

Offender Alternative Entree Meal Participation Form

The Alternative Entrée Meal Plan is available to all offender free of charge. You are required to sign up in advance if you would like to participate in the Alternative Entrée Meal Plan. **This is the OFFICAL SIGN-UP FORM to PARTICIPATE.** If you choose to participate in the Alternative Entrée Program and are observed or caught trying to pick-up a regular tray you can receive disciplinary action and/or be removed from the program. Once your sign-up for the Alternative Entrée Program we expect you to follow the instructions given by your institution. If you decide that you no longer want to participate in the Alternative Entrée Meal Plan you will need to submit a request in writing.

Please indicate below which meal plan you would like to participate in. You can **ONLY** select one meal Plan. **If you would like further information about the Alternative Entrée Program, please review SOP 409.04.28.**

Alternative Entree Meal Options are not available at all sites; therefore, you may have to be transferred:

VEGAN _____

Animal Product Free (no eggs, dairy or meat)

RESTRICTED VEGAN _____

Animal Product-Free (no eggs, dairy or meat). Additionally, this Meal Plan is prepared with separate utensils and equipment that may not be used to prepare Non-Restricted Vegan meals and is served with disposable or separate items. Kosher vegan foods may be used in this Meal Plan.

Written request would have to be submitted to your facility's designee and approved to participate in this plan. Written request must include reasons why the regular Vegan Menu option is not adequate for your beliefs.

MASTER MENU _____

Regular Master Menu with no substitutions or waive-offs.

Offender Name: _____ GDC#: _____

Date Request Completed: _____

Date Request Received: _____

Signature of Receipt: _____ (Facility Designee)

Print Name/Title: _____

Request Approved or Denied: _____

Offender Alternative Entree Restricted Vegan Participation Form Addendum

Please answer the following questions in as much detail as possible. If additional space is needed, please use the backside and/or attach additional sheets. This form must be attached to the Official Alternative Entrée Meal Participation Form if you wish to be considered for a Restricted Vegan Meal Plan. Please attach any additional supporting information. This information will be reviewed within two (2) business days. The offender will be notified after the information has been reviewed. **If you would like further information about the Alternative Entrée Program, please review SOP 409.04.28.**

1. **Religious Affiliation:** _____

2. **Years Practicing Religion:** _____

3. **List your Religious Dietary Beliefs/Restrictions:**

4. **Please explain why the Georgia Department of Corrections Vegan Entrée Program does not meet the requirements of Religious Dietary Beliefs/Restrictions?**

5. **Please attached and/or note any references such as books, web sites, etc. that would support /document your statements.**

Offender Name: _____ GDC#: _____

Date Request Completed: _____

Date Request Received: _____

Signature of Receipt: _____ (Facility Designee)

Print Name/Title: _____

Request Approved or Denied: _____