TO BE MAILED TO:  

NAME  

STREET ADDRESS  

CITY, STATE, ZIP

THE PURPOSE OF THIS WITHDRAWAL IS:  

INMATE SIGNATURE  TDOC ID

Building:  
Room #:  

WITNESSED:  

APPROVED:  

□ YES  □ NO

REASON FOR DENIAL:

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE  DATE

CR-2727 (Rev. 9-19)  Duplicate As Needed
I. AUTHORITY: TCA 4-3-604, TCA 40-24-107, TCA 40-28-201, TCA 41-6-106, TCA 41-21-216, and TCA 41-21-512.

II. PURPOSE: To establish standard procedures for the use of the Inmate Telephone Debit System.

III. APPLICATION: Wardens (excluding Hardeman County Correctional Facility, Trousdale Turner Correctional Center and Whiteville Correctional Facility), Superintendents, Institutional Trust Fund Custodians, Fiscal Directors, Director of Fiscal Services, Central Trust Fund Administration (CTFA), inmates, and South Central Correctional Center.

IV. DEFINITIONS:

A. Debit Call: A telephone call made by an inmate to an allowed telephone number, where the total cost of the call will be deducted from the inmate's debit account with the service provider.

B. Inmate Telephone System (ITS): A system that controls the use of telephones by the inmates at all departmental institutions.

C. Telephone Credits: Dollar purchases of credits to be used by an inmate to pay for a debit call. These credits can be purchased by the inmate or family and friends.

V. POLICY: All inmates at institutions utilizing the ITS for processing inmate telephone calls shall be allowed to establish and use the Inmate Telephone Debit System (ITDS) which will be totally managed and operated by the ITS service provider.

VI. PROCEDURES:

A. Inmate Purchase of Telephone Credits:

1. Inmates can request fund transfers from their institutional trust fund account for the purchase of telephone credits once each month.

2. Telephone credits can be purchased in "whole" dollar amounts only.

3. The minimum telephone credit purchase amount is $5.00.

4. The inmate shall purchase telephone credits utilizing the Department of Correction Trust Fund Account Personal Withdrawal Request form, CR-2727. (See Policy #208.01) Form CR-2727 must be signed by the inmate before funds can be transferred from their institutional trust fund account for the purchase of telephone credits or the request will not be processed.
5. Upon receipt of all inmate withdrawals for the month, the institutional trust fund custodian shall process withdrawals in accordance with Policy #208.01 and deduct the specified amounts from each inmate's trust fund account.

6. By the 20th of each month, the amounts deducted from the inmate’s trust fund account shall be credited to an ITS organization account within the inmate trust fund. If the 20th of the month is on a Saturday, Sunday, or holiday, the amounts must be credited to an ITS organization account within the inmate trust fund by the close of business on the next official work day. During the months of November and December, the due dates listed above may be moved back by two business days to accommodate the processing of Inmate Telephone withdrawals prior to the holidays. Such a change will be communicated in writing by the Central Trust Fund Administration.

7. If the amounts in Section VI.(A)(6) above are not credited to the ITS organization account within the inmate trust fund by the above stated date, the transactions will not be processed and the inmate(s) will have to wait until the next month to transfer the funds. Any exception to this must have the approval of the Director of Budget and Fiscal Services or designee.

8. The institutional trust fund custodian shall then prepare an Inmate Telephone System Log, CR-3569, completing the columns for Inmate Number, Inmate Name, and Amount.

9. The institution’s trust fund custodian shall fax or e-mail the data entry log to CTFA the next working day after the 20th of the month or the next working day after the date of crediting the ITS organization account within the inmate trust fund per Section VI.(A)(6) above.

10. On the 21st of the month or the next working day after the date of crediting the ITS organization account within the trust fund per Section VI.(A)(6) above, CTFA will print the offender management system (OMS) account balance report indicating the ITS organization account balances.

11. Upon receipt of the ITS data entry log, CTFA shall reconcile the amounts on the data entry log to the OMS account balance report. Any discrepancies noted shall be reconciled with the institution immediately.

12. After the reconciliation in Section VI.(A)(11) above is completed, CTFA will debit the ITS organization account for each institution and credit the Central Office ITS organization account.

13. Within two working days of reconciliation, a warrant will be issued from the Central Office ITS organization account and made payable to the service provider. CTFA will mail the check, along with the Inmate Telephone System data entry logs, by way of the service provider’s Federal Express account. CTFA will notify each institution's trust fund custodian of the trust fund check number and Federal Express tracking number.
B. Family and friends may purchase telephone credits by sending their funds directly to the ITS service provider at the following address.

   Global Tel*Link Corporation  
   Dept 1705  
   Denver, CO 80291-1705

C. An inmate shall not have funds deducted from the ITS trust fund and deposited into his/her institutional trust fund, except when he/she is transferred to an institution that does not utilize Global Tel*Link's inmate telephone system.

D. It will be the responsibility of the ITS service provider to refund any funds remaining in the ITS trust fund directly to the inmate upon his/her release from TDOC custody.

E. Any concerns with the system must be made in writing first to the ITS service provider. If the issue is not resolved by the service provider, the TDOC ITS coordinator may be contacted (in writing) with copies of all applicable documentation concerning the issue(s) attached.

VII. **ACA STANDARDS**: 4-4027, 4-4031, 4-4044, 4-4045, and 4-ACRS-4C-21.

VIII. **EXPIRATION DATE**: January 15, 2022.
<table>
<thead>
<tr>
<th>No. of Funds Received</th>
<th>INMATE NUMBER</th>
<th>INMATE LAST, FIRST NAME</th>
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</table>
I. **AUTHORITY:** TCA 4-3-603 and TCA 4-3-606.

II. **PURPOSE:** To establish a procedure for calculating sales prices for all items sold by commissaries.

III. **APPLICATION:** To Wardens, Superintendents of Transition Centers, Fiscal Directors, and Commissary Personnel.

IV. **DEFINITIONS:**

A. **Generic brand soft drinks:** Those bottled by bottlers other than name brand bottlers.

B. **Manufacturer's rebates:** Cash rebates given by manufacturers for any reason.

C. **Name brand soft drinks:** Those bottled by companies such as Coca-Cola or Pepsi-Cola, etc.

D. **Procurement cost (purchase value):** The actual cost of the products purchased for sale to the inmates through the commissary.

V. **POLICY:** All commissaries shall utilize a uniform pricing procedure.

VI. **PROCEDURES:**

A. **Commissary item selling prices shall be calculated as follows:**

1. Manufacturer rebates and discounts are not considered as a reduction of the affected item's cost. All rebates and discounts shall be treated as commissary revenue.

2. The procurement cost of each item purchased, other than soft drink products and stamps, shall be increased 21%.

3. The item sales price shall be calculated using the following table. Find the appropriate sales tax rate and percent add on rate and using the applicable multiplier, calculate the item sales price. The calculated item sales price shall be rounded to the nearest whole cent.
Subject: COMMISSARY PRICING

<table>
<thead>
<tr>
<th>Sales tax rate</th>
<th>At 21.0% Add On</th>
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<tr>
<td>5.50</td>
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<td>1.324950</td>
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4. Soft drinks selling prices are as follows:
   12 oz.  50 cents (includes sales tax)
   20 oz.  70 cents (includes sales tax)

   Generic brands will be priced 5 cents below the brand name prices (includes sales tax)

5. Once an item(s) is within 30 days of the expiration date, the fiscal officer shall make a determination that the item(s) will or will not sell. If the determination is made that the item(s) will not sell, the fiscal officer shall request in writing to the Chief Financial Officer a reduction in the price of the item(s).

6. Stamps shall be exempt from sales tax and markup.

B. Upon receipt of invoices/packing lists for commissary items quantities and total procurement costs for each item shall be entered into the TDOC Commissary System where individual and total costs as well as retails will be calculated by the system which has been programmed to calculate as outlined in VI.(A)(1), (2), and (3) of this policy and processed automatically.

1. In the event the receiving entries create cost/retail price changes, the TDOC Commissary System will immediately make these changes upon the electronic acceptance of the staff making the entries into the system during the data entry process of the receipt.
2. Any adjustments of costs or retails made by the TDOC Commissary System will be reflected in the Daily Sales Report for that day’s activity.

C. Any inmate order made subsequent to the changes made in VI. (B) will be charged at the then stated prices with the TDOC Commissary System, regardless of the prices stated on a prior inmate order form.

VII. **ACA STANDARDS:** 4-4042.

VIII. **EXPIRATION DATE:** March 24, 2023.
I. **AUTHORITY:** TCA 4-3-603, TCA 4-3-606.

II. **PURPOSE:** To establish guidelines for the stocking of and access to institutional commissaries.

III. **APPLICATION:** To Tennessee Department of Correction (TDOC) institutional employees and inmates, excluding inmates assigned to and actively participating in a Special Alternative Incarceration Unit (SAIU) program.

IV. **DEFINITIONS:**

   A. **Commissary:** A centralized location at a correctional facility from which inmates may purchase miscellaneous items for personal use and/or consumption.

   B. **Non-Perishable Items:** Items which do not have a short shelf life.

V. **POLICY:** All TDOC facilities shall provide a commissary that offers each inmate an opportunity to purchase items from the approved Statewide Commissary Contract, issued by Tennessee Department of General Services Central Procurement Office, for their personal use and/or consumption.

VI. **PROCEDURES:**

   A. The Warden/Superintendent or designee shall be responsible for the operation of the institutional commissary.

      1. Each Warden/Superintendent shall develop an internal policy governing the institutional operation of the commissary.

      2. The commissary shall be operated so that each inmate shall have access once a week unless the Warden/Superintendent gives written authority to the Fiscal Director to allow access every two weeks. Hours of commissary delivery shall not interfere with the work/program assignment schedules of inmates.

      3. Inmates may purchase up to $85 worth of items per week, excluding cosmetology and barber products. This amount may be doubled ($170) during the weeks prior to Thanksgiving and Christmas if so desired by the Warden/Superintendent and for those institutions that allow inmate access every two weeks. This allows for the commissary to close during the holiday weeks.
4. Inmates may purchase up to $170 worth of items during the third week in June if approved by the Warden/Superintendent. This allows for the commissary to close during the year-end annual inventory.

5. A schedule of order due days and delivery days by housing unit shall be posted in each housing unit. Significant changes should be communicated in writing to the inmate population.

6. A list of commissary items and their prices shall be updated at a minimum of once a month and distributed to each housing unit for placement on the unit bulletin boards.

B. The items sold in the commissary shall not include items considered contraband or not otherwise authorized by departmental or institutional policy.

C. Only those items on the approved Statewide Commissary Contract will be sold in the commissary.

1. A list of non-prescription (over the counter) medications that are available from the commissary must be reviewed and approved by the TDOC Pharmacy and Therapeutics Committee and approved by the Chief Medical Officer.

2. Cosmetology/barber products that are necessary to provide a hair care service where the inmate purchases the service rather than the merchandise shall not be considered as a product that will be sold through the commissary. These cosmetology/barber products are purchased in bulk sizes but utilized by the ounce when the service is rendered, and will be purchased via the routine procurement process and not via the commissary. Items to be purchased from the commissary must be on the approved Statewide Commissary Contract.

3. Any request to change the approved Statewide Commissary Contract must be made in writing with the appropriate justification from the Warden/Superintendent/Correctional Administrator to the Assistant Commissioner of Prisons to be forwarded to the Chief Financial Officer for approval.

4. If the requested change is approved, the current Statewide Commissary Contract will be amended to include the item.

D. Except where prohibited due to security, medical, or mental health reasons, items that are purchased at one institution commissary and in the possession of a transferred inmate are to be acceptable at any institution where said inmate is transferred. The Warden/Superintendent will determine acceptability.

E. Only commercial items purchased for resale shall be sold in the commissary. No homemade, donated, caustic, flammable, toxic items that require control (See Policy #112.09), or glass items may be sold.
F. All inmate transactions shall be by a cashless means as per Policy # 208.01. No items will be sold on credit.

G. Staff of institutions will utilize a commissary order form to be used by inmates to order merchandise from the commissary. Each Warden/Superintendent will ensure that procedures regarding the collection and processing of these forms are developed and addressed in the internal policy. Institutions shall use the Commissary Order Form, CR-3344, produced by the Commissary System.

H. Commissary access by segregated inmates shall be governed by Policy #506.16.

I. Inmates in segregation shall use the commissary in accordance with the following procedures for commissary purchases:

   1. Commissary Order Forms shall be distributed to inmates every week or every two weeks as determined by the Warden/Superintendent.

   2. Commissary staff will be responsible for accurately filling, packaging, and delivering the inmate’s order to a housing unit.

J. All cosmetology/barber products ordered from the commissary by inmates will be delivered to the cosmetology/barber instructor with a copy of the inmate’s commissary order. The instructor will sign the commissary order form to indicate receipt of these products. The inmate will also be required to sign the commissary form for these products when the inmate receives the service. All cosmetology/barber products purchased by inmates may be used only in the cosmetology/barber area.

K. Inmates shall provide identification cards prior to receiving their order from designated staff, unless (for medical health purposes) the inmate is not permitted to possess his or her identification card.

L. Inmates shall verify their order on the Commissary Pick List prior to signing the Acknowledgment of Commissary Items Received, CR-3804, indicating acceptance of goods. If the inmate refuses to sign the Acknowledgment of Commissary Items Received, CR-3804, the commissary order will not be delivered. Shortages shall be recorded into the Commissary Shortages, CR-3805, and the delivering staff shall verify and approve shortages. There will be no recourse if shortages are not verified at the time of delivery by the delivering staff unless approved in writing by the Warden/Superintendent or Associate Warden/Deputy Superintendent.

M. Items sold in the commissary may not be received through the mail unless approved by the Warden/Superintendent. Each year the Assistant Commissioner of Prisons shall publish a listing of exceptions for December packages.

N. Inmates who are determined to be purchasing items from the commissary for the purpose of resale to other inmates shall be subject to disciplinary action under Policy #502.01. The quantity of commissary items that an inmate may possess in his/her cells or room at any given time is included in the total cubic feet allowed to each inmate by Policy #504.01.
VII. ACA STANDARDS: 4-4042 and 4-4379.

VIII. EXPIRATION DATE: May 1, 2021.
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Verified by: ____________________________  

Staff signature is required before credit can be issued.

Printed name: ____________________________  Signature: ____________________________  Date: _____________
# Commissary Shortages

**Tennessee Department of Correction**

**Date:**

**Institution:**

**Unit:**

List any shortages or missing items below (including entire orders):

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<th>Offender Name</th>
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<th>Item #</th>
<th>Description</th>
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**Staff signature is required before credit can be issued**

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Verified by:

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Printed name

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Signature

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Date

**CR-3805**

Duplicate as Needed

(Generated Electronically from the Commissary System)
I. **AUTHORITY:** TCA 4-3-603 and TCA 4-3-606.

II. **PURPOSE:** To establish policy and procedures to ensure inmates access to the courts.

III. **APPLICATION:** To all employees and inmates of the Tennessee Department of Correction (TDOC).

IV. **DEFINITIONS:**

A. **Legal Mail:** Correspondence from an inmate that is clearly addressed to a court, an attorney, or the Tennessee Claims Commission.

B. **Legal Papers:** Any documents prepared by or for an inmate requiring notarization and certificate of service.

C. **Privileged Mail:** Correspondence clearly addressed to or from attorneys; law students on behalf of attorneys; courts; court clerks; legal aid clinics; or law schools operating such clinics; recognized legal defense funds; and governmental officials or agencies, including the Tennessee Claims Commission, provided that such correspondence bears the appropriate name and title of the sender/receiver.

V. **POLICY:** All inmates shall be provided the opportunity to access courts and counsel without fear of retaliation or retribution.

VI. **PROCEDURES:**

A. Attorneys shall be granted confidential access to their clients in accordance with Policy #105.09. If necessary, a private visitation area that permits visual observation by correctional staff shall be provided to attorneys in order to meet with their clients.

B. Access shall be provided to legal aid clerks and unpaid inmate legal helpers to aid in the research and preparation of legal documents and correspondence. (See Policy #501.04)

C. The law library shall be open at least 37.5 hours a week. (See Policy #509.01)

D. Inmates shall be afforded access to equipment (i.e., tables, chairs, and personal typewriters), office supplies, and photocopy services to enable them to prepare legal documents. Inmates in punitive segregation, mental health seclusion, and on certain medical status may be prohibited from possessing typewriters/writing instruments. (See Policy #509.03)

E. Notary services shall be available to notarize inmate legal papers five days a week. The notary shall sign such papers only after witnessing the signature of the person requesting the notary services. Fees for services shall be assessed per Policy #202.05.
F. Privileged mail shall be searched for contraband only in accordance with Policy #507.02.

G. Institutions shall provide notary services, legal postage, and photocopies required by the court even if the inmates have insufficient funds in their trust fund accounts to cover the costs of these services. In all cases inmates will be required to sign a Personal Withdrawal Request, CR-2727, and the cost of notary services, legal postage, or court-required photocopies shall be collected when the inmate's trust fund balance is greater than zero. (See Policy #208.05) Responsible personnel shall verify each inmate's status prior to providing notary services, legal postage, or photocopies. The institution shall not pay for certified, registered, or other types of postage except first class mail, unless directed by the court.

H. Each inmate shall have access to the Inmate Telephone System (ITS) through which they may place telephone calls to numbers on the approved calling list, either on a collect or debit basis. Inmates (assigned to TDOC managed facilities and SCCF) will have access to any attorney on the database populated from the Tennessee Attorney’s Directory. Inmates assigned to contract managed facilities (except SCCF) must submit the attorney’s name and telephone number to a unit management staff member using Inmate Inquiry – Information Request, CR-3118, to have the attorney’s number added to their list. Any new addition or out-of-state attorneys will be added by contacting an associate of the contract inmate telephone provider, who will ensure verification prior to the addition being completed. Attorney numbers may be changed at any time in accordance with Policy #503.08. Calls may be restricted to 30 minutes or less when handling legal issues.

1. If an inmate alleges that it is essential to contact an attorney or court through a long distance telephone call and that number is not on his/her list or if funds are not available in his/her account, and the inmate alleges that communication by mail would be too slow, he/she may be permitted with the approval of the Warden/Superintendent or a designee to contact the attorney during normal office hours by staff telephone. Inmates permitted to contact an attorney by staff telephone shall be required to pay for the telephone call or to place the call collect. The call may be restricted to five minutes. The Warden/Superintendent or designee shall coordinate all telephone calls to attorneys and shall charge the inmate a flat rate of thirty cents per minute.

2. When the call cannot be made collect and the inmate has insufficient funds to cover the cost of the call, the Warden/Superintendent or designee may approve the placing of the call. The inmate will be required to sign a CR-2727 and the cost of the telephone call will be transferred from his/her trust fund account balance when the balance is greater than zero.

I. The Warden/Superintendent shall cause a list of addresses of the nearest legal aid clinic and all local, state, and federal courts to be maintained in the institutional law library.

J. The Warden/Superintendent shall promulgate a local policy regarding inmate access to the courts

K. Institutions that contract for legal services are exempt from maintaining a law library. Inmate access to attorney services shall be specified in institutional policy which shall be reviewed by the TDOC General Counsel.
VII. **ACA STANDARDS:** 4-4274, 4-4275, 4-4276, and 4-4492.

VIII. **EXPIRATION DATE:** March 1, 2023.
TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

$  DATE:  ____________________________

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:

________________________________________  DOLLARS

THIS CHECK IS TO BE MAILED TO:

________________________________________  NAME

________________________________________  STREET ADDRESS

________________________________________  CITY, STATE, ZIP

THE PURPOSE OF THIS WITHDRAWAL IS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

INMATE SIGNATURE

Building: ____________________________
Room #: ____________________________

TDOC ID

WITNESSED:

APPROVED:  □ YES  □ NO

REASON FOR DENIAL:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE  DATE

CR-2727 (Rev. 9-19)  Duplicate As Needed
I. Authority: TCA 4-3-603 and TCA 4-3-606.

II. Purpose: To establish rules and guidelines for the administration of the inmate telephone program.

III. Application: Staff and inmates at all Tennessee Department of Correction (TDOC) institutions (except offenders assigned to and actively participating in a SAIU program), privately managed facilities, and employees of TRICOR.

IV. Definitions:

A. Advance Pay Call: A telephone call made by an inmate to an allowed telephone number where the total cost of the call will be deducted from a prepaid account established with the inmate automated telephone system provider by the called party.

B. Allowed Telephone Number (ATN): A landline or cellular telephone number which is on an inmate's authorized to call telephone number list. (Available at institutions with ITS only)

C. Collect Call: A telephone call made by an inmate to a telephone number, where the total cost of the call will be the responsibility of the called party.

D. Debit Call: A telephone call made by an inmate to an allowed telephone number, where the total cost of the call will be deducted from the inmate's telephone account. (Available at institutions with ITS only)

E. Remote Call Forwarding Service: A service whereby a call placed to a station in one exchange is automatically forwarded by the service provider through its central office equipment to another station designated by the customer.

F. TTY/TDD: Teletypewriter (telecommunications device for the hearing impaired).

G. Telephone Access Code: Inmate's TDOC identification number.

V. Policy: Inmates shall be provided reasonable access to the inmate automated telephone system (ITS) or conventional telephone equipment. Adaptations for the hearing impaired shall be provided.

VI. Procedures:

A. Inmate Access to Telephones

1. Segregated inmates shall be allowed access to telephones in accordance with Policy #506.16.
2. Inmate access to telephones to communicate with attorneys and courts shall be in accordance with Policies #105.09 and #501.02. Inmates assigned to privately managed facilities follow a TDOC approved privately managed institutional policy regarding access to courts.

3. Wardens/Superintendents shall develop institutional policy which specifies days and times of day when inmates shall have access to telephones. Calls should normally be made between 6:00 a.m. and 10:00 p.m. local time.

B. Procedures for institutions with automated inmate telephone system (ITS) equipment:

1. Each inmate shall be furnished with an inmate telephone system instruction booklet which contains data that the inmate needs to know in order to place any type of call. Diagnostic centers shall assume responsibility for providing instruction booklets at intake. These booklets may be amended as necessary.

2. Inmates shall be allowed to specify up to ten telephone numbers for family, friends, etc., on their ATN list. Business telephone numbers, toll-free numbers, and numbers with remote call forwarding service are not permitted. Only telephone numbers on the inmate's ATN list shall be processed by the ITS. Changes in this list may be made through a designated employee according to a schedule established by the Warden/Superintendent, but no less often than once each quarter.

3. Wardens/Superintendents shall develop institutional procedures detailing how an inmate can add to or change the ATN list on an emergency basis, and for facilitating the transfer of an inmate’s ATN list to another institution when the inmate is transferred. It shall be at the Warden/Superintendent's discretion to determine what constitutes an emergency.

4. Each inmate shall have access to the Inmate Telephone System (ITS) through which they may place telephone calls to numbers on the approved calling list, either on a collect or debit basis. Inmates (assigned to TDOC managed facilities and SCCF) will have access to any attorney on the database populated from the Tennessee Attorney’s Directory. Inmates assigned to contract managed facilities (except SCCF) must submit the attorney’s name and telephone number to a unit management staff member using Inmate Inquiry - Information Request, CR-3118, to have the attorney’s number added to their list. Any new addition or out-of-state attorneys will be added by contacting an associate of the contract inmate telephone provider, who will ensure verification prior to the addition being completed. Attorney numbers may be changed at any time in accordance with Policy #503.08. Calls may be restricted to 30 minutes or less when handling legal issues.

5. Any called party who is listed on an inmate's ATN list can have their telephone number removed from the inmate's ATN list. This can be accomplished only by a written request submitted to the Warden/Superintendent by the called party. The inmate shall be furnished a copy of the written request from the party requesting the removal.
6. All telephone calls, collect or debit, shall be limited to no more than thirty minutes. Long distance debit calls will not be allowed if the inmate's telephone trust fund account balance is not sufficient to place at least a one minute telephone call.

7. Inmates who do not complete and submit an ATN list cannot use the ITS. The system cannot complete a telephone call unless the called number is in the system's data file under the inmate's "Telephone Access Code."

8. Inmate telephone calls to TDOC employees or contract staff who are within two years of separation from employment or contractual service with the TDOC shall not be approved or allowed.

9. Whenever an inmate is discharged (parole, expiration of sentence, escaped, or transferred to another facility that does not utilize the ITS), the institution will immediately deactivate the inmate’s telephone record. (See Policy #208.08 for account refund instructions)

10. The Warden/Superintendent/designee shall ensure that the deactivation of an inmate’s telephone records occurs within five working days.

C. Inmates assigned to privately managed facilities will follow a TDOC approved privately managed institutional policy regarding telephone privileges.

D. Equipment:

1. ITS telephone equipment shall be that which is most conducive to security needs and yet accessible to the inmates and will process collect or debit calls only.

2. The telephones shall be stationary or portable. The stationary telephones shall be wall or pedestal mounted. The portable telephones shall be affixed to moveable carts.

3. A TTY system shall be made available at all TDOC and privately managed institutions as needed.

   a. **ITS only:** Inmates shall submit a written request through their counselor or designated unit management team member to place a call utilizing a TTY when the call must be placed through the 1-800 number for the Tennessee Relay Center for the Deaf. (See Policy #208.08) If both parties have a TTY, routinely available inmate telephones can be used to place the call.
b. **ITS only:** Arrangements shall be made by the counselor/unit management team member to allow the inmate to place the TTY call using a staff telephone and the 1-800 number for the relay center. The inmate will be required to sign a Personal Withdrawal Request, CR-2727, with the date, time, and number called. As "time and charges" information is not available through the Tennessee Relay Center for the Deaf, the institutional telephone bill will be reviewed upon receipt to determine appropriate charges. The CR-2727 will then be processed by the trust fund custodian. These calls shall not be made on the state network lines.

1. The Tennessee Relay Center for the Deaf number which allows a hearing person to communicate with a hearing impaired person is 1-800-848-0299. (These calls will be made on staff telephones only).

2. The Tennessee Relay Center for the Deaf number which allows a hearing impaired person to communicate with a hearing person is 1-800-848-0298.

c. Staff shall remain in the office while inmates on administrative telephones are making calls.

E. **Monitoring/Recording at Facilities with ITS Equipment:**

1. Telephone calls to an attorney shall not be monitored or recorded.

2. All other calls are subject to monitoring. All of these calls shall be recorded if recording equipment is included as part of the telephone equipment. The Warden/Superintendent shall designate employees who are authorized to monitor calls or have access to recordings of telephone conversations. The Warden/Superintendent shall immediately notify the institutional ITS Coordinator, Human Resources manager, and the departmental ITS representative of any staff changes (promotions, demotions, terminations, etc.) which affects the individual responsible for the monitoring and recording utilized by the ITS equipment. If the individual reports to the Assistant Commissioner of Prisons or Director of Office of Investigations and Compliance, the departmental ITS representative and Director of Human Resources shall also be contacted.

3. All telephones provided for use by inmates shall play the following prompt when the called party answers the call:

"This is (Global Tel*Link example); the Tennessee Department of Correction reserves the right to monitor and record this call."

4. Recording of telephone conversations should be considered as internal affairs records and be treated as confidential in accordance with TCA 10-7-504. The Warden/Superintendent will retain recordings in a secure location. Disclosure of the contents of such recordings shall be governed by Policy #107.02.
F. Abuse of Telephone Privilege:

1. Any abuse of telephone privileges by an inmate at a TDOC or any privately managed facility shall be cause for disciplinary action. (See Policies #502.01 and #502.05) Abuse of telephone usage includes, but is not limited to, the following:

   a. Threatening or obscene telephone calls

   b. **Third Party Calling**: When the ITS detects third party calling, the telephone call shall be terminated. The call detail report (associated with the call) is appropriately marked identifying the reason for the termination along with the name of the inmate who has made the telephone call.

   c. **Call Forwarding**: When the ITS detects call forwarding, the telephone call shall be terminated. The call detail report (associated with the call) is appropriately marked identifying the reason for the termination along with the name of the inmate who has made the telephone call.

   d. Use of a third party to transfer the telephone call to another telephone number. Third party calling is detectable by the ITS. When the ITS detects transmitted to the system controller in Nashville identifying the “Telephone Access Code” for the inmate who has made the telephone call.

   e. Except as provided by a recognized and identified third party call forwarding company, use of any unauthorized call forwarding feature on an instrument whose telephone number is on an inmate’s ATN list is forbidden. Unauthorized call forwarding is detectable by the ITS. When the ITS detects unauthorized call forwarding, the telephone call is terminated and a message is given to the system controller identifying the “Telephone Access Code” for the inmate who has made the telephone call.

   f. Violation of the telephone use schedule

   g. Interfering with the call of another inmate

   h. Use of the ITS to facilitate or conduct activities in violation of federal, state law or TDOC policy.

   i. Providing false information with an application for a telephone number to be added to an inmate’s ATN list (i.e., false name, relationship, etc., for a telephone number)

   j. The use or the attempted use of another inmate’s “Telephone Access Code”

   k. Specifying a number with remote call forwarding service on an application for a telephone number to be added to an inmate’s ATN
2. An inmate shall not be punished by the disciplinary board by suspending or limiting telephone privileges unless the inmate has been found guilty of an infraction related to abuse of the use of a telephone. If an inmate is found guilty of a telephone use infraction, telephone use privileges (except emergency and legal telephone calls) may be suspended or limited.
   
a. Telephone numbers currently on an inmate’s ATN list may be deleted and then re-added locally by the institution’s ITS coordinator. A mechanism exists in the ITS to allow this to be done for a specific time period, then to allow access to occur again without further action on the ITS coordinator’s part. Requests for technical support should be made to the ITS service provider when necessary.
   
b. The Warden/Superintendent may refuse to authorize reinstatement of the telephone number on the inmate’s ATN list for a period not to exceed 180 days (for the first instance of this type of abuse by the inmate).
   
c. In instances of second and subsequent abuses of telephone privileges, the number that was used to accomplish the third party or call forwarding call shall be permanently blocked from reinstatement on the offending inmate’s ATN list. This shall apply to any numbers on the inmate’s ATN list, regardless of whether that particular number has ever been previously blocked due to similar misuse.
   
d. Customers may request a block of any unwanted calls that are received by entering #9, at which time they will be instructed by the system to enter a PIN number (provided by the system) to confirm the request. To reinstate the number, the customer must call the contract vendor and request removal of the block.
   
3. The facility has the option of deactivating or suspending a telephone number for a determinate date. The customer may deny a call on a one-time basis by disconnecting or pressing 1 on the keypad.

VII. ACA STANDARDS: 4-4271, 4-4272, 4-4274, 4-4275, and 4-4497.

INSTITUTION: ________________________________

INMATE NAME  (Please Print) _______________ TDOC ID _______________

UNIT: ____________  ROOM / BED: ________________  DATE: ________________

ROUTED TO: [ ] Unit Manager  [ ] Counselor  [ ] Inmate Job Coordinator (IJC)

1. Inmate Inquiry/Request:

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2. Action by Counselor/Inmate Job Coordinator:

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Counselor / Inmate Job Coordinator SIGNATURE ___________________ DATE ____________

3. Action by Record Office

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RECORD’S OFFICE STAFF SIGNATURE ___________________ DATE ____________

4. Sentence Management Services (SMS) Response:

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SMS STAFF SIGNATURE ___________________ DATE ____________
TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

$ ___________________ DATE: ___________________

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:

______________________________ DOLLARS

THIS CHECK IS TO BE MAILED TO:

NAME ______________________________

STREET ADDRESS ________________________________

CITY, STATE, ZIP ______________________________

THE PURPOSE OF THIS WITHDRAWAL IS:

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I. AUTHORITY: TCA 4-3-603; TCA 4-3-606.

II. PURPOSE: To establish the policy and procedures for the operation and use of a Kiosk system and services.

III. APPLICATION: All Tennessee Department of Correction (TDOC) staff (excluding Community Supervision staff), contract staff, volunteers, and inmates.

IV. DEFINITIONS:

A. Approved Kiosk List (AKL): A list of persons with whom the inmate may have contact via the kiosk system through email and video visitation. Persons accessing video visitation must be on the inmate's approved visitation list as per Policy #507.01.

B. E-Mail: An electronic transfer of messages from a sending party to a receiving party via an intermediate telecommunication system on a device approved by TDOC.

C. Inmate E-mail Stamp: The amount of money required to send an inmate e-mail.

D. Inmate Kiosk Liaison: Designated staff at each facility who are authorized to perform inmate kiosk privilege suspensions after suspension notification by the Warden.

E. Kiosk: A security-grade unit with a computer and other components that operates on an independent network to provide inmate e-mail, approved services, programs, and content.

F. Kiosk Account: An account established by the inmate and AKL users in order to access kiosk services.

G. Kiosk Account Passwords: All passwords and Personal Identification Numbers (PIN) that are associated with inmate kiosk accounts or media players.

H. Kiosk Services: Services available through the kiosk provider to include email, video visitation, and downloadable tablet content (i.e. program/educational materials, music and books).

I. Kiosk Service Provider: The company with whom the Department has contracted to provide kiosk services.

J. Kiosk User Account Liaison: A facility staff member designated to maintain the inmate’s user account access to his/her kiosk services.

K. Tablet: An approved electronic device with a variety of applications that can be used in conjunction with kiosks.
L. **Restrictive Housing:** The purposeful separation of inmates from the general inmate population in confinement or housing where measures are taken to provide maximum security and/or to control their circumstances or circumscribe their freedom. This general status is for either punitive or administrative reasons.

V. **POLICY:** Where kiosks are utilized, TDOC staff, offenders, and all users on AKL shall follow the procedures specified in this policy regarding the operation and use of Kiosk services.

VI. **PROCEDURES:**

A. **Uses:** Kiosk services are designed to provide inmates with visitation access through video visitation, enhanced communication with family and friends through email, recreational activities through downloadable content to include books and music, and program/educational activities. Purchasable kiosk services are paid for by inmates or family and friends registered as customers of the kiosk service provider.

B. **Inmate Kiosk Access**

1. Kiosk units shall be located in areas accessible to authorized inmates at times designated by the facility.

2. The frequency and duration of kiosk use is limited to two 15-minute kiosk sessions per day, not including video visitation sessions. Scheduling for each unit shall be determined by the Warden.

3. All parties involved must have an email account established through the kiosk service provider system. The email list may be restricted for the security of the institution.

4. Kiosk services are a privilege that may be suspended by the Warden for violation of TDOC policy(ies). Disciplinary action will be issued in accordance with Policy #502.01.

C. **Inmate Kiosk Accounts**

1. Inmates may use kiosk services once they have agreed to the program conditions by activating their user accounts. Inmates who do not wish to participate in kiosk services cannot create a kiosk account or have any contact with any kiosk unit.

2. Neither the kiosk service provider nor TDOC is responsible for theft, loss, nor cost related to an inmate lending his/her kiosk accounts password or failing to provide for its safekeeping. Inmates shall establish personal kiosk account passwords and are encouraged to change them frequently to guard against theft.

3. Inmates shall only use their own personal kiosk accounts. Inmates shall not loan, borrow, barter, or steal another inmate’s kiosk account password. Violators will be subject to disciplinary action as per Policy #502.01.

D. **Inmate Kiosk Use**
1. There is no expectation of privacy with any type of communication when utilizing kiosk services pertaining to video visitation, email, etc. All use of kiosk services is subject to recording, monitoring, and retention.

2. Inmate shall not use kiosk services to facilitate or conduct activities in violation of federal and state law, or TDOC policy.

3. All inmate questions or concerns regarding kiosk services shall be directed to the kiosk service provider accessible through the kiosk system.

E. Video Visitation

1. **Inmate eligibility:** All eligible inmates may use video visitation as per the guidelines established in Policies #507.01 and #503.08.

2. **Visitors**
   a. Video visitation shall follow the same guidelines as stated within Policy #507.01.
   b. Only persons on an inmate’s approved visitor list can participate in video visits. Visitors on restricted or suspended status shall not be able to participate in video visits.
   c. Minors shall be accompanied by a parent, guardian, or other designated authorized person.
   d. For new visitors, the Visitor Application, CR-2152, shall be used for applying for video visiting privileges. See Policy #507.01.
   e. Visitors are responsible for their own equipment and technology to access the video visitation system. Visitors should contact the kiosk service provider regarding refunds and kiosk issues.

3. **Scheduling**
   a. The assigned visitation staff shall be responsible for monitoring inmate participation in video visitation, scheduling, retrieval of scheduled visits, inmate notification of visit and inmate access in the visitation area. Each facility shall determine the facility’s video visitation schedule based on operational and security considerations such as inmate activity schedules, staffing levels for inmate supervision, and video visitation monitoring.
   b. Each inmate in general population can receive no more than two video visits per week.
   c. Video visitation is scheduled for 30 minutes during regularly scheduled visitation hours.
d. The inmate is responsible for notifying AKL users of the days and times they are scheduled for use of video visitation.

4. Video Visitation Attire and Conduct
   a. Inmates and visitors shall dress according to Policy #507.01.
   b. Visitors and the inmate shall be visually identifiable and the faces cannot be covered or obscured. Religious headgear shall not interfere with the verification of a person’s identity.
   c. Any removal of clothing shall result in immediate termination of the visit and the inmate may be subject to disciplinary action. The Warden shall be notified by the visitation supervisor.

5. Video visitation violations and suspensions
   a. Violation of visitation policy and rules may result in immediate termination of the video visit. Visitation suspension duration shall be per Policies #502.02 and #507.01. The terminating staff shall issue an incident report detailing the violation and the action taken. Any violation of video visitations shall also apply to contact and non-contact visitation.
   b. If the inmate is suspended from video visitation privileges, the Warden/designee shall notify the kiosk service provider within one business day.

6. Video Visitation Monitoring
   a. Video visitation shall be live-monitored and randomly reviewed from recorded files by visitation staff and other staff members as designated by the Warden.
   b. Video visits shall not be audio or video recorded or archived in any form by anyone except for the vendor’s recording and archiving system.
   c. Visitation officers shall monitor in-progress video visits to ensure all video visitations are in compliance with TDOC policies and procedures as outlined within this policy.
   d. Every effort shall be made by the visitation supervisor to notify visitors utilizing video visitation in a timely fashion if visitation is cancelled, but there may be instances where the notification could be delayed.

F. Downloadable content
   1. A contract between the department and the kiosk service provider establishes what types of downloadable content are available to inmates. Content is subject to TDOC approval. Content that negatively impact the safe, secure, and orderly operation of the facility or compromises public safety shall be disapproved.
2. Inmates in maximum security restrictive housing shall only have access to approved program and educational materials.

G. Tablets

1. Tablets shall be purchased from the kiosk provider by the inmate or those authorized to place money in an inmate media account. Upon purchase, the tablet is shipped to the inmate’s facility and delivered in accordance with facility property procedures.

2. Tablets and chargers are considered electronic items governed by Policy #504.01.

3. The tablet and related content are subject to the same regulations affecting all inmate belongings, including search, confiscation and disposition. Inmates shall provide their current tablet password when directed by staff for purposes of an investigation or authorized search. Tablets will not be allowed in prisons that do not provide kiosk services.

4. Tablets shall be used in the housing unit and program areas only.

H. Inmate E-mail

1. Inmates may only send and receive electronic messages to and from their AKLs and shall adhere to Policy #507.02. All users of inmate e-mail shall adhere to all departmental policies regarding mail, contraband, and inmate communication.

2. Inmate e-mail shall not be used for any purpose that would jeopardize the safe, secure and orderly operation of the facility, nor compromise public safety. Violations may result in formal disciplinary proceedings, up to and including criminal charges, as well as suspension of kiosk services.

3. Each inmate e-mail costs one inmate e-mail stamp. Inmates may purchase e-mail stamps at the kiosk using funds in their media account. AKL users purchase inmate e-mail stamps through the kiosk service provider. AKL users can purchase e-mail stamps for inmates.

4. Inmate e-mail screening and monitoring shall be governed by Policy #507.02
   a. All inmate e-mail is subject to screening for contraband content by the Warden’s designee. Inmate e-mail can also be monitored by the Office of Investigation and Compliance (OIC).
   b. Inmate e-mail that violates departmental policy shall be rejected by the authorized staff and shall not be delivered. The sender (either the inmate or an AKL user) shall be electronically notified of an inmate e-mail’s rejection and the reason.

5. Inmates can block inmate e-mail senders from the kiosk. Neither facility staff nor the vendor shall block senders at the inmate’s request.
I. Funding the Kiosk Media Account

1. Inmates may add money to their kiosk media accounts directly from their trust fund. Media account balances and purchase records are maintained by the kiosk service provider.

2. Any money deposited in the kiosk media account can only be spent on kiosk services and cannot be transferred to another account. Inmates shall contact kiosk service provider for a refund.

3. AKL users may add money to an inmate’s media account through the kiosk service provider’s website. AKL users shall address any media account concerns directly to kiosk service provider including any refunds.

4. Inmates shall use the kiosk to check media account balances and receive notice of media account deposits. Any questions concerning media account balances and transactions shall be directed to the kiosk service provider.

J. Communication of Kiosk-related Information

1. Inmates shall be provided information about kiosk services during facility orientation and inmate handbooks where applicable.

2. Authorized times and rules for kiosk use shall be posted in each unit where kiosks are located. The facility visitation lobbies shall contain information regarding kiosk services.

K. Staff Use of the Inmate Kiosk Service Web-hosted Application

1. Only authorized staff may access the kiosk service provider’s web-hosted applications. Staff who has been approved to use the kiosk service applications shall be given access necessary for them to perform their job responsibilities.

2. To be assigned a kiosk application user ID, a staff or the staff’s supervisor shall complete a Kiosk Web User Access Request, CR-4051. The request shall be reviewed and approved by the staff’s supervisor and Warden. The completed form is then sent to the facility kiosk user account liaison.

3. Supervisors are responsible for ensuring that user rights for the kiosk service provider's web-hosted applications are updated appropriately depending on changes in a staff member’s duties or employment status.

4. The Warden shall designate a staff member to function as the kiosk user account liaison for the facility.
5. Designated staff shall perform the following duties:
   a. Communicates with the kiosk service provider regarding staff user account activations/deactivations and application user privileges.
   b. Ensures user access request have the appropriate approvals before forwarding to the kiosk service provider.

L. Kiosk System Maintenance: The kiosk service provider is solely responsible for maintaining and repairing the kiosks and any associated infrastructure.

M. Internal controls
   1. All records concerning inmate kiosk service purchases are retained by the kiosk service provider for a minimum of three years.
   2. Rejected inmate e-mail is retained by the kiosk service provider indefinitely.
   3. Documentation of an inmate’s kiosk suspension(s) that arise out of the formal sanctions process are retained in the inmate’s unit file or software application for a minimum of three years or until the inmate is released, whichever is shorter.
   4. Documentation relating to an inmate’s appeal of kiosk suspensions is maintained in written or electronic form by the kiosk suspension appeal authority for a minimum of three years.
   5. Documentation relating to staff user rights for the kiosk service provider’s web-hosted applications is maintained by the kiosk user account liaison for the duration of the staff’s employment.

VII. ACA STANDARDS: 4-4487, 4-4490, 4-4491, 4-4494, 4-4498, 4-4499, 2-CO-5D-01.

VIII. EXPIRATION DATE: August 15, 2019.
# Kiosk Web User Access Request Form

## Part I. Requesting Official

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## Part II. User / Employee Information

| **Last Name:** |   |
| **First Name:** |   |
| **Work Phone:** | **Fax:** |
| **DOB:** | **SSN:**  Last 4 digits only: |
| **Title:** |   |
| **Email:** |   |
| **Work Site:** |   |

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**Do not write below this line / for official use only**

**Staff Supervisor:**

**Warden:**
I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.

II. PURPOSE: To utilize the Tennessee Department of Correction (TDOC) risk needs assessment (RNA) tool to determine an inmate’s programming needs.

III. APPLICATION: To all Tennessee Department of Correction (TDOC) Wardens/Superintendents, Assistant Commissioners, employees, and privately managed facilities.

IV. DEFINITIONS:

A. Certified User: An individual who has successfully completed the user certification course facilitated by a trainer who has been certified by the risk needs assessment (RNA) vendor, in the use of the RNA tool.

B. Clinical Need: A medical or behavioral health episode that requires intervention from a medical, behavioral health, or substance use professional.

C. Criminal Conviction Record (CCR) Unit: A unit within the Department that ensures each offender has an up-to-date, accurate criminal history in the offender management system (OMS) that populates the criminal history section of the risk/needs assessment tool.

D. Dedicated Assessment Team (DAT): A team of dedicated trained staff from facilities and Community Supervision offices who have been certified as risk needs assessment (RNA) users to conduct interviews of inmates and offenders for completion of the RNA.

E. GovQA: The software that is used to submit criminal conviction record requests on each inmate.

F. Offender Case Plan (OCP): A plan that is developed collaboratively between the offender and risk/needs assessment (RNA) certified user which is derived from the risk/needs assessment (RNA) score, identifies programmatic needs based on treatment pathways, and establishes meaningful goals that include action steps to address criminogenic needs of the offender.

G. Override Review Committee (ORC): A group of institutional personnel that should include but is not limited to the chief counselor, a mental health or behavioral health staff member, if applicable, and a medical staff member. This committee is responsible for the oversight of override requests at each institution/transition center.
H. **Qualifying Event:** Any significant special movement or behavioral, mental, medical, environmental, familial event experienced by an inmate/offender that may change the criminogenic needs and/or classification/supervision level of the offender.

I. **Risk Needs Assessment (RNA) Tool:** A validated risk/needs assessment instrument that utilizes motivational interaction and interview techniques to collect offender-specific information to more accurately identify crime-producing attributes of each inmate/offender/resident and to make more appropriate and productive recommendations for the inmate’s level of programming.

J. **RNA Needs Report:** The RNA Needs Report is a report that is generated once the RNA is completed and reflects the inmate’s overall risk level and a breakdown of the inmate’s needs and protective factors.

K. **RNA Quality Assurance (QA) Analyst:** An RNA certified user and trainer responsible for reviewing assessments throughout the state.

L. **Safekeeper:** Defendants who have been court ordered to TDOC physical custody and who have not been adjudicated and/or formerly sentenced.

M. **Treatment Pathway:** A treatment plan that identifies which programs will be most effective for each offender by prioritizing criminogenic needs and matching the offender with available programming.

V. **POLICY:** All eligible TDOC inmates, offenders, or residents housed in state facilities or privately managed facilities shall have a documented risk needs assessment.

VI. **PROCEDURES:**

A. Dedicated assessment team members or certified users who are assigned to facilities shall be responsible for completing the risk needs assessment for all TDOC facility intakes, inmates who have scheduled parole hearings, and inmates requiring reassessments. The DAT members shall be required to assess a certain designated percentage of offenders as part of their individual performance plan (IPP) component. This percentage will be determined by the Associate Warden of Treatment.

B. As probation/parole officers and facility correctional counselors are certified on the risk needs assessment tool, they will complete annual reassessments of offenders/inmates who are on their particular caseloads.

C. **During Initial Classification**

1. Each new commitment shall be classified as required by Policy #401.04 and have an RNA completed by a certified user and documented as part of the initial classification process.

2. As a result of the initial classification and RNA process, the inmate’s institutional assignment shall be made taking into consideration the results produced by the RNA and the generated treatment pathway.
3. Within 14 business days of the initial classification and RNA process, a session will be held with each inmate. The session shall be documented on OMS screen LCDG, using Contact Note, IRAC (Institution Risk Assessment Completed) prior to the inmate being assigned to a permanent institution. The RNA results shall be discussed with each inmate and include the following information:

   a. How the inmate’s risk/needs assessment is developed and updated

   b. How the risk/needs assessment is used

   c. How the risk/needs assessment will assist the inmate in preparing for release into the community

   d. How the information obtained during the risk/needs assessment will be shared with involved departmental staff, the Board of Parole for his/her parole hearing, and other community resources.

   e. Date of interview, time the interview was held, location, risk level, and the treatment pathway generated.

4. A copy of the RNA needs report and RNA Interview Guide, CR-4179, shall be placed in the inmate’s Unit File (green file), Section 6. A copy of the RNA needs report shall not be given to the inmate. The RNA Interview Guide, CR-4179, is a temporary document in the file that shall be replaced each time a more recent RNA interview is completed.

D. Orientation Process at Assigned Facility

   1. The inmate’s RNA is to be reviewed by an institutional counselor within 14 business days of the inmate’s arrival at the assigned institution. INFOPAC report BI01MER will identify the inmates who are not currently placed on program registers and have RNA recommendations. The inmate jobs coordinator will use this to add inmates to program registers.

   2. If the inmate refused to participate in the RNA an institutional counselor will review that refusal decision with the inmate and discuss their inability to participate in a case plan without a completed RNA. If the inmate decides he/she is willing to participate in the RNA then an institutional counselor will complete it.

E. During Reclassification

   1. RNA certified users shall conduct an RNA on all inmates if one has not been completed within the past 12 months. In the event a Risk Needs Assessment Refusal, CR-4169, is on file, an RNA shall be attempted again.
2. An RNA certified user will update the RNA annually by first requesting an updated criminal history through the CCR Unit and then conducting an interview and entering the results in the RNA tool prior to the inmate’s annual reassessment. The RNA assessment interview will be documented on OMS screen LCDG using Contact Code, IRAC – Institutional Risk Assessment Completed. It shall include the date of the interview, the time the interview was held, location of the interview, risk level, program completions, current program status, and treatment pathway recommendation.

3. The names of inmates who will be reviewed during annual reclassification shall be submitted by a Chief Counselor or Associate Warden of Treatment to the CCR unit through GovQA, thirty days prior to the annual reclassification. CCR requests shall be documented on OMS screen LCDG using Contact Code, CCRI-Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request shall be documented in the comments section of the contact note.

4. Once the CCR unit verifies the criminal history, an RNA interview shall be conducted. The CCR shall be used as part of the interview in addition to any other collateral information.

5. The inmate jobs coordinator will use INFOPAC report BI01MER to identify inmates to be added to registers.

F. Prior to Parole Board Hearing

1. Inmates shall have an RNA documented within the previous 12 month period prior to any parole board hearing.

   a. Inmates with no RNA on record shall receive the entire RNA assessment completed by a trained and certified RNA user. Once the RNA assessment is complete and the results have been entered into the RNA tool, the RNA assessment interview will be documented on OMS screen LCDG using Contact Code, IRAC-Institution Risk Assessment Completed. It shall include the date of interview, the time the interview was held, the location of the interview, risk level, program completions, current program status, and treatment pathway recommendations.

   b. Inmates with an RNA completed within the last year shall be reviewed by the institutional chief counselor, AWT/designee, or RNA QA Analyst for quality and accuracy prior to an inmate’s hearing. During the review the institutional chief counselor, AWT/designee, or RNA QA Analyst shall review the criminal history, collateral information, and notify the original assessor who completed the RNA of changes or updates necessary.

   c. The review will be documented on OMS screen LCDG using Contact Code, IRAV-Institution Risk Assessment Review and shall include the date the RNA was reviewed and note any domains that require revision. The assessor will complete revisions in accordance with Policy #513.10.
2. The RNA OCP shall be signed by the inmate and placed in the inmate’s Unit File (green file), Section 6. In the event that the inmate refuses to sign the RNA OCP, the assessor shall document the refusal with the date and assessor’s signature on the OCP and in the file.

3. A copy of the RNA needs report and signed OCP that includes the selected treatment pathway shall be forwarded to the institutional probation and parole specialist at least seven working days prior to the inmate’s parole hearing date.

G. Upon a qualifying event, as defined in Policy #513.11, an RNA shall be conducted.

H. The following inmates may be exempt from the RNA and will have their reason for exemption documented in the comments section of a contact note on OMS screen LCDG using contact code, XRIS, and in the vendor software by assigning an assessment then selecting “Cannot Complete” with reason “Offender qualifies for an exemption”:

1. Inmates under a sentence of death. If the death sentence is overturned and a new sentence imposed, an RNA will be created within 30 days.

2. Inmates sentenced to life without parole. If the life without parole sentence is overturned and a new sentence imposed, an RNA will be created within 30 days.

3. Inmates on safekeeping status.

4. Inmates who will be expiring their sentence within three months.

I. Clinical Exemption: Inmates with intensive health and/or mental health needs, as documented by a licensed medical and/or behavioral health professional may be exempt from the RNA. The documentation must include an assessment of the inmate’s physical and mental health and reflect that the inmate is not alert and oriented or has cognitive or mental impairment that impeded the inmate’s ability to participate in the RNA. Risk Needs Assessment Exemption, CR-4148, shall be signed by a licensed medical and/or behavioral health professional and placed in the inmate’s unit file and provided to the institutional probation/parole specialist prior to the inmate’s parole hearing. An inmate’s exemption for a medical reason will be documented on OMS screen LCDG CCMC-Cannot Complete-Medical Code. An inmate’s exemption due to a mental health reason will be documented by the assigned counselor or assessor on OMS screen LCDG CCMH-Cannot Complete Mental Health. The exemption will also be documented in the vendor software by assigning an assessment then selecting “Cannot Complete” with reason “Offender qualifies for an exemption”. Clinical exemptions will be documented at least annually.

J. Program Recommendation Overrides

1. An override for substance use or mental health treatment program placement shall be submitted during the classification or reclassification hearing by the assigned counselor. This does not include educational or vocational programs. If a program has previously been completed and is verified in the OMS, the override shall be completed by the assigned counselor. Any override request must be submitted on Request for Treatment Override, CR-4157, and must be based on the following criteria:
a. Inmates who have been granted parole with the requirement to complete a certain treatment pathway prior to release.

b. Inmates assigned to a treatment pathway program that, prior to completion of the program, were transferred to another facility that does not offer that program.

c. Inmates the Warden/Superintendent deem a security risk or incompatible with other inmates in the program.

d. Any time a new RNA is required.

2. The Program Facilitator/designee may submit a request for a treatment override for inmates with a documented clinical need. The request for a treatment override shall be submitted on a Request for Treatment Override, CR-4157, to the Override Review Committee within 30 days of the inmate’s placement in the program.

3. The Override Review Committee shall review the request and make a recommendation within five working days of receipt of the request. If the decision is to deny the request, then no further action is necessary. If the decision is to modify or recommend another pathway, the Request for Treatment Override, CR-4157, shall be submitted to the Warden/Superintendent/designee for review and approval within five working days of the committee’s decision.

4. If the decision of the Warden/Superintendent/designee is to deny the request, then no further action is necessary. If the decision is to approve the recommendation of the committee, the request shall be submitted to the Assistant Commissioner of Rehabilitative Services/designee for review and approval within five working days of the decision.

5. The Assistant Commissioner of Rehabilitative Services/designee shall review and approve or disapprove the request and return the signed form to the Warden/Superintendent within five working days of receipt.

6. Any approved override shall be documented by the Warden/Superintendent/designee in the OMS. Overrides will be performed by the counselor supervisor, chief counselor or AWT in the vendor software.

K. RNA Refusals:

1. If an offender refuses to participate in the RNA process, the assessor who attempted the interview will have the offender sign Risk Needs Assessment Refusal, CR-4169, and place in the inmate’s Unit File (green file), Section 6, then complete OMS LCDG Contact note, IRAR (Institution Risk Assessment Refused) with the date and time of the proposed interview along with comments. The assessor will also document the refusal in the contract vendor assessment software by assigning the proposed assessment and marking it unable to be completed due to the offender refusing to answer.
2. The institutional counselor will also document the refusal in the contract vendor assessment software by assigning the proposed assessment and marking it unable to complete due to subject refusing to answer.

3. At least annually, where a Risk Needs Assessment Refusal, CR-4169, is on file an RNA shall be attempted.

L. Only the inmate jobs coordinator, job tracking clerk, or other designee if there is no job tracking clerk, can place an inmate on a programmatic register and make programming assignments (jobs/classes/treatment). (See Policy #505.07)

M. Failure to comply with the RNA protocol set forth in this policy shall result in disciplinary action up to and including dismissal.

VII. ACA STANDARDS: 4-4295 through 4-4303.

**INTRODUCTORY STATEMENT**

1. Introduce yourself and ask offender how s/he is doing. Explain that the purpose is to better understand the offender so that their time on supervision or in incarceration can be beneficial to him/her and help him/her reduce his/her risk of getting in trouble again.

   - Introduce Self

2. “Because this kind of assessment is so important we will rely upon multiple sources of information (e.g., previous records, contacts with other such as officer, counselor, etc.).”

   - Ask offender how they are doing and REFLECT

3. “During your next visit your results will be reviewed with you.”

4. “I will be taking a few notes during the interview, so I can remember what you said. If something isn’t entirely clear at any point, please stop me.”
CRIMINAL HISTORY

**LEAD-IN**

Why don’t we start by talking about your experience with the justice system, since that’s why you are here?

Tell me about the most recent arrest

Tell me more about what happened

Tell me about the people you were with

What time was it?

What were you thinking at the time?

What kinds of emotions were going through your body?

How did your family respond?

What happened as a result of the arrest?

How did it affect you?

How did it affect your family/friends?

Who else was affected and how did it affect them?

What do you think about it now?

What kinds of emotions are you feeling because of what happened?

**REMINDERS**

What?

Age:

When?

Feelings?

Assessing family relationships

Consequential thinking

Eliciting Self-Motivational Statements

Consequential thinking

Feelings about result:

Problem solving
CRIMINAL HISTORY CONT.

NOTES

Would you do anything different if the same situation occurred again?

Tell me about any prior arrests. (CCR REVIEW)

REMINDERS

Internal/External triggers:

Assess for history of aggression
EDUCATION

LEAD-IN

Now, I would like to talk to you about your education

Tell me about your education.

How far did you go in school?

Did you enjoy being in school? What did you enjoy/not enjoy about it?

How did you do in school? Did you have any difficulties in school? Describe them to me.

Have you taken any vocational classes?

Tell me about the circumstances that led to you not completing high school.

What was your family’s reaction to your quitting/being expelled from school?

Were you involved in any criminal activity while you were in school? If so, how did this behavior impact your schooling?

Do you feel it is important to continue with your education? Why is this important?

What do you think about people who go back to school later in life?

What would make continuing your education more appealing to you?

REMINDErs

AFFIRM Offender’s struggles and strengths and REFLECT offender’s interests

ITEM CHECKLIST

Highest grade level completed:

Reason:

Result:

Motivation for more academic or vocational education:
COMMUNITY EMPLOYMENT

LEAD-IN
Let’s talk about any employment opportunities you’ve had.

Tell me about your employment history.

What is the longest period of time you have ever been employed? Tell me about that job.

Have you ever needed specialized training or education to perform a job? What types of certifications have you had to complete or the jobs you’ve held?

How long have you gone between jobs? How do you support yourself while unemployed? What did your life look like during those times?

Have you ever had any problems while employed? Tell me about them.

Have you ever been fired or quit a job? How often For what reasons? How do you generally get along with co-workers?

How would they describe your work ethic or behavior?

How have personal problems impacted your employment?

REMINDERS

OARS

ITEM CHECKLIST

Longest period of employment:

Occupational and/or vocational skills:

Problems while employed since age 18:
COMMUNITY EMPLOYMENT CONT.

LEAD-IN

Tell me about your current job or most prior to incarceration.

How would you describe your performance as an employee?

Tell me about your co-workers and boss.

Does your current job offer health insurance?

How much money would you have to make to feel “comfortable?”

How much do you/your household make now?

What about this job could be a barrier to complying with your conditions of supervision or treatment?

Would you say that you make enough money to cover your bills?

How much would you say you bring in versus how much you pay in bills? How much money are you able to save?

REMINDERS

Currently employed:

Current relationships at work:

Average household monthly income:

Management of finances:
FRIENDS

LEAD-IN

I would like to get a better sense of the people you spend time with and the types of friendships you have.

REMINDERS

Ask follow up questions

NOTES

What people other than family members, have really been there for you?

ITEM CHECKLIST

Friends:

What’s enjoyable about spending time with them?

Names of friends:

How would you describe your friends/associates?

Pro-social Friends:

How do they support you?

Anti-social friends:

What was their reaction to this most recent offense?

Response to influences of anti-social friends/associates:

Tell me about you friends’ involvement in the criminal justice system?

Have you ever been arrested for criminal behavior with your friends? Tell me about that.

Are there any other people or groups that you feel give you support?

Pro-Social community ties:
RESIDENTIAL

LEAD-IN

It’s important for me to understand the living environment you are in. I’d like to get an idea of those you spend most of your time with.

REMINDERS

Assess for access to resources

NOTES

Within the last 6 months, where have you lived?

Residences within the last 6 months:

Tell me about those places. How long were you at each?

Length of stay:

Where are you currently living? (If incarcerated, where were you living the last time you were in the community?)

Current living arrangements:

Who lives/lived there with you? Tell me about them.

Living with whom:

Tell me about the neighborhood you live in.

Positive influence:

Tell me about the kinds of crimes happening in your neighborhood.

Negative influence:

How would you rate your neighborhood:

- High Crime
- Moderate Crime
- Some but more than most
- Little Crime

What assistance could you benefit from in the community?

Community resources
**FAMILY**

**LEAD-IN**

We’ve talked a bit about your friends and your current living arrangements, but I’d like to get an idea of the other people you may have in your life.

**NOTES**

Tell me about any long-term relationships or marriages you’ve had.

Tell me about those. How long were/are you to together?

Describe to me your current relationship.

What family members are involved in your life?

Do you have any children? Talk to me about them.

Tell me if you are responsible for supporting your children financially.

**REMINDERS**

ELABORATION

**ITEM CHECKLIST**

Been married or in a long-term relationship:

Longest relationship:

Partners influence:

Partner’s problems:

Conflicts/Aggression with partner:

Support from partner:

Family’s problems:

Conflicts/Aggression with family:

Support from family:

Number of children:

Age of child(ren):
**RNA INTERVIEW GUIDE**

### ALCOHOL AND DRUGS

#### LEAD-IN
Similar to what we did with your criminal justice history, I would like to try and map out how your substance use began and progressed, so let’s start at the beginning and work our way up to the present.

#### NOTES
Tell me about your use of alcohol throughout your lifetime. Tell me about your use of drugs throughout your lifetime.

#### ITEM CHECKLIST
- Age of first alcohol or drug use:
- Alcohol problem:
- Drug problem:
- Last admitted use:
- Types of drugs used:
- Impacts of alcohol/drug problem:

#### REMINDERS
- ELABORATION
- REFLECTIONS

#### ELABORATION

**Tell me about your use of alcohol throughout your lifetime. Tell me about your use of drugs throughout your lifetime.**

**When was the last time you used?**

**What kind of drugs have you used? Tell me about your use.**

**What effects would you say your alcohol or drug use has had on your life?**

**Have you ever lost anything important to you because of your alcohol or drug use?**

**What part has your alcohol or drug use played in your committing crimes?**

**How much money do you spend on supporting your use? How do you get that money?**

**What treatment programs have you ever participated in for your alcohol/drug use?**

**Have you ever been able to stay clean for at least 6 months? Tell me about that.**

**What obstacles do you see in your life that might make it difficult to stay clean?**

**Have you ever lost anything important to you because of your alcohol or drug use?**

**What part has your alcohol or drug use played in your committing crimes?**

**How much money do you spend on supporting your use? How do you get that money?**

**What treatment programs have you ever participated in for your alcohol/drug use?**

**Have you ever been able to stay clean for at least 6 months? Tell me about that.**

**What obstacles do you see in your life that might make it difficult to stay clean?**

**Have you ever lost anything important to you because of your alcohol or drug use?**

**What part has your alcohol or drug use played in your committing crimes?**

**How much money do you spend on supporting your use? How do you get that money?**

**What treatment programs have you ever participated in for your alcohol/drug use?**

**Have you ever been able to stay clean for at least 6 months? Tell me about that.**

**What obstacles do you see in your life that might make it difficult to stay clean?**

CR4179(Rev. 1-20)  
Duplicate As Needed  
FOR TDOC PURPOSES ONLY  
RDA Pending
MENTAL HEALTH

LEAD-IN

Sometimes a lot of the things we deal with in our lives have to do with some type of mental health history. I’d like to spend some time talking about your experiences with that.

REMINDERS

AFFIRM/ASK ALL QUESTIONS

NOTES

Have you ever seen a mental health professional? Tell me how that came about.

ITEM CHECKLIST

Has a mental health problem:

Did you ever participate in an evaluation with them? What was the result?

Diagnosis:

Tell me about a time when you thought you couldn’t go on.

Suicide attempts:

Have you ever attempted suicide? What were the circumstances at the time?

What were your methods in attempting suicide? What happened?

In-patient treatment:

Have you ever participated in an in-patient treatment facility? Tell me about that. Voluntary/In-voluntary?

Out-patient treatment:

Tell me about any counseling or treatment you’ve participated in while in the community?

What do you think about it?

What medications have doctors prescribed to you?

Mental health medications:

What medications are you currently on?
ATTITUDES AND BEHAVIORS

LEAD-IN
Tell me a bit about what “makes you tick” and what makes you do what you do.

REMINDEERS
REFLECT, SUMMARIZE
What the offender has already said about this

NOTES
Tell me about what was going through your head right before you committed your crime. What do you tell yourself to make it “ok” when you’re planning your crimes? During your crimes?

ITEM CHECKLIST
Motivation for criminal behavior:

Do you ever act on a whim or impulse? Tell me about a time when you acted on the spur of the moment.

In what ways do you think you’re a risk-taker?

Is it important to you what others think about you? How do you want to be seen by others?

Do you ask people for help? Tell me about a time when you needed to ask for someone else’s help.

How would others describe your “trustworthiness?”

What do you consider “respect?”

How do you show respect? Why you show respect?

Who would you consider an “authority figure?” What do you think about the “authority figures” you’ve come in contact with throughout your life?

What do you think about people’s personal property? If you saw a purse on the ground what might your reaction be?

What does “being successful” look like to you?

Tell me how successful you think you’ll be with completing your sentence.

Respect authority:

Respect for property:

Stage of readiness to change:
TENNESSEE DEPARTMENT OF CORRECTION

RISK/NEEDS ASSESSMENT REFUSAL

Date: ___________________________ Location: ___________________________

Offenders Name: ___________________________ TDOC ID: ___________________________

Assessor Name: ___________________________

Reason for refusal: ___________________________

I understand that the Public Safety Act of 2016 requires that all TDOC inmates and offenders participate in and complete a Risk/Needs Assessment. Despite that, as indicated by my signature below, I choose to not participate in the process to complete my RNA. As a result of my decision to not participate, I may not be able to receive programming which could prepare me for success upon release from TDOC supervision.

__________________________________________       ___________________________
  Offender Signature          Date

__________________________________________
  Assigned Counselor / Assessor Signature
TENNESSEE DEPARTMENT OF CORRECTION

RISK/NEEDS ASSESSMENT EXEMPTION

Date: ________________ Institution/Transition Center: ________________

Offender Name: ________________ TDOC ID: ________________

Parole Hearing Date: ________________

Classification/ Reclassification Date: ________________

This is to verify that due to the offender’s intensive health and/or mental health needs, he/she is exempt from taking the Risk/Needs Assessment per Policy 513.09 Risk/Needs Assessments (RNA) for Institutions and Transition Centers. It has been determined that the offender is not alert and oriented or has cognitive or mental impairment that impeded the patient’s ability to participate in the risk/needs assessment.

_____________________________ __________________________
Physician Signature Date

_____________________________
Assigned Counselor/Assessor Signature

Please provide a copy of this exemption form to the Institutional Probation/Parole Officer prior to the offender’s scheduled parole hearing.
REQUEST FOR TREATMENT OVERRIDE

INMATE NAME: __________________________________________________ TDOC ID: ____________________________

RED: ____________________ EXP: ____________________ FAD: ____________________

SED: ____________________ LAST PAROLE HEARING: __________________________

PAROLE BOARD ACTION: __________________________________________

MOST RECENT TCUD: __________ MEDICAL CLASS: __________ LEVEL OF CARE: __________

OVERALL RNA RISK LEVEL: __________

CURRENT RNA RECOMMENDATION: __________________________________________

PLEASE SPECIFY THE REASON(S) FOR THE PROGRAM OVERRIDE REQUEST:

☐ PAROLE MANDATE ☐ CLINICAL ASSESSMENT ☐ MEDICAL STATUS

☐ PAROLE RECOMMENDATION ☐ CHANGE IN CUSTODY LEVEL ☐ INSTITUTIONAL NEED

☐ OTHER: __________________________________________

EXPLANATION: ___________________________________________________________________

__________________________________________________________________________________

OVERVIEW REVIEW COMMITTEE:

CHIEF COUNSELOR: YES / NO COMMENTS: ____________________________

SIGNATURE: ____________________________ DATE: ____________________________

BEHAVIOR HEALTH: YES / NO COMMENTS: ____________________________

SIGNATURE: ____________________________ DATE: ____________________________

MEDICAL STAFF: YES / NO COMMENTS: ____________________________

SIGNATURE: ____________________________ DATE: ____________________________

WARDEN / SUPERINTENDENT / DESIGNEE APPROVAL:

APPROVE: ______ DENIED: ______ COMMENTS: ____________________________

__________________________________________________________________________________

WARDEN / SUPERINTENDENT /DESIGNEE: __________________________________________

SIGNATURE DATE

AC REHAB SERVICES / DESIGNEE APPROVAL:

APPROVE: ______ DENIED: ______ COMMENTS: ____________________________

__________________________________________________________________________________

AC REHAB SERVICES / DESIGNEE: ____________________________

SIGNATURE DATE
I. AUTHORITY: TCA 4-3-603; 4-3-606; TCA 39-13-501; TCA 40-28-601; TCA 41-1-412; and TCA 41-1-413.

II. PURPOSE: To employ evidence based practices that assist offenders under Community Supervision in becoming and remaining law-abiding, self-sufficient, and contributing members of the community.

III. APPLICATION: Assistant Commissioner of Prisons, Assistant Commissioner of Community Supervision (ACCS), and all Tennessee Department of Correction (TDOC) staff.

IV. DEFINITIONS:

A. Certified User: For the purpose of this policy, an individual who has successfully completed the user certification course facilitated by a trainer who has been certified by the risk needs assessment (RNA) vendor, in the use of the RNA tool.

B. Collateral Information: Material gathered from research in the offender management system (OMS) or with individuals who may have knowledge of the offender’s current needs. Included could be forensic social workers, program providers, employer, other probation and parole officers, family and/or friends.

C. Criminal Conviction Record (CCR) Unit: A unit within the Department that ensures each offender has an up-to-date, accurate criminal history in the offender management system (OMS) that populates the criminal history section of the risk/needs assessment tool.

D. Criminogenic Domains: Issues, risk factors, characteristics, and/or problems related to an offender’s likelihood of reoffending or propensity to recidivate. This includes static factors such as age at first arrest, criminal history and other issues that programming cannot change. Dynamic factors are related to an offender’s current behavior, values, and attitudes.

E. Immediate Needs: Transportation, housing, employment, mental health, and sex offender treatment issues that must be addressed in order to promote an offender’s successful completion of case plan goals.

F. GovQA: The software that is used to submit criminal conviction record requests on each offender.

G. Initial Offender Case Plan: The case plan that is developed for an offender during initial intake in either the institution or community supervision office.

H. Offender Case Plan (OCP): Information derived from an inmate’s RNA scores that identifies his/her strengths and weaknesses, identifies programmatic needs, establishes meaningful goals, and includes action steps to aid the inmate in successfully meeting the stated goals.
I. **Priority Needs Items:** For the purpose of this policy only, priority needs items are the critical factors that are the offender’s three highest scoring criminogenic domains on the RNA Needs Report, and should be addressed during supervision to deter the offender’s future criminal behavior or mitigate his/her risk to public safety.

J. **Programmatic Needs:** For the purposes of this policy, programmatic needs are programs which have been identified, using the program pathway matrix, to meet the needs of the offender across multiple domains: substance use, criminogenic behavior/thinking, mental health, behavioral health, sex offender needs, education, and employment.

K. **Quality Assurance (QA):** For purposes of this policy only, the process of gauging and reinforcing a standard method of administering the RNA.

L. **Risk Needs Assessment (RNA) Tool:** A validated risk/needs assessment instrument that utilizes motivational interaction and interview techniques to collect offender-specific information to more accurately identify crime-producing attributes of each inmate/offender/resident and to make more appropriate and productive recommendations for the inmate’s level of programming.

M. **Supervision Override:** For the purpose of this policy only, a supervision override occurs when the offender is assigned to a supervision level that does not correspond to his/her assessed risk level.

N. **Supplemental Informal Assessments:** Supplemental informal assessments are personal and collateral information, responses on the personal questionnaire during intake, drug screens, and home checks that assist officers in the identification of an offender’s dynamic risk and criminogenic needs.

O. **Transitional Offender Case Plan:** The offender case plan (OCP) that is updated for an offender who is transitioning from an institution into the community or from the community into the institution.

P. **Treatment Pathway:** A treatment plan that identifies which programs will be most effective for each offender by prioritizing criminogenic needs and matching them with available programming.

V. **POLICY:** TDOC provides differentiation of supervision and targeted interventions for offenders under Community Supervision based on an objective RNA and case planning process.

VI. **PROCEDURES:**

A. **Assessment:**

1. TDOC staff shall assess offender risk and needs with a risk needs assessment tool, additional instruments for specialized offenders, when necessary, and supplemental informal assessments.

   a. TDOC staff shall use an RNA tool approved by the TDOC to identify offender risk and criminogenic needs directly impacting the likelihood of criminal behavior.
b. TDOC staff shall use additional instruments approved by the TDOC to properly assess specific offenders. Offenders convicted of sexual offenses as defined by TCA 39-13-501 and supervised under the specialized conditions for sex offenders shall be assessed with the TDOC approved RNA tool, supplemental informal assessments, and a sex offender specific risk assessment tool.

c. TDOC staff shall use the needs identified by the RNA in the development of an individualized offender case plan (OCP) for each offender under his/her supervision. An initial case plan shall be completed in conjunction with the initial RNA.

2. Offenders shall be assessed in the following domains:

   a. Education
   b. Employment
   c. Friends
   d. Residential
   e. Family
   f. Alcohol/Drug Use
   g. Mental Health
   h. Aggression
   i. Attitude/Behaviors

3. Assessment Procedures

   a. If a presentence investigation report (PSI) was ordered by the court, officers shall ensure the offender case file contains the RNA and, if applicable, specialized assessments completed as part of the presentence investigation.

   b. All offenders shall be administered an RNA and supplemental informal assessments during the intake process if not completed during a PSI investigation, unless there has been a new conviction since the PSI RNA was completed.

      (1) Assessments shall be completed by first submitting the names of offender to the CCR unit through GovQA. CCR requests shall be documented on OMS screen LCDG using Contact Code, CCRI-Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request shall be documented in the comments sections.
(2) The criminal conviction record generated by the CCR unit shall be used as part of the interview as well as any other collateral information. Once the criminal conviction record is verified and the interview is conducted using the RNA Interview Guide, CR-4179, and entered into the RNA tool, offenders shall be assigned to the appropriate supervision category within 45 days of the sentence and/or release date.

(3) Programmed Supervision Unit (PSU) officers shall complete an initial sex offender specific risk assessment for sex offenders within 45 days of being assigned to the PSU.

4. RNAs, sex offender specific risk assessments, and reassessment results are not subject to appeal and are considered non-grievable.

B. Time Frames:

1. Initial RNA, supplemental informal assessments, and when applicable, sex offender specific assessments shall be completed within the first 45 days of supervision or during the presentence investigation process.

2. Reassessments are to be completed on an annual basis or as determined by the offender’s supervision plan and/or at the discretion of the officer and/or supervisor. Reassessments shall be completed by the offender’s assigned officer unless written approval is given by the Probation Parole Administrator or Field Services Administrator.

   a. Prior to the interview with the offender, an updated CCR shall be requested through the CCR Unit. CCR requests shall be documented on OMS screen LCDG using Contact Code, CCRI-Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request shall be documented in the comments section.

   b. The CCR shall be used as part of the interview as well as any other collateral information. The sex offender risk assessment is a static assessment and reassessments are only completed if new information becomes available to the officer that was not available at the time of the initial assessment.

3. Upon completion of any RNA interview, the assessor shall enter the results into the vendor software within three business days from the time of the interview and document in the OMS.

4. If an offender refuses or cannot participate in the assessment process, a contact note, FACR, will be entered into the OMS and documented in the contract vendor assessment software by assigning the proposed assessment and marking it unable to complete. In the case of a refusal, the assessor who attempted the interview will have the offender sign the Risk Needs Assessment Refusal, CR-4169, and place in the offender file.
C. Use:

1. **Officers shall use assessments to determine:**
   
a. The risk of the offender to re-offend and any needed programming or treatment that might mitigate risk.

   b. The level of supervision necessary to effectively supervise the offender in the community.

2. **Identifying and Interpreting the RNA**
   
a. The offender’s initial assessment score shall be a base-line score for comparison with reassessment scores.

   b. The RNA shall be a tool to assist the officer in identifying behavioral issues of the offender. If obvious needs are observed by the officer prior to the completion of the RNA, appropriate referrals shall be made at the time of the observation.

   c. Officers shall refer the offender to the forensic social worker (FSW) for a substance use screening if the offender scores moderate or high on the alcohol and drug use domain of the RNA. Officers shall also refer the offender to the FSW if the Mental Health domain scores as a moderate to high need on the needs report.

3. **Supervision Level Assignment**
   
a. Offenders are placed in the intake supervision level until the RNA is complete.

   b. Officers shall assign offenders to a supervision level/type based on the results of the initial RNA.

   (1) If the RNA assigns a criminally diverse or high violence result to the offender, officers shall assign offenders to the enhanced level of supervision.

   (2) If the RNA assigns a high property or high drug result to the offender, officers shall assign offenders to the maximum level of supervision.

   (3) If the RNA assigns a moderate result to the offender, officers shall assign offenders to the medium level of supervision or compliant level of supervision. Only offenders who qualify according to Policy #704.01.1 shall be considered for placement on compliant reporting.

   (4) If the RNA assigns a low result to the offender, officers shall assign offenders to the minimum or compliant reporting level of supervision. Only offenders who qualify according to Policy #704.01.1 shall be considered for placement on compliant reporting.
c. Sex offenders shall be assigned a risk level according to the higher overall score between the RNA and the sex offender specific risk assessment. Sex offender supervision level is determined according to Policy #704.04.

d. **Supervision Level Overrides**

(1) As much as possible, officers shall rely on the outcomes of the RNA for assigning offenders to supervision levels. Overrides are designed to address unusual issues or circumstances that warrant an increase to the supervision level and must be validated by the officer. An override may not be used to lower the offender’s supervision level.

(2) The probation and parole manager or above must approve supervision level overrides when the offender is placed on a supervision level that does not correspond to the assessed risk level.

(3) The probation parole manager shall enter RISM in the case note section of OMS and a comment indicating approval for the override and notify the DD of this action.

(4) **Acceptable supervision level override reasons shall include:**

   (a) Judicial order or BOP mandate

   (b) Specialized case load assignments

   (c) Probation and parole manager or above agrees that assessment level does not support the needs of the offender

   (d) Inability to participate in assessment interview due to the severity of medical/mental health issues

4. **Case Plans:**

a. Officers shall review and discuss the following with the offender:

   (1) The assessment results

   (2) The assigned supervision level/type

   (3) The treatment pathway program recommendation

   (4) Any custom goals and action steps developed collaboratively between the offender and the officer.

b. Officers shall engage the offender in the development of the initial or transitional case plan within 45 days of the start of supervision. Case plans shall be made in alignment with the treatment pathway recommended by the RNA unless an override is utilized. Overrides will be documented on the case plan by the probation and parole officer.
(1) For offenders released from a facility either on probation or parole, officers shall address all offender re-entry plan recommendations in the transitional offender case plan (OCP) to ensure a seamless transition from the facility to community supervision (See Policy #511.06)

(2) Officers shall focus on the treatment pathway recommended and assign programs in alignment when making case plans.

(3) Officers may use discretion in identifying the priority need item for minimum level offenders depending on the offender’s needs. Case plans must address immediate needs and court/BOP ordered special conditions.

c. The initial and transitional OCP shall include the following:

(1) The offender’s immediate needs, top priority needs identified by the RNA, and special conditions of supervision;

(2) Tasks that promote the completion of each goal;

(3) Persons responsible for each task;

(4) Time schedule for achieving specific tasks; and

(5) Officer, offender, and manager’s signature and date.

d. Officers shall file each OCP in the offender’s case file pursuant to Policy #706.01 and provide the offender with a copy.

e. Supervisors shall review and sign the OCP during the initial case file review and during annual reviews. If changes to the plan are needed, supervisors shall document the changes for inclusion at the next case plan review.

f. Subsequent Case Plan Reviews: Officers shall review case plans with offenders according to Policy #704.01. If changes to the previous OCP are needed, officers shall jointly develop those changes with the offender. Both the officer and the offender must sign the review section of the OCP. The OCP shall remain in the offender’s case file and a copy provided to the offender. The officer shall ensure that the supervisor is advised of the modified case plan in order for this plan to be reviewed and approved by the supervisor. All signed copies of the OCP shall be maintained in the case file.

g. The OCP is modified and updated, as necessary, at the risk and needs reassessment. Adjustments to the OCP shall be made based on the offender’s reassessed need items. All incomplete tasks that remain on the OCP shall be a priority for the updated OCP. However, officers shall encourage offenders to complete the tasks and goals prior to reassessments.

h. Offenders shall not be given a copy of the RNA results.
i. Offenders shall be required to comply with the collaborated OCP within the time frames established jointly by the officer and the offender. Offenders who fail to comply or refuse to participate shall be subject to sanctioning up to and including revocation (See Policies #704.10, #707.20, and #707.30).

j. Officers shall monitor the offender’s OCP as part of routine supervision practices. Upon an offender’s completion of a goal related to a priority need item, officers shall document the completion in the case note section of OMS. All case plan monitoring shall be documented in OMS as outlined in Section VI.(D)(4).

D. Documentation

1. Officers shall ensure that the offender’s assessed supervision level is entered in the appropriate conversation screen of OMS.

2. Officers shall document the RNA in the appropriate conversation of OMS. Officers shall enter the following contact codes:
   a. RISC upon completing the initial risk needs assessment.
   b. RISP upon completing reassessments. Officers shall enter a comment documenting the reassessment score and adjustments to the supervision objectives, if any.
   c. XRIS for any RNA that has not been completed and for which the RNA is required. This code must be accompanied by a detailed comment outlining the reasons the RNA was not completed.
   d. RISM shall be used for any supervision level overrides. Officers, or designated staff members, shall enter a comment stating the offender’s assessed risk level, any overrides and justifications, and priority needs items that will be addressed during supervision.
   e. VASC shall be used for sex offenders upon completion of the sex offender risk assessment. VASN shall be used for sex offenders whose risk assessment is not applicable.

3. The RNA Needs Report, RNA Interview Guide, CR-4179, and sex offender specific risk assessment, if applicable, shall be printed and maintained in the offender’s case file pursuant to Policy #706.01.

4. Officers shall document all case plan monitoring in the appropriate conversation section of OMS. Officers shall enter the following contact codes:
   a. OCPI shall be used to indicate the initial offender case plan created. The initial case plan is limited to those offenders who are received on probation and do not have an existing offender case plan. The officer must document that the case plan was completed.
b. OCPT shall be used to indicate the transitional case plan review has been completed for those offenders either being received after release from an institution or received as a transfer from another community supervision office. Plans shall be developed in accordance with Section VI.(C)(4)(c) of this policy.

c. OCPM shall indicate the case plan has been modified as required in Policy #704.01 as the result of an identified need.

d. OCPA shall indicate the case plan has been audited by the manager/supervisor as required.

e. OCPR shall be used to indicate that the case plan has been reviewed with offender.

E. Reassessments

1. Assessments are a continuous process that is accomplished throughout supervision by the officer’s observation of the offender’s behavior, lifestyle changes and compliance with the conditions of supervision.

2. Officers shall complete an RNA annually, but shall reassess the offender at the officer’s and/or supervisor’s discretion if significant changes occur in the offender’s life. Prior to the interview with the offender, an updated CCR shall be requested through the CCR Unit. CCR requests shall be documented on OMS screen LCDG using Contact Code, CCRI-Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request shall be documented in the comments sections. The CCR report shall be used as part of the interview as well as any other collateral information. This can include:

a. Positive and negative changes in living conditions such as obtaining stable housing or becoming homeless or transient.

b. Treatment progress or lack of progress such as successfully completing a treatment program or being discharged unsuccessfully.

c. Any reoffending or violations, such as being convicted of new charges, having a revocation, or being non-compliant on supervision.

d. Changes to substance use history such as having a positive drug screen or remaining clean for six months or longer.

e. Having significant changes to family relationships such as death of a relative, marriage or divorce, adding children to the home or losing custody of a child.

f. Changes to education such as completion of high school equivalency, obtaining a vocational certificate or degree.
g. Positive and negative changes to employment such as obtaining a job or losing a job, any significant change in income or ability to make payments towards bills, debt, or child support.

h. Any significant changes to mental health such as suicidal ideations or attempts, being diagnosed with a mental health disorder, being prescribed medication or coming off of medication, or being hospitalized for mental health issues.

3. Reassessments shall be mandatory within 45 days after an offender is reinstated to supervision following a revocation and for offenders returned to supervision after absconding. Reassessments are not required for offenders who are incarcerated on pending revocation proceedings, who are on absconder status, or have an Administrative supervision type.

4. Officers shall complete all RNAs and print the needs report for placement in the offender’s case file pursuant to Policy #706.01. Sex offender specific assessments shall be placed in the offender’s case file pursuant to Policy #706.01. Officers shall maintain all reassessments in a chronological order.

5. Changes to the offender’s supervision level shall reflect the reassessed risk level score with the exceptions listed in Section VI.(C)(3)(d)(2).

F. Assessments of Offenders in County Jails

1. All TDOC offenders housed within the county jails shall receive an RNA prior to any initial parole hearing, parole review hearing, or rescission hearing. Prior to the interview with the offender, an updated CCR shall be requested through the CCR Unit except for initial parole hearings. The CCR Unit will be responsible for CCRs on initial parole hearings. CCR requests shall be documented on OMS screen LCDG using Contact Code, CCRI-Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request shall be documented in the comments sections. The CCR unit report shall be used as part of the interview as well as any other collateral information.

2. The RNA will be completed by a certified user within the county jail in which the offender is located.

3. If an offender refuses or cannot participate in the assessment process, a contact note FACR will be entered into the OMS and the refusal form maintained by the assessor for one year. The assessor will scan and email the refusal form to the IPPO or designee.

G. Quality Assurance processes will be conducted in accordance with Policy #513.10, Risk Needs Assessment (RNA) Quality Assurance.

H. Training: Pre-service officers shall receive RNA training during the Basic Probation Parole Officer Training at the Tennessee Correctional Academy (TCA). In-service assessment and case planning booster-trainings shall occur annually.

I. Failure to comply with the RNA protocol set forth in this policy may result in staff disciplinary action up to and including dismissal.
<table>
<thead>
<tr>
<th>VII. ACA STANDARDS:</th>
<th>4-APPFS-2A-02, 4-APPFS-2A-03, 4-APPFS-2A-06, 4-APPFS-2A-08 thru 4-APPFS-2A-12, and 4-APPFS-3D-29.</th>
</tr>
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<tbody>
<tr>
<td>VIII. EXPIRATION DATE:</td>
<td>August 15, 2022.</td>
</tr>
</tbody>
</table>
OFFENDER NAME: ____________________________  TDOC #: ____________________________
INTERVIEWER NAME: ____________________________  DATE: ____________________________

*PRIOR TO CONDUCTING THE INITIAL INTERVIEW WITH THE OFFENDER, REVIEW ALL AVAILABLE DOCUMENTATION.

**INTRODUCTORY STATEMENT**

1. Introduce yourself and ask offender how s/he is doing. Explain that the purpose is to better understand the offender so that their time on supervision or in incarceration can be beneficial to him/her and help him/her reduce his/her risk of getting in trouble again.

   **REMINDERS**

   Introduce Self

2. “Because this kind of assessment is so important we will rely upon multiple sources of information (e.g., previous records, contacts with other such as officer, counselor, etc.).”

   Ask offender how they are doing and REFLECT

3. “During your next visit your results will be reviewed with you.”

4. “I will be taking a few notes during the interview, so I can remember what you said. If something isn’t entirely clear at any point, please stop me.”
CRIMINAL HISTORY

LEAD-IN

Why don’t we start by talking about your experience with the justice system, since that’s why you are here?

Tell me about the most recent arrest

Tell me more about what happened

Tell me about the people you were with

What time was it?

What were you thinking at the time?

What kinds of emotions were going through your body?

How did your family respond?

What happened as a result of the arrest?

How did it affect you?

How did it affect your family/friends?

Who else was affected and how did it affect them?

What do you think about it now?

What kinds of emotions are you feeling because of what happened?

REMINDES

What?

Age:

When?

Feelings?

Assessing family relationships

Consequential thinking

Eliciting Self-Motivational Statements

Consequential thinking

Feelings about result:

Problem solving
CRIMINAL HISTORY CONT.

NOTES

Would you do anything different if the same situation occurred again?

Tell me about any prior arrests. (CCR REVIEW)

REMINDERS

Internal/External triggers:

Assess for history of aggression
EDUCATION

LEAD-IN

Now, I would like to talk to you about your education

Tell me about your education.

How far did you go in school?

Did you enjoy being in school? What did you enjoy/not enjoy about it?

How did you do in school? Did you have any difficulties in school? Describe them to me.

Have you taken any vocational classes?

Tell me about the circumstances that led to you not completing high school.

What was your family’s reaction to your quitting/being expelled from school?

Were you involved in any criminal activity while you were in school? If so, how did this behavior impact your schooling?

Do you feel it is important to continue with your education? Why is this important?

What do you think about people who go back to school later in life?

What would make continuing your education more appealing to you?

REMNINDERS

AFFIRM Offender’s struggles and strengths and REFLECT offender’s interests

ITEM CHECKLIST

Highest grade level completed:

Reason:

Result:

Motivation for more academic or vocational education:
COMMUNITY EMPLOYMENT

LEAD-IN

Let’s talk about any employment opportunities you’ve had.

Tell me about your employment history.

What is the longest period of time you have ever been employed? Tell me about that job.

Have you ever needed specialized training or education to perform a job? What types of certifications have you had to complete or the jobs you’ve held?

How long have you gone between jobs? How do you support yourself while unemployed? What did your life look like during those times?

Have you ever had any problems while employed? Tell me about them.

Have you ever been fired or quit a job? How often For what reasons? How do you generally get along with co-workers?

How would they describe your work ethic or behavior?

How have personal problems impacted your employment?

REMININDERS

OARS

ITEM CHECKLIST

Longest period of employment:

Occupational and/or vocational skills:

Problems while employed since age 18:
COMMUNITY EMPLOYMENT CONT.

LEAD-IN

Tell me about your current job or most prior to incarceration.

How would you describe your performance as an employee?

Tell me about your co-workers and boss.

Does your current job offer health insurance?

How much money would you have to make to feel “comfortable?”
How much do you/your household make now?

What about this job could be a barrier to complying with your conditions of supervision or treatment?

Would you say that you make enough money to cover your bills?
How much would you say you bring in versus how much you pay in bills? How much money are you able to save?

REMINDERS

Currently employed:

Current relationships at work:

Average household monthly income:

Management of finances:
**FRIENDS**

**LEAD-IN**

I would like to get a better sense of the people you spend time with and the types of friendships you have.

**REMINDERS**

Ask follow up questions

**NOTES**

What people other than family members, have really been there for you?

What’s enjoyable about spending time with them?

How would you describe your friends/associates?

How do they support you?

What was their reaction to this most recent offense?

Tell me about your friends’ involvement in the criminal justice system?

If your friends suggest an activity that could potentially get you into trouble, how do you act? What do you say?

Have you ever been arrested for criminal behavior with your friends? Tell me about that.

Are there any other people or groups that you feel give you support?

**ITEM CHECKLIST**

Friends:

Names of friends:

Pro-social Friends:

Anti-social friends:

Response to influences of anti-social friends/associates:

Pro-Social community ties:
RESIDENTIAL

LEAD-IN

It’s important for me to understand the living environment you are in. I’d like to get an idea of those you spend most of your time with.

REMINDERS

Assess for access to resources

NOTES

Residences within the last 6 months:

Within the last 6 months, where have you lived?

Tell me about those places. How long were you at each?

Length of stay:

Where are you currently living? (If incarcerated, where were you living the last time you were in the community?)

Current living arrangements:

Who lives/lived there with you? Tell me about them.

Living with whom:

Tell me about the neighborhood you live in.

Positive influence:

Tell me about the kinds of crimes happening in your neighborhood.

Negative influence:

How would you rate your neighborhood:

- High Crime
- Moderate Crime
- Some but more than most
- Little Crime

What assistance could you benefit from in the community?

Community resources
FAMILY

LEAD-IN

We’ve talked a bit about your friends and your current living arrangements, but I’d like to get an idea of the other people you may have in your life.

NOTES

Tell me about any long-term relationships or marriages you’ve had.

Tell me about those. How long were/are you together?

Describe to me your current relationship.

ITEM CHECKLIST

Been married or in a long-term relationship:

Longest relationship:

Partners influence:

Partner’s problems:

Conflicts/Aggression with partner:

Support from partner:

Family’s problems:

Conflicts/Aggression with family:

Support from family:

Do you have any children? Talk to me about them.

Number of children:

Age of child(ren)

Tell me if you are responsible for supporting your children financially.
Similar to what we did with your criminal justice history, I would like to try and map out how your substance use began and progressed, so let’s start at the beginning and work our way up to the present.

Tell me about your use of alcohol throughout your lifetime. Tell me about your use of drugs throughout your lifetime.

Age of first alcohol or drug use:

Alcohol problem:

Drug problem:

Last admitted use:

Types of drugs used:

Impacts of alcohol/drug problem:

Have you ever lost anything important to you because of your alcohol or drug use?

What part has your alcohol or drug use played in your committing crimes?

How much money do you spend on supporting your use? How do you get that money?

Method of supporting alcohol/drug use:

What treatment programs have you ever participated in for your alcohol/drug use?

Participation in treatment?

Have you ever been able to stay clean for at least 6 months? Tell me about that.

Protective factors:

What obstacles do you see in your life that might make it difficult to stay clean?

Risk factors:
MENTAL HEALTH

LEAD-IN

Sometimes a lot of the things we deal with in our lives have to do with some type of mental health history. I’d like to spend some time talking about your experiences with that.

REMINDERS

AFFIRM/ASK ALL QUESTIONS

NOTES

ITEM CHECKLIST

Have you ever seen a mental health professional? Tell me how that came about.

Has a mental health problem:

Did you ever participate in an evaluation with them? What was the result?

Diagnosis:

Tell me about a time when you thought you couldn’t go on.

Suicide attempts:

Have you ever attempted suicide? What were the circumstances at the time?

What were your methods in attempting suicide? What happened?

In-patient treatment:

Have you ever participated in an in-patient treatment facility? Tell me about that. Voluntary/In-voluntary?

Out-patient treatment:

Tell me about any counseling or treatment you’ve participated in while in the community?

What do you think about it?

What medications have doctors prescribed to you?

Mental health medications:

What medications are you currently on?
ATTITUDES AND BEHAVIORS

LEAD-IN

Tell me a bit about what “makes you tick” and what makes you do what you do.

REMINDERS

REFLECT, SUMMARIZE
What the offender has already said about this

NOTES

Tell me about what was going through your head right before you committed your crime. What do you tell yourself to make it “ok” when you’re planning your crimes? During your crimes?

Do you ever act on a whim or impulse? Tell me about a time when you acted on the spur of the moment.

In what ways do you think you’re a risk-taker?

Is it important to you what others think about you? How do you want to be seen by others?

Do you ask people for help? Tell me about a time when you needed to ask for someone else’s help.

How would others describe your “trustworthiness?”

What do you consider “respect?”

How do you show respect? Why you show respect?

Who would you consider an “authority figure?” What do you think about the “authority figures” you’ve come in contact with throughout your life?

What do you think about people’s personal property? If you saw a purse on the ground what might your reaction be?

What does “being successful” look like to you?

Tell me how successful you think you’ll be with completing your sentence.

ITEM CHECKLIST

Motivation for criminal behavior:

Respect authority:

Respect for property:

Stage of readiness to change:
TENNESSEE DEPARTMENT OF CORRECTION

RISK/NEEDS ASSESSMENT REFUSAL

Date: __________________________ Location: __________________________

Offenders Name: __________________________ TDOC Number: __________________________

Assessor Name: __________________________

Reason for refusal: __________________________

I understand that the Public Safety Act of 2016 requires that all TDOC inmates and offenders participate in and complete a Risk/Needs Assessment. Despite that, as indicated by my signature below, I choose to not participate in the process to complete my RNA. As a result of my decision to not participate, I may not be able to receive programming which could prepare me for success upon release from TDOC supervision.

_____________________________  __________________________
Offender Signature                      Date

_____________________________
Assigned Counselor / Assessor Signature