**TEXAS DEPARTMENT OF CRIMINAL JUSTICE Chaplaincy Department**

**CHAPLAINCY MANUAL**

**Policy Number: Page:**

**Date:**

**03.02 (rev. 3) Att. A**

**1 of 1**

**November 2013**

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| **TEXAS DEPARTMENT OF CRIMINAL JUSTICE Food Donation Worksheet** |
| Date | Unit | AddressAAAAAAA |
|  |  |  |
| Religious Group: |  | Date of Event: |  |
| Holy Day/ Event: |  | Time of Event: |  |
| Location of Event on Unit: |  |
| **Offender Participant Information** |
| General Population: |  | Total Number of Participants: |
| Administrative Segregation: |  |
| Close Custody: |  |  |
| Other: |  |
| **Donor Information** |
| Volunteer Organization or Ministry Providing Food: |
| Volunteer Name | Last 4 digits of DL# or SID# | Telephone Number | ApprovedVolunteer |
| 1- |  |  |  |
| 2- |  |  |  |
| 3- |  |  |  |
| 4- |  |  |  |
| 5- |  |  |  |
| **Food Establishment Information** |
| Restaurant/Supplier | Address | Phone Number | Food EstablishmentLicense Number |
| 1- |  |  |  |
| 2- |  |  |  |
| 3- |  |  |  |
| **Menu** |
|  |
| **Unit Approval** |
| **Printed Name** | **Signature** | **Date** |
| Chaplain |  |  |
| Warden |  |  |