Religious Diet Program Agreement

I agree to participate in the Religious Diet Program (RDP) which provides me with an appropriate diet that meets or exceeds minimum daily nutritional requirements.

As a participant in the RDP, I agree to abide by all requirements of this program. I understand that the following violations of the program will result in the sanctions described below.

1. I am observed eating or trading unauthorized food items.

2. I have purchased or I have been observed eating food items from the Commissary inconsistent with the dietary requirements of the Religious Diet Program.

Violation of the RDP will result in the following sanctions:

First Offense: the incarcerated individual shall be counseled regarding commissary or food items that may be purchased or consumed under the RDP; be required to sign a new RDP agreement acknowledging understanding the consequences of a second offense; and permitted to continue in the RDP.

Second Offense: the incarcerated individual shall be counseled regarding commissary or food items that may be purchased or consumed under the RDP; be suspended from the RDP for 90 days; and upon completion of the 90-day suspension, be required to sign a new RDP agreement acknowledging understanding the consequences of a third offense before being permitted to participate in the RDP following the 90-day suspension.

Third Offense: the incarcerated individual shall be counseled regarding commissary or food items that may be purchased or consumed under RDP; suspended from the RDP for 1 year; and upon completion of the 1-year suspension, be permitted to participate in the RDP.

I understand that I may file a written appeal within 10 days of receiving a decision imposing a suspension from the RDP.

I understand that I must file a new Religious Diet Application Form every 2 years from the date of this application in order to remain on the religious diet.

I agree to abide by all of the requirements of the Religious Diet Program.

Incarcerated Individual Signature

_____

Printed Incarcerated Individual Name and DOC/SID Number

_____

Date _____

Staff Witness _____

Correctional Facility_____