**SUBJECT:** INMATE RELEASE GRATUITY

**NUMBER:** 4220.1H

**Attachments:** Attachment A- Gratuity Request

**SUMMARY OF CHANGES:**

<table>
<thead>
<tr>
<th>Section</th>
<th>Change</th>
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<tbody>
<tr>
<td></td>
<td>Minor revisions have been made throughout the policy.</td>
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**APPROVED:**

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Quincy L. Booth, Interim Director

Date Signed

12/19/16
1. **PURPOSE AND SCOPE.** To establish policy and procedures governing release gratuities to eligible inmates who are released from the custody of the District of Columbia Department of Corrections (DOC).

2. **POLICY.** It is DOC policy to provide an eligible inmate with limited financial assistance upon release.

3. **PROGRAM OBJECTIVE.** The expected results of this program are that a release gratuity may be provided to an eligible inmate with demonstrated financial needs to ease the community reintegration process.

4. **NOTICE OF NON-DISCRIMINATION**
   a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

5. **DIRECTIVE AFFECTED**
   a. Directives Rescinded
      
      PP 4220.1G  Inmate Release Gratuity (05/11/15)

   b. Directives Referenced. None

6. **STANDARDS REFERENCED.** None

7. **AUTHORITY.**
   
   DC Code § 24-211.02 Powers; Promulgation of Rules.
8. **DEFINITIONS**

a. **Release Gratuity.** Monetary assistance *up to $100.00* that may be provided to eligible inmates upon release from the DC Department of Corrections to include the Central Detention Facility and the Correctional Treatment Facility (CTF) to the community or from a DOC contract Community Correctional Center if the inmate has not secured employment prior to release or if the inmate has not received their first pay check from employment.

9. **ELIGIBILITY CRITERIA**

a. An inmate does not have a right or entitlement to a release gratuity.

b. DOC may grant a release gratuity to pretrial inmates and sentenced misdemeanants when:

1) The inmate is being released from the DC Department of Corrections to the community;

2) The inmate has been incarcerated for six (6) months or more

3) The inmate has not received a release gratuity from DOC within the previous (365) days or one (1) year; and

4) The inmate demonstrates a financial need based upon a lack of personal financial resources or other means of financial support.

c. Under extenuating circumstances, a gratuity request and justification outside of the guidelines may be approved through the Deputy Warden for Programs and Case Management.

d. An inmate is not eligible for a release gratuity if:

1) The inmate has secured employment while housed at a Community Correctional Center and has received the first pay from that employment; or

2) The inmate is being released from the DOC to a Community Correctional Center (CCC), to a detainer, to another community residential treatment program, or to the Bureau of Prisons (BOP).

3) The inmate has received public or federal government monetary
assistance

4) The inmate is a sentenced felon/BOP inmate

5) The inmate is a Parole violator who has been revoked

10. REQUESTING A RELEASE GRATUITY. An inmate who is in financial need and wishes to obtain a release gratuity may submit a written request to his or her Case Manager at least fourteen (14) calendar days prior to release. The inmate must justify the need for a release gratuity in the written request.

a. The Case Manager shall make an objective assessment of need and recommend the amount of money; if any (not to exceed $100) to grant an inmate as a release gratuity. The Case Manager shall consider the following factors:

1) The length of inmate’s incarceration;

2) The financial resources available to the inmate (e.g., inmate financial accounts, salary, family or other community support);

3) DOC resources;

4) Whether the inmate has had an average daily balance of more than ten dollars ($10.00) in his or her account for the past six (6) months. Inmate NIPS payroll will not be taken into consideration; and

5) Whether the inmate has received a gratuity disbursement within the last 365 days/one year.

6) Based upon specific identified needs.

b. DOC Case Managers shall forward the Release Gratuity Recommendation (Attachment 1) to their Chief Case Manager. CCA/CTF Case Managers shall forward the Release Gratuity Recommendation to Case Management Services who will in turn forward the Recommendation to the DOC Chief Case Manager.

c. The Chief Case Manager (s) retains approval authority for release gratuities under normal guidelines.
d. Extenuating circumstances outside of the guidelines will require approval by the Deputy Warden for Programs and Case Management.

e. The Case Manager shall notify the inmate as soon as possible whether the release gratuity has been approved.

f. The Case Manager shall forward the memorandum requesting payment to the Inmate Finance Office for disbursement and file the appropriate copy in the inmate’s electronic Paperclips file.

g. An inmate shall receive the approved release gratuity from the Inmate Finance Office at the CDF during the established hours. The Case Manager shall inform the inmate of the Inmate Finance Office hours of operation for this purpose.

h. An inmate who has not collected a release gratuity within one (1) week of his or her release shall forfeit this assistance.
MEMORANDUM

TO: INMATE FINANCE OFFICE
RE: RELEASE GRATUITY

NAME: ____________________________
Inmate Name __________________ DCDC Number ____________

Booking Date ________________ EXPECTED DATE OF RELEASE ____________

OFFENSE(S): __________________________________________________________

__________________________________________________________

TIME SERVED: ______________________________________________________

Reason for request: _________________________________________________

______________________________

Account Balance ________________ Date Verified ________________

Recommended Monetary Gratuity: ______________________________________

Inmate Request Attached: ☐ Yes ☐ No

I am aware that if granted a gratuity I am not eligible for another consideration for one full calendar year.

______________________________

Inmate’s Signature __________________ Date ________________

☐ Concur ☐ Do Not Concur __________________________

Case Manager

☐ Concur ☐ Do Not Concur __________________________

Chief Case Manager

______________________________

Deputy Warden for Programs and
Case Management
Date Forwarded to Inmate Finance Office: ________________________________