

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
REQUEST FOR RELIGIOUS MEALS ACKNOWLEDGEMENT AND CONSENT FORM

NAME: _____ DIN: _____

LOCATION: _____ FACILITY: _____

RELIGION OF RECORD: _____

THIS REGISTRATION FORM IS A ONE TIME REGISTRATION FOR THE KOSHER DIET; DOCCS offers a religious menu for faith groups whose dietary requirements have been strongly supported on a theological basis. You are requesting approval to have this religious menu. If approved, you will be expected to adhere to the policy. This form acknowledges that you have been advised of and agree to adhere to the policy as noted. All parties must sign the form in order for it to be executed.

Inmates may refrain from eating those food items served to the general population which are contrary to their religious beliefs. The Department offers a Kosher Diet as an alternative religious meal option. This menu shall be provided only after verification of the religious need for an alternative diet by the Director of Ministerial, Family and Volunteer Services and the Assistant Commissioner for Health Services. Additionally, any newly arriving inmate(s) or in-transit status inmate(s) claiming the need for the Kosher Diet or a Department approved religious holiday menu consideration for his or her faith group shall receive the meal if the religion of record has been approved to receive that diet/meal. If it is unknown whether the religion of record requires the Kosher Diet/holiday meal, temporary approval shall be given with an official request for the meal being forwarded to the Deputy Superintendent for Program Services (DSP) simultaneously. This request must be made using Form #4202D1, "Request for Religious Meals Acknowledgement and Consent Form." The DSP will render a decision within two weeks. Once the inmate has been approved to have the religious diet or meals, he or she will be responsible for adhering to all established guidelines. Anyone found not to be in compliance may be subject to removal from the religious diet/menu program. Violations will be documented and sanctions will be imposed in accordance with established policy using Form #4202D, "Religious Meal Plan Counseling." Form #4202D1 must be used to request any of the religious meals and is not valid until all required parties have signed the consent form; the form only needs to be signed once. The only time a Kosher Diet approved individual may eat a non-Kosher Diet meal is when there is an MC consideration for his or her religion of record and that meal is not off the Kosher Diet menu. In these cases, the individual must choose either the holy day meal or the Kosher Diet but can not have both. If an inmate is not approved for the religious meals, he or she should be advised as well as informed that the Department does offer a meatless alternative menu that is available daily to all inmates.

You are requesting permission to participate in a religious meal for your registered religion of record. Your signature below confirms that you have read and understand this document and you agree to strictly adhere to the chosen menu for the above referenced meals and will not eat any other menu item that is not included in your approved menu. These meals are being specifically prepared for you. Therefore, meal attendance is expected. Failure to comply with this consent may result in your removal from the diet. This will be monitored by a facility Chaplain through the counseling process. If for some reason you miss a meal through no fault of your own, you must submit written notice to the Coordinating Chaplain and the Food Service Administrator immediately for review.

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(Continued)

Some acceptable reasons are:

- Admitted to the infirmary
- Medically keeplocked/confined
- Disciplinary confined
- Admitted to the Special Housing Unit
- Court trip
- Draft status

I have read and understand the requirements for participation in the Religious Diet/Menu program. I would like to participate as indicated by my checking the appropriate line below:

_____ **Kosher Diet. I further understand that since I have requested to participate in the Kosher Diet, if I voluntarily DO NOT ATTEND, I may be subject to removal.**

_____ **ALL other Department approved religious diets/menus that are available for my religion of record. I have notified the Coordinating Chaplain or their designee of my desire to participate in accordance with local facility policies. Since I have requested this menu/diet, if I fail to comply with the terms, I may be subject to removal.**

_____ Inmate Name, DIN, Date _____ Chaplain Name and Date

Approved/Denied by: _____ / _____
Deputy Superintendent for Program Services Date

cc: Inmate
Chaplain's Office
Food Service Administrator
Guidance File