

REQUEST FOR RELIGIOUS DIET MEAL

BCCY SCY SCYC

Youth Name: _____ DOB: _____ Housing Unit: _____ Date of Request: _____ Youth Signature: _____	Faith Group Affiliation: _____ Member of this Group Since: _____ Parent/Guardian Contact Person: Name: _____ Address: _____ City/State/Zip: _____ Phone #: _____
Foods Prohibited: 	
I have completed this form with the assistance of the above parent/guardian providing information related to the youth's religious dietary needs. Case Manager Signature: _____ Date: _____	
I have read this request and I am aware that the above youth will be on this religious diet. Facility Director Signature: _____ Date: _____	
I have received this request for a religious diet for the above youth and can assure that the Food Services Department will implement the diet based on the above information. Food Services Director Signature: _____ Date: _____	