

Facility:

RELIGIOUS DIET APPLICATION FORM

Attachment #5 to OPS.160.0002

An offender requesting approval to participate in this "Religious Diet Program" must fully complete this questionnaire and return it to the Chaplain or designee. Additional sheets may be attached as necessary. The Chaplain or designee may verify information provided offender; unverifiable information can result in a denial into the program.

Name <i>(Last, First, M.I.):</i>		DOC#:
Religious Affiliation:	Religious Diet Requested: <input type="checkbox"/> Halal <input type="checkbox"/> Kosher	Length of time practicing the religion:

STATEMENTS/DETAILS REGARDING REQUEST FOR DIET

In your own words, explain why you need a diet different from what is made available the existing food service. List any additional information to support your desire to be a part of the Religious Diet Program (i.e. required rituals, names/contact information of others who can verify information, description of your dietary requirements, etc.). If Jewish by conversion, give Rabbi's contact information. If more space is needed, attach another sheet of paper to this form.

Do you attend religious services? Yes No; How many services attended in past 9 months? _____;

If not, why not _____

List all the religions you have pursued in the past 5 years:

Does the religious diet present any health problems for you? Yes No; Explain:

How often do you read or study materials to deepen your knowledge of the tenets, scriptures, requirements, practices, customs, and observances of this religion/belief?

Do you eat food items that are not in keeping with your religion? Yes No; Explain:

Additional Supporting Contact information	Synagogue, Mosque, Temple, Church Affiliation:	Phone:
	Name of Rabbi/Minister:	Phone:

ADDITIONAL INFORMATION FOR KOSHER PARTICIPANTS

Jewish by birth; List Hebrew Name: _____

Parents	By Birth	Conversion	Hebrew Name	Contact Phone No.	If Deceased; List Cemetery
Mother					
Father					

Jewish by conversion; List Hebrew Name: _____

Names, Dates, and Locations of Rabbinic Courts that Approved the Conversions, and whether these courts were Orthodox, Conservative, Reform or Reconstructionist. Dates and Location of Required Rituals (ie. Circumcision, Immersion) and their phone numbers. Please Provide Names and Contact Information for others who can verify the above information if available. If more space is needed continue on a blank sheet.

I, the undersigned individual, request approval to participate in the Religious Diet Program. In making this request, I hereby affirm that these answers accurately reflect my special dietary needs. In addition, I understand that falsified information may be subject to disciplinary action.

Inmate's Signature: _____ Date: _____

Chaplain's Review (To Be Completed By the Chaplain or Designee)

The chaplain will approve or deny the inmate's request to participate in the Religious Diet Program in accordance with "Religious Diet Program" policy.

Verifying and Approval Processing Notes

Name of Organization/Person contacted and Relationship:	Phone:	Date of Contact:
Recommendations/Details of communications:		
Approval or Denial		
Date Of Interview with Inmate:		
Chaplain's Additional Comments/Rational regarding approval or denial:		
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Chaplain's Signature and Date: