Minnesota Department of Corrections
Restrictive Housing Unit Intake Form

Incarcerated Person: _____ OID #: _____ Date: _____

From Unit: _____ Room: _____ Bag #: _____

The following personal property has been inventoried and placed in storage and will be returned to the incarcerated person upon release from restrictive housing.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Coin Amount (if applicable): $_____
Staff Signature: _____

Incarcerated Person Signature: _____

The incarcerated person will be interviewed for the following:

KOP Medications Yes/No What medications: _____

Diet list Yes/No What diet restrictions: _____

Incompatibilities: _____

Glasses Yes/No: _____

Other concerns: _____

I have received a copy of the Restrictive Housing Unit Manual and understand I am responsible for the information contained within.

Incarcerated Person Signature: _____ Staff Signature: _____

Incarcerated Person Refused to sign: _____ Staff Printed Name: _____

I have received the above recorded property: _____Date: _____

Incarcerated Person Signature: _____ Staff Signature: _____

Distribution: Original - RH file
Copies – Incarcerated Person, RH Property Room, and Property Department