RELIGIOUS DIET REQUEST/CHANGE AND AGREEMENT

_____ _____ _____
INCARCERATED PERSON/JUVENILE RESIDENT NAME **OID NUMBER** **DATE**

What is your official religious preference?

_____

What are your religious motivations for this diet?

_____

_____

_____

_____

Religious Diet Notice

I understand that in order for me to be served a religious diet, special foods may have to be purchased for me and special practices must be used, therefore I agree to abide by the following conditions:

- I understand that I may change my religious diet no more than twice annually.
- I understand that, if I voluntarily request that my religious diet be cancelled, I must do so in writing and if I request reinstatement, I must meet with the chaplain/designee to discuss the reinstatement, and any related changes to dietary accommodations may not be changed for 60 days after discontinuation.
- I understand that I may not make dietary choices on a meal-to-meal basis. This diet is permanent and affects all meals and canteen purchases until formally discontinued.
- My requested religious food requirements apply to all mealtimes and self-purchases. Taking, eating, or purchasing food that is not a part of this religious diet accommodation, unless there are medical or religious reasons, may result in discontinuation of the accommodation.
- I will not provide any portion of my specially-prepared meal to anyone else. Sharing or selling any portion of my meal may result in discontinuation of this accommodation.
- I understand that if I am discontinued from or denied my religious diet request, I may request to have it reinstated after at least 60 days have passed from discontinuation or denial.
- I will read Policy 302.300, “Spiritual Care,” in regard to religious diet accommodations, including sections discussing discontinuation of accommodations and other details.

_____ _____
INCARCERATED INDIVIDUAL/JUVENILE RESIDENT SIGNATURE **DATE SIGNED**

-OVER-

RELIGIOUS DIET REQUEST/DISCONTINUATION:

Chaplain/Designee Notes:

_____ Approved

_____ Denied
Explanation of Denial:

_____Removed:

____ At incarcerated person's/juvenile resident's request
____ Due to non-adherence
Explanation of non-adherence:

_____ _____
Chaplain/Designee Printed Name and Signature Date Signed

Routing: Original –Chaplain/Designee
Copies – Living Unit, Food Services, Individual/Resident
Upload – ODocS and logged on iShare Religious Diet List