Annual Meal Request Form for Spiritual Care/Religious Services Groups

This completed form must be submitted 60 days in advance of the event date. Food may not be brought in by volunteers. Leftover amounts are not retained for group. Food service determines whether food prep assistance is needed from group's incarcerated representatives but assistance in clean-up is required after meal event.

Step 1: Group Representative

Please choose one item from each of the following menu categories;* check the box to accompany your selections when indicated. Up to two beverage choices are allowed and margarine will accompany all bread and vegetable choices. All food items are planned in the standard portions typical on a 3-meal per day menu plan.

Salad (1 svg per person)

_____ Garden Salad w/asst'd dressing pkts
_____ Fruit Salad w/Pineapple
_____ Creamy Coleslaw
_____ Broc and/or Caulif. Florets w/Ranch Dip

Side Dish (1 svg/person)

_____ Rice Blend
_____ Fried Potatoes & Onions + ketchup
_____ Macaroni & Cheese
_____ Baked Potato + sour cream

Entrée (4 oz protein/person)

_____ Oven Fried Chicken, ☐ light or ☐dark meat
_____ Fish, breaded
_____ Roast Meat, chunked ☐ Beef or ☐ Pork
_____ Roast Turkey, sliced
_____ Vegetarian, ☐ PB noodles or ☐ Eggs

Vegetable (1 svg/person)

_____ Steamed Broccoli
_____ Glazed Carrots
_____ Green ☐ Beans or ☐ Peas
_____ Sweet Corn

Bread (1 svg/person)

_____ Bread Sticks
_____ Garlic Toast
_____ Corn Bread
_____ Flat Bread

Beverage (16 oz total)

_____ Fruit Punch
_____ Coffee service
_____ Milk, plain
_____ Iced Tea

Dessert (1 svg/person)

_____ Cream Pie ☐ banana or ☐ coconut
_____ Frosted Bar,flavor _____
_____ Fruit Crisp ☐ apple or ☐berry
_____ Cheesecake w/ ☐fruit or ☐ ch chip

** Speak w/Spiritual Care Coordinator if none of the group's celebration-connected items are represented*

Step 2: Chaplain/Spiritual Care Coordinator

Date & Time of Function: _____ Group Name: _____

Date of FS Request: _____ No. of Incar. persons: _____ Any Participants FS workers? Y / N

Submitted By: _____MCF: _____ No. of Staff/Volunteers: _____
(Staff Coordinator)

Step 3: Food Services

Received By: _____ _____ Food request is possible? Y / N
(Food Service Supervisor) Date received Explain if not_____

After-hours or special equipment arrangements needed? Y or N Specify _____

Step 4: Facility Administration

Reviewed for budget, event space and security clearance. Issues noted:_____

Approved By: _____ _____
(Facility AWA or designee) Date

or return to group if changes required
→ Process form as required by your facility