

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE (Prison or State/Local Agency Name (City, State))
AND
THE SOCIAL SECURITY ADMINISTRATION (SSA)**

ARTICLE I

PURPOSE AND GENERAL BACKGROUND OF AGREEMENT

This Memorandum of Understanding (“MOU” or “Agreement”) is entered between the (Prison or State/Local Agency name) (“covered institution”) **[NOTE: If the MOU covers more than one prison facility, attach a list of covered facilities as Attachment E and insert the following text here: and the facilities it operates as shown in Attachment E]**, and the Social Security Administration (“SSA”), pursuant to relevant authority contained in the following federal statutes and regulations: §§ 205 and 702(a)(5) of the Social Security Act (Act) (42 U.S.C. §§ 405 and 902(a)(5)); Section 7213(a)(1)(A) of the Intelligence Reform and Terrorism Prevention Act of 2004 (P.L 108-458); 20 C. F. R. Part 422. This agreement is also executed to comply with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), section 1106 of the Act (42 U.S.C. § 1306) and SSA’s disclosure regulations and guidance promulgated thereunder. SSA maintains an automated Privacy Act System of Records (system notice SSA/60-0058) entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, last published on January 11, 2006, at 71 FR 1796 et seq. that is the source of the information SSA needs to perform the activities covered under the terms of this agreement.

This Agreement will facilitate each party’s desire to establish an effective, efficient, and secure means for each party’s staff to process applications from certain inmates for replacement Social Security number (SSN) cards. This agreement not only benefits the inmates, but SSA as well, as it leads to more expeditious issuance of replacement SSN cards, thereby improving program efficiency.

Only applications for replacement SSN cards from inmates who are U.S. citizens can be processed under this agreement. Inmates who apply for a replacement SSN card must already have an SSN, have never used different SSNs, and all information on their application for a replacement card must exactly match information in SSA records. Applications from non-U.S. citizens, for new SSNs, from applicants who have used different SSNs, or for changes to information in SSA records are outside the scope of this agreement.

Applications will be accepted under this Agreement from inmates who meet at least one of the applicable circumstances below: **[NOTE: Delete the circumstance(s) which do not apply.]**

1. will be released within 120 days;
2. are participating in a work release, school, or pre-release social services program;

3. will be transferred to a half-way house (or other similar facility) for work release within 120 days.

ARTICLE II

COVERED INSTITUTION RESPONSIBILITIES/PROCEDURES

The covered institution will:

- A. Provide the SSA field office servicing the covered institution a list of officials who are authorized to implement this MOU by signing the documents described herein, including the Certification of Prison Records and the cover letter to the SSA field office (Attachment A). The list of authorized officials will be signed by the Warden or similar official on covered institution letterhead and include the name, position and signature of each official and be updated as needed to reflect staff changes.
- B. Follow established covered institution policy and procedures to verify the identity of every inmate when received into custody, including:

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | A thorough review of the records in the inmate’s file, including information provided by reviewing birth record, drivers’ license, passport or other identifying information; discussions with family; school transcripts; and employment records. |
| _____ | _____ | A review of records from [NAME OF LAW ENFORCEMENT AGENCY], that includes information regarding investigation into availability of identity information (birth record, driver’s license, or other identifying information; discussions with family; school transcripts; and employment records). |
| _____ | _____ | Comparison of inmate’s physical characteristics against existing photographs (including body art), fingerprints, and available physical description, e.g., sex, race, height, weight, eye color, hair color, using the Joint Automated Booking System (JABS) with the Federal Bureau of Investigation (FBI) to ensure inmates are identified correctly. |
| _____ | _____ | Other procedures used to verify inmate identity (specify): |

- C. Provide a Form SS-5 to each inmate who meets one of the requirements listed in Article I, who does not have a valid SSN card, and who wishes to make application for a replacement SSN card.
- D. Ensure that each inmate who completes Form SS-5 also completes and signs Form SSA-3288, Consent for Release of Information (Attachment B), under which the inmate provides permission for SSA to release his or her SSN card to the covered institution
- E. Review the Forms SS-5 and SSA-3288 received from inmates and compare the biographical information provided on these forms to information contained in the inmate files. Ensure that these forms are signed and reflect the inmate's legal name. The inmate's Prison System Identification Number and the name of the covered institution must also appear in the Address block of the Form SS-5. This information will assist the covered institution in associating the replacement SSN card issued by SSA with the inmate's permanent file. At the covered institution's election, the name of a designated prison official can be added in the Address block as a "c/o" annotation to facilitate processing
- F. Prepare and sign a Certification of Prison Records (Attachment C) for each inmate, verifying that the inmate has been properly identified. Completed Form SS-5 will be held in a secure location, e.g., a locked file cabinet, until being mailed to SSA. Copies of completed Form SS-5 will not be maintained in inmate files.
- G. Mail the original signed Form SS-5 and SSA-3288 to the SSA field office servicing the covered institution, together with the Certification of Prison Records form via a cover letter (Attachment D) on institution letterhead, listing the names of all inmates submitting application forms.
- H. After receiving the SSN card in the mail from SSA:
 - 1. Ensure the card is placed into the inmate's file, which is maintained in a secure area (i.e., a locked drawer, cabinet or safe). At no time will inmates be allowed access to files containing the SSN cards of other inmates.
 - 2. Return to SSA replacement SSN cards that cannot be associated with an inmate's permanent record within 30 days. Also return replacement SSN cards to SSA when the inmate is no longer available to take possession, e.g., when the inmate dies.
 - 3. Temporarily release to the inmate their replacement SSN card in cases where the inmate has a legitimate need of the SSN card, e.g. engages in work release job searches requiring the use of the SSN card. However, to maintain the safety, security and good order of the institution, at no time shall inmates be

allowed to maintain possession of their SSN card while incarcerated.

4. Provide the replacement SSN card to the inmate upon his or her release from the institution.
 - I. Upon request, arrange for SSA staff to be admitted and review certain established institution procedures, e.g. verification of identity upon an inmate's arrival at the institution; maintenance of inmate files in secure areas; and otherwise ensure compliance with the terms of this agreement.
 - J. If an inmate needs a replacement SSN card and requests the assistance of the covered institution in securing the card, but the application for a replacement SSN card cannot be processed under the provisions of this MOU, the covered institution may:
 1. Provide the inmate with a Form SS-5 and if requested, assist him or her to complete the Form and/or review the completed application. Note: in these cases, the address block on the Form SS-5 should NOT reflect the institution's name, the inmate's Prison System Identification Number, or the name of a designated prison official unless the prisoner also completes a form SSA-3288, giving SSA permission to send his or her SSN card to the facility. If the inmate prefers, he or she may direct SSA to send the replacement SSN card to an address where he or she will reside upon release from the institution.
 2. Provide assistance to the inmate in obtaining other necessary documents, such as evidence of identity or proof of age, prior to release, if appropriate; and
 3. Provide the inmate with instructions for contacting SSA.

ARTICLE III

SSA PROCEDURES

The SSA office will: [**NOTE: If the MOU covers more than one prison facility with more than one SSA servicing office, use the following language: Each correctional facility that comprises the covered institution will be served by a specific SSA office under this agreement. Attachment E lists the covered facilities/institutions and the respective servicing SSA offices. Each SSA office will:**]

- A. Provide the covered institution with adequate supplies of forms SS-5 and SSA-3288 for completion by inmates.
- B. Secure and maintain a list of the names and titles of officials authorized to sign the cover letter and the Certification of Prison Records form and facsimiles of the signatures of the current officials.

- C. Count the Forms SS-5 received from the covered institution to verify the number of Forms received against the number of SS-5s reported in the cover letter as included in the batch.
- D. Review each form for accuracy, completeness, and compliance with this Agreement. Each SS-5 application shall be screened to exclude the following:
1. Applications for original SSNs or corrected replacement SSN cards (including name change requests);
 2. Applications submitted without an accompanying form SSA-3288;
 3. Unsigned applications;
 4. Applications containing information that does not match SSA records or requesting correction(s) to SSA records;
 5. Applications from non-citizens;
 6. Applications submitted without completed covered institution certification as to inmate's true identity;
 7. Applications from those whose SSN records indicate use of more than one SSN or identity, or indicate fraud or misuse;
 8. Applications from foreign-born U.S. citizens with no U.S. citizenship coded in SSA records; and
 9. Applications received outside the time-frames set forth in Article I.

In the event that SSA does not process an application for one of the afore-stated reasons, or because conflicting or insufficient data are encountered, it will provide written notification to the inmate explaining reasons why the Form SS-5 cannot be processed.

- E. Compare the signature of the institution official on the Certification of Prison Records form to the signature on the facsimile signature list. If the signature does not match, contact the prison facility to verify and if necessary, request an updated list before processing the batch of Forms SS-5.
- F. If identity of the inmate applicant is verified by facility, certify and code the Form SS-5 for input to issue a replacement SSN card. Make certain that the inmate's prison number is included in the address field.
- G. Make every practicable effort to process each application and provide a response (SSN card or reason application could not be processed) within six weeks of receiving the

application, thereby avoiding follow-up inquiries from the institution.

ARTICLE IV

DURATION, MODIFICATION, TERMINATION

A. Modifications/Amendments.

Either party may propose to modify and/or amend this MOU at any time. All proposed modifications and/or amendments shall be in writing and become effective only upon the written concurrence of both parties.

B. Period of Agreement/Termination.

- 1. This MOU becomes effective upon the date of final signatures of both parties and shall remain in effect for 5 years or until terminated by mutual written agreement or by either party upon 90 days advance written notice to the other party. However, SSA may make an immediate, unilateral termination of this agreement if SSA determines that there has been a violation of, or failure to follow, the terms of this agreement by the covered institution, or by any facility the covered institution operates that is also subject to the terms of this MOU (see Attachment E).**
- 2. Neither party shall be responsible for delays or failures in performance from acts beyond the reasonable control of such party, such as natural or man-made disasters.**

C. Financial Responsibilities.

- 1. Each party shall be responsible for its own costs or expenditures incurred in implementing this MOU. Each agency receives appropriations for the activities performed under the terms of this MOU.**
- 2. Anti-Deficiency Act. Nothing contained herein shall be construed to violate the Anti-Deficiency Act, 31 U.S.C. §1341, by obligating the parties to any expenditure or obligation of funds in excess or in advance of appropriations.**

D. Dispute Resolution. In the event of a dispute between the parties, the parties shall use their best efforts to resolve that dispute in an informal fashion through consultation and communication, or other forms of non-binding alternative dispute resolution mutually acceptable to the parties.

E. Liability/ Indemnification.

- 1. Each party shall be responsible for any liability arising from its own conduct and retain immunities and all defenses available to them pursuant to federal law. Neither party agrees to insure, defend, or indemnify the other party.**

The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Agreement. **In Witness Whereof, the undersigned, duly-authorized officers hereby subscribe their names on behalf of the parties:**

[Name of Covered Institution]:

Dated:

[Name, Title]

For the Social Security Administration:

Dated:

[Name]
[Regional Commissioner]

[Institution Letterhead]

[date]

Social Security Administration
[Local office address]

Dear *[name]*

Pursuant to procedures contained in the Memorandum of Understanding between our agencies, I hereby authorize the following *[Name of facility]* staff to submit inmate applications for replacement SSN cards to your office and certify the identifying information found in inmates' official prison records:

[signature]

[print name, position]

[signature]

[print name, position]

[signature]

[print name, position]

[signature]

[print name, position]

Please contact me at *[telephone number]* if you have any questions.

Sincerely,

[Signature]

[Printed Name]

[Warden or Similar Official]

Form SSA-3288 (Attachment B)

<http://www.ssa.gov/online/ssa-3288.pdf>

[Institution Letterhead]

CERTIFICATION OF PRISON RECORDS

DATE: _____

NAME: _____

INMATE ID #: _____

SOCIAL SECURITY #: _____

Social Security Administration

(address)

(location)

Attached, please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security number card for the above named individual.

I, the undersigned, certify that I have reviewed the above inmate's official prison record and that the identifying information shown below is accurate according to that record.

NAME _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

If you have any further questions, please contact me between the hours of _____ to _____. My telephone number is _____.

(title)
(prison name, city)

OMB Control Number 0960-0688

[Institution Letterhead]

Day/Month/Year

Social Security Administration

Attn: *[Appropriate Official Name & Title]*

Address

City, State ZIP Code

Dear *[Name]*:

Pursuant to procedures contained in the Memorandum of Understanding between our agencies, we are enclosing recently completed SS-5 applications for replacement Social Security Number cards for the following inmates:

Each SS-5 is accompanied by a signed SSA-3288, along with a completed Certification of Records form.

If you require additional information, please do not hesitate to contact us. Thank you for your assistance in this matter.

Sincerely,

[typed name for authorized official]
[position]

(Attachment E - optional)

[Institution Letterhead]

The following facilities are operated by *[Name prison or state/local agency]*:

<u>Name</u>	<u>Address/Phone</u>	<u>Servicing SSA FO</u>	<u>Address/Phone</u>
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