
Religious Diet Policy

710.1 PURPOSE

The purpose for this policy is to provide a procedure for an inmate to request a religious diet while in custody at Shasta County Jail. Religious diet arrangements are provided by Shasta County for inmates whose sincere religious beliefs require a specific diet arrangement. Please note, this facility serves a pork-free diet to all inmates housed in Shasta County Jail, therefore, there is no need for a request by an inmate to obtain a pork-free diet.

710.2 REQUESTING A RELIGIOUS DIET

- (a) The inmate must submit a written request for the religious diet to Jail Food Service Department, who will then send the inmate the Religious Diet Program Request Forms.
- (b) The Inmate will then complete the Religious Diet Forms and re submit them to the Jail Commander or the Commander's designee.
- (c) The Jail Commander or the Commander's designee will evaluate the diet request form within a reasonable time whether the inmate has demonstrated a sincere religious belief necessitating a religious diet.
- (d)
- (e) If the Jail approves the request for a religious diet and thereafter the inmate violates his or her religious diet, that violation may be investigated by Custody staff and the inmate may be removed from the religious diet program.
- (f) An inmate who cancels a religious diet must do so by written request to the jail staff and may not be eligible for a religious diet for a 6 month period.
- (g) A copy of all requests for a religious diet made pursuant to this policy, whether approved or denied, will be forwarded to the Jail Food Service Department, and a copy will be placed in the inmate's file.
- (h) The availability of a religious diet shall not be restricted based on an inmate's classification or housing within the jail.
- (i) It may be necessary to modify a religious diet to accommodate documented medical requirements. That decision will be made by the jail medical services provider.

710.2.1 RELIGIOUS DIET REQUEST FORM

[See attachment: Religious Diet Program Request Form.pdf](#)

[See attachment: Religious Diet Request Form 03 20 2013 \(3\).pdf](#)

Attachments

Religious Diet Program Request Form.pdf

I would like to participate in the (check one box):

Kosher Diet Program Vegetarian Diet Program

- 1. I understand that if I voluntarily request to withdraw from the Religious Diet Program, I must do so in writing and wait for a period of six (6) months before requesting to be reinstated in the Religious Diet Program. If, after six (6) months, I apply to a different Religious Diet Program than the one I previously participated in, my request will have to be approved by the Facility Commander who oversees the Religious Diet Program.**
- 2. At all times I will eat and possess only those food items served as part of the Religious Diet Program. I understand that a report will be kept to verify I am picking up my religious diet. I will not collect food items (other than commissary items) in my cell and will follow all policies and regulations for meals during my incarceration at Shasta County Jail.**
- 3. I may not purchase, trade, receive, or consume any food items that are not part of my religious diet. I understand that my commissary purchases will be routinely monitored.**
- 4. I will not “double back” in order to obtain a second meal, either regular or religious.**
- 5. I will consistently pick up my religious diet meals. I understand that a record will be kept indicating meal delivery.**
- 6. I will not provide all or portions of my religious meals received through the Religious Diet Program to other inmates who are not participating in the same Religious Diet Program.**
- 7. I will, at all times, restrict my diet to the food provided by the Religious Diet Program and those items received from the Commissary Program meeting the requirements of my religious faith.**
- 8. I understand that should I violate any one of these provisions, that I forfeit my privilege to participate in the Religious Diet Program for a six-month period. If, after six months, I shall desire a reinstatement to the Religious Diet Program, my request will have to be approved by the Facility Manager who oversees the Religious Diet Program.**
- 9. I understand that should I violate any of these provisions, I have the right to confer with the Facility Commander through the Grievance Procedure for possible reinstatement.**

By my signature below, I acknowledge that I have read and understand the contents of this agreement and agree that if permitted to participate in the Religious Diet Program, I will abide by the conditions set forth in this agreement.

Inmate Name (print)

Inmate Sign & Date

Inmate Key No:

Facility Commander Signature & Date _____

Religious Diet Request Form 03 20 2013 (3).pdf

Shasta County Jail Religious Diet Request Form

Inmate Name: _____ Facility Name: _____

Housing Unit: _____

Signature: _____ Date of Request: _____

Religion: _____

Religious Group Name: _____

I have been practicing this religion since: _____

Group Address: _____

Date of Request: _____

Shasta County Jail offers two religious meal options:

• **Option 1 - Vegetarian meals (including dairy and egg) based on regular institution meals. A vegetarian protein substitute will be provided when meat or poultry is served.**

• **Option 2 - Kosher Meals. This program is for Jewish inmates who wish to follow the standards of Judaism.**

What are the religious dietary laws to which you must adhere and the tenets of your religion? _____

Can your religious dietary needs be met by not eating pork, and/or following a vegetarian diet? If not, please explain why. _____

Attach documentation to support your request
INMATES DO NOT WRITE BELOW THIS LINE

Diet Request: _____

Approved

Denied

If denied, reason(s): _____

Other Action taken or comments: _____

Chaplain's Signature: _____

Date: _____

Dated Application received: _____ Date Inmate Interviewed: _____