

Offender Alternative Entrée Program Packaged Meal Participation Form

The Alternative Entrée Meal Program is available to all offenders free of charge. You are required to sign up in advance if you would like to participate in the Alternative Entrée Meal Program. **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 Program, you will need to complete the Offender Alternative Entrée Program Packed Meal Removal Form.

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:

PRE-PACKAGED AEP VEGAN MEAL PLAN _____

Animal Product Free (no eggs, dairy, or meat). Kosher vegan foods will be used in this Meal Program
Halal certified food will be utilized when available.

Please complete in detail the second page of this document. Once completed please submit request to your facility's designee. Then the request will be submitted for the approval process. If approved, you will be notified, and the meal plan process explained. Participation in the program may not occur until the approval process is completed.

Offender Name: _____ GDC#: _____

Date Request Completed: _____

Date Request Received: _____

Signature of Receipt: _____ (Facility Designee)

Print Name/Title: _____

Request Approved or Denied: _____

Retention Schedule: Upon completion, this form shall be kept in a local filing area in Food Service for one (1) year in an active file and shall be kept five (5) years in an inactive file, then destroyed; a copy will placed in the offender's institutional file.

Offender Alternative Entrée Packaged Meal Program Participation Form Addendum

Please answer the following questions with 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 Program Packaged Meal Participation Form if you wish to be considered for the Program. Please attach any additional supporting information. This information will be reviewed within two (2) business days. The offender will be notified after the participation form has been reviewed and approved or denied. **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 Regular Meal 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: _____

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