

**NOTIFICATION OF RELIGIOUS DIET ACCOMMODATION**

Name of Inmate	Register Number
Unit	Religious Preference
Date of Interview	Today's Date

You were interviewed for participation in the Religious Diet Program. Upon review of the responses given in the interview questionnaire, it was determined that you are:

\_\_\_\_\_ Approved to participate in the mainline component of Religious Diet Program, which includes access to the salad/hot bar only (where the salad/hot bar is part of the Food Service Program).

\_\_\_\_\_ Approved to participate in the certified, processed food component of Religious Diet Program, which includes access to the salad bar only (where the salad bar is part of the Food Service Program).

If you are not satisfied with this decision, you may appeal through the administrative remedy process.

Chaplain's Signature	Date
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(This form may be replicated via WP)

This form replaces BP-S700 dtd AUG 00

Record Copy - Inmate Central File; Copy - Chaplaincy File; Copy - Inmate  
(This form may be replicated via WP)