RELIGIOUS AND SPIRITUAL AFFILIATION DESIGNATION FORM

_____	_____	_____
INDIVIDUAL/RESIDENT NAME	**OID NUMBER**	**DATE**

WHAT IS YOUR OFFICIAL RELIGIOUS OR SPIRITUAL PREFERENCE?

_____

Religious and spiritual affiliation designation notice

- I understand that I am not required to designate any religious or spiritual preference or belief, but that if I do not declare my preference or membership, I may be restricted from participating in religious activities that are only for members or possessing property associated with that religion or spirituality.
- I understand that I may change my religious designation every six months if I so choose.
- I understand that, after an interview with the chaplain or designee, if it is determined that my request for change is for reasons other than religious or spiritual ones, my request may be denied.
- I understand that I am only eligible to attend one annual religious or special meal each calendar year, regardless of any change to my designation.
- I will review policy 302.300, "Spiritual Care," including sections discussing access to services, use of religious items, and any dietary accommodations that may be available upon request and other details.

INDIVIDUAL/RESIDENT SIGNATURE	**DATE SIGNED**

Religious and Spiritual Affiliation Designation Change Review

Chaplain/Designee Notes: **_____ Approved** **_____Denied**	**Reasons for denial, if applicable:**
Signature of Chaplain/Designee:	**Date:**

Routing: Original – Spiritual Care Coordinator/Chaplain
Copies – Individual/Resident
Upload – ODocs