

Offender Alternative Entrée Program Packaged Meal Removal Form

At this time, you are requesting to be removed from the Alternative Entrée Program. You understand that once you have submitted this request you are not eligible to request to participate in **ANY** of the Georgia Department of Corrections Alternative Entrée Program for a minimum of sixty (60) days. Once this request has been processed, you will be removed from the program, and at that point, you must begin picking up the Regular Master Menu trays. **If you would like further information about the Alternative Entrée Program, please review SOP 409.04.28.**

Please list and explain the reason (s) why you would like to be removed from the **Alternative Entrée Program PACAKAGED MEAL PLAN**:

Offender Name: _____

GDC#: _____

Date Request Completed: _____

Date Request Received: _____

Signature of Receipt: _____ (Facility Designee)

Print Name/Title: _____