

## **INSTRUCTIONS FOR OBTAINING SOCIAL SECURITY CARDS**

The Oklahoma Department of Corrections (ODOC) has entered into an agreement with the Social Security Administration (SSA) that 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 will already have an SSN, have never used different SSNs, and all information on their application for a replacement card will exactly match information in SSA records. Applications from non-U.S. citizens, for new SSNs, from applicants who have used different SSN's, 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:

1. Will be released within 120 days;
2. Are participating in a work release, school, or pre-release social services program; or
3. Will be transferred to a half-way house (or other similar facility) for work release within 120 days.

## **ODOC RESPONSIBILITIES/PROCEDURES**

The institution will:

- A. The facility head is responsible for providing the SSA field office servicing the covered institution the list of authorized staff that may request or make application for the replacement social security cards for inmates by utilizing the letter (Attachment 1, attached). The list of authorized staff will be signed by the facility head on covered institution letterhead and include the name, position and signature of each official and be updated as needed to reflect staff changes.
- B. Provide a Form SS-5 located at [http:// www.socialsecurity.gov/online/ss-5.pdf](http://www.socialsecurity.gov/online/ss-5.pdf) to each inmate who meets one of the requirements listed above, who does not have a valid SSN card, and who wishes to make application for a replacement SSN card.
- C. Ensure that each inmate who completes Form SS-5 also completes and signs Form SSA-3288, "Consent for Release of Information" located at <http://www.ssa.gov/online/ssa-3288.pdf>, under which the inmate provides permission for SSA to release their SSN card to the covered institution.

- D. Will ensure authorized staff reviews 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 (DOC #) and the name of the covered institution will 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.
- E. Will ensure the authorized staff prepare and sign a Certification of Prison Records (Attachment 2, attached) for each inmate, verifying that the inmate has been properly identified. This certification form shall also contain any other names used by the inmate. 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 also be maintained in the inmate's legal file.
- F. Will ensure the authorized staff mails 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 3, attached) on institution letterhead, listing the names of all inmates submitting application forms.
- G. After receiving the SSN card in the mail from SSA:
  - 1. Ensure that the original card is placed in the inmate's legal file and a copy of the card is placed into the inmate's field file. At no time will inmates be allowed access to files containing the SSN cards of other inmates;
  - 2. If the inmate has left the facility, the authorized staff will send the social security card to the current location of the inmate to be placed in the field file or given to the inmate if released to probation and parole within 30 days of receipt of the card. The facility will return replacement SSN cards to SSA when the inmate is no longer available to take possession, e.g., when the inmate dies, or when the inmate discharges with no supervision;
  - 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; and
  - 4. Provide the replacement SSN card to the inmate upon their her release from the institution.

- H. 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 will 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 their 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.

(Attachment 1)

***[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]*

---

*[Facility head or Similar Official]*

(Attachment 2)

***[Institution Letterhead]***

CERTIFICATION OF PRISON RECORDS

DATE: \_\_\_\_\_

INMATE NAME: \_\_\_\_\_

INMATE ID #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

Social Security Administration  
*[address]*

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 appropriate documents in the above-named inmate's official prison record; 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: \_\_\_\_\_

Other names used by inmate:

\_\_\_\_\_  
\_\_\_\_\_

Other Social Security Numbers:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
*[typed name for authorized official and position]*

(Attachment 3)

***[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 and position]*