

DIRECT ADMISSION**RELIGIOUS BELIEF for DIETARY PURPOSES FORM**

BCCY SCY SCYC

Date: _____

Youth Name: _____ Client ID#: _____

DOB: _____ Housing Unit: _____

RELIGIOUS BELIEF: Please put an (X) in the box next to your religious belief and practice.

<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Protestant	<input type="checkbox"/>	Judaism/Kosher
<input type="checkbox"/>	Catholic	<input type="checkbox"/>	Pentecostal	<input type="checkbox"/>	Hinduism
<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>	Episcopalian	<input type="checkbox"/>	Buddhism
<input type="checkbox"/>	Methodist	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Mormon
<input type="checkbox"/>	Lutheran	<input type="checkbox"/>	Islam/Halal	<input type="checkbox"/>	Rastafarianism
<input type="checkbox"/>	Christian – Non Denominational	<input type="checkbox"/>	Seventh Day Adventist	<input type="checkbox"/>	Other: _____

If a juvenile has a religious belief and practice that requests a special diet, the Case Manager will contact the juvenile's parents/guardian to obtain the dietary needs from the parent/guardian/religious authority. The Case Manager shall complete the "Request for Religious Diet Meal Form" [Attachment B.2.3 (b.1)] and forward to the Facility Director.

After receiving the juvenile's Request for Religious Diet Meal Form, the Facility Director will sign the form and submit said form to the Director of Food Services for implementation, and to the Contracted Health Care Provider for the youth's medical chart.

The Director of Food Services will be responsible for making sure Food Services can and will carry out the Religious Diet Order.