Request for New Religious or Spiritual Practices/Items

_____	_____	_____
Incarcerated Person/Juvenile Resident Name	**OID Number**	**Date**
_____	_____-	
Signature	**Facility**	

What religious or spiritual practice do you adhere to?

☐ **I am requesting a new religious or spiritual practice.**

☐ **I am requesting a new religious or spiritual item.**

Provide a detailed description of the new requested spiritual or religious practice or item (attached additional pages as needed to supplement any information requested below.

Describe the religious/spiritual/theological significance of this practice or item.

a) Basic History.

b) Basic Theology.

Describe where the department can find resources that will provide further information about this religious or spiritual practice or item.

New Practice / Item Review

Chaplain/Designee Recommendation:

☐ **Approval**

☐ **Denial**

☐ **Returned to requestor due to insufficient information**

Explanation:_____

_____ _____

Chaplain/Designee Printed Name and Signature **Date**

Spiritual Care Committee Recommendation:

☐ **Approval**

☐ **Denial**

☐ **Returned to requestor due to insufficient information**

Explanation:_____

_____ _____

SCC Chair Printed Name and Signature **Date**

Deputy Commissioner of Client Services and Supports – Final Decision:

☐ **Approved**
- ☐ In full (as submitted)
- ☐ With modification (as described in the SCC recommendation

☐ **Already Allowed**
- ☐ Authorized under current policy
- ☐ Community volunteers are temporarily unavailable
- ☐ Donated resources are temporarily unavailable
- ☐ Facility security/staffing needs temporarily preclude implementation
- ☐ Other (specify)

☐ **Denied (explanation in attached memo)**

_____ _____

Deputy Commissioner Printed Name and Signature **Date**