VERMONT DEPARTMENT OF CORRECTIONS REQUEST FOR RELIGIOUS/ALTERNATIVE DIET

The Vermont Department of Corrections offers an alternative meal program which has been designed to meet most religious diet requirements. Requests for dietary accommodations outside of the alternative meal program must be clearly stated with the corresponding religious dietary laws outlined in this request.

INMATE NAME: DOB: FACILITY: HOUSING UNIT: DATE OF REQUEST: INMATE SIGNATURE: ALTERNATIVE (VEGETARIAN) MEAL	□ RELIGIOUS DIET REQUEST (Check) FAITH GROUP AFFILIATION: MEMBER OF THIS GROUP SINCE: GROUP CONTACT PERSON: Name: Address: City, State, Zip: Phone Number:
REQUEST ONLY (Check box.) Foods Prohibited:	Description of Dietary Requirements (Can include portions of texts, writings, laws, or covenants):