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GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
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JOHN Q. HAMM
COMMISSIONER

February 11, 2025

ADMINISTRATIVE REGULATION
NUMBER

453

OPR: RE-ENTRY

PERSONAL IDENTIFIABLE INFORMATION FOR REENTRY

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes procedures for ordering, securing, and issuing replacement Social Security cards and official state birth certificates.

II. POLICY

It is the policy of the ADOC to provide replacement Social Security (SS) cards and official state birth certificates to inmates upon their transfer to work release facilities or release from custody.

III. DEFINITIONS AND ACRONYMS

- A. **Certified Birth Certificate**: Certified U.S. birth certificate issued by an agency designated by state or federal agency.
- B. **Dummy File**: The paper file maintained by the institutional classification department. This file contains extremely limited information on the inmate such as photograph, time sheet, social security card, birth certificate, etc.
- C. **Electronic File**: Electronic storage for documents maintained in an inmate's record, such as Laserfiche or other similar type electronic storage.
- D. **Facility Re-Entry Coordinator**: The ADOC staff person designated at the institution to perform release programming and planning at the facility level.
- E. **Form C-80**: ADOC Form CREC 047, *Receipt of Released Convict*.
- F. **Memorandum of Understanding (MOU)**: A formal agreement with the Social Security Administration (SSA) and the Alabama Department of Public Health (ADPH) with the Alabama Department of Corrections (ADOC) to establish guidelines for obtaining replacement Social Security cards and official state birth certificates for inmates that are United States citizens.

- G. **Personal Identifiable Information (PII)**: Any information that can be used to identify an individual, either directly or indirectly.
- H. **PII Log**: Standardized agency-wide spreadsheet or other similar electronic record.

IV. **RESPONSIBILITIES**

- A. The Warden/designee shall designate a primary and at least one, but preferably two, alternate(s) for ordering replacement SS cards and certified birth certificates. At no time will either position be left vacant for any period of time other than the time needed to hire and on-board a new staff member.
- B. The Warden/designee will develop SOPs to adhere to provisions of the MOU and this regulation.
- C. The Reentry Coordinator is responsible for compliance with the MOUs and this regulation.
- D. Classification is responsible for the placement of the replacement Social Security card and certified birth certificates in the electronic file upon receipt from the facility Reentry Coordinator.

V. **PROCEDURES**

- A. Warden/Facility Head
 - 1. Shall provide a list of authorized ADOC staff members to the SSA office that services facility. The template for this list is contained in the SSA MOU.
 - 2. Shall update this list as needed.
 - 3. Shall designate a staff member to conduct quarterly audits by checking at least 10 percent of the replacement SS card and certified birth certificate order list with the actual release roster to ensure compliance with the requirements set for both in the MOUs and this regulation.
- B. Reentry Coordinator/Warden's Designee
 - 1. Shall interview and complete ADOC Form 453-A, *Inmate Worksheet for Reentry*, on each inmate approximately 12 to 18 months prior to the scheduled release. Information received from the inmate and official documents contained the inmate file should be utilized in completion of the ADOC Form 453-A, *Inmate Worksheet for Reentry*, and applicable forms in

the MOUs. ADOC Form 453-A, *Inmate Worksheet for Reentry*, will be uploaded to the electronic file upon completion.

2. Shall review the inmate's dummy file. Should a replacement SS card or official state birth certificate be found, those documents will be uploaded to the inmate's electronic file and the physical replacement SS card or certified birth certificate secured in the dummy file.
3. Shall be responsible for ordering the replacement SS card at the appropriate time and manner as specified by Attachment-B, *MOU between the Alabama Department of Public Health Center for Health Statistics and the Alabama Department of Corrections*. The certified birth certificate order process does not have a time constraint and should be ordered as soon as practical. The information required by the ADPH is listed in Attachment-B, *MOU between the Alabama Department of Public Health Center for Health Statistics and the Alabama Department of Corrections*. This is applicable only to those inmates born in the state of Alabama. For certified birth certificates for those inmates born outside the state of Alabama, the procedures for ordering certified birth certificates shall be in accordance with policies of that state, territory, or country on a case-by-case basis. The Reentry Coordinator shall document the date on which the replacement SS card and certified birth certificate is ordered.
4. Shall complete the ADOC Form 453-B, *Social Security Card Refusal Form* should the inmate refuse to cooperate in obtaining a replacement SS card.
5. Shall, upon receipt of the replacement SS card and/or certified birth certificate, notify the appropriate inmate in writing that the replacement card has arrived and shall ensure both a copy of the notification, the replacement SS card and/or certified birth certificate are scanned into the inmate's electronic file and given to the classification section to be stored in the inmate's dummy file. At no time shall the inmate possess any PII until the time of his/her release.
6. Shall document on the PII Log each date on which items 1-5 were completed.

C. Classification

1. Shall store the replacement SS card in the dummy file in accordance with the MOUs with SSA and ADPH.
2. Shall, as part of their checklist prior to release, note if a replacement SS card and certified birth certificate is present in the electronic file and dummy file, or, if there is a signed refusal form for the replacement SS card.

3. Shall remove from the dummy file any PII, such as Social Security, Birth Certificate, or official state identification, and attach it the form C-80 for issuance to the inmate at the time of release.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. ANNEXES AND FORMS

- A. ADOC Form 453-A, *Inmate Worksheet for Reentry*
- B. ADOC Form 453-B, *Social Security Card Refusal Form*

VIII. SUPERSEDES

This is a new regulation therefore it does not supersede another AR.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. Code of Alabama 2023 § 14-10-1.



John Q. Hamm
Commissioner

ATTACHMENTS

Attachment-A, *MOU between the Social Security Administration (SSA) and the Alabama Department of Corrections*

Attachment-B, *MOU between the Alabama Department of Public Health Center for Health Statistics and the Alabama Department of Corrections*

ALABAMA DEPARTMENT OF CORRECTIONS

INMATE WORKSHEET FOR RE-ENTRY PREPARATION



The ADOC is committed to comprehensive reentry preparation. In order to comply with Ala. Code § 14-10-1, certain information is required to fulfill those requirements. Additionally, the information will also allow the ADOC to better aid in the preparation of a viable release plan. To facilitate this process, **please complete this form accurately and bring with you to your reentry interview.**

IDENTIFYING DATA			
Full Legal Name:			
Aliases/Other Names Used:			
Date of Birth:	Age:	Sex:	Place of Birth:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Unknown			
Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown			
Social Security No.:		Country of Citizenship:	
Height:	Weight:	Eye Color:	Hair Color:
Tattoos – Please list and describe any tattoos (up to six):			
1. _____ location: _____ 4. _____ location: _____			
2. _____ location: _____ 5. _____ location: _____			
3. _____ location: _____ 6. _____ location: _____			
Release Address:		Previous Address:	
(Number and Street) _____ (Apt./Box No.) _____		(Number and Street) _____ (Apt./Box No.) _____	
(City) _____ (State) _____ (Zip Code) _____		(City) _____ (State) _____ (Zip Code) _____	
(Telephone) _____		(Telephone) _____	
<u>Length of time at address:</u>		<u>Length of time at address:</u>	
<u>Other Occupants:</u>		<u>Other Occupants:</u>	

RESIDENTIAL HISTORY

List every town, city, or state, and country where you have lived and the dates of that residence:

Time Period (month/year)	City, State, Country	Time Period (month/year)	City, State, Country
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	

Reentry Coordinator comments:

MILITARY SERVICE☐ None

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations/ Awards:		VA Claim Number:

Reentry Coordinator comments:

PARENTS AND SIBLINGS

If deceased, list year and cause of death in address line:

Name	Relationship	Age	Present Address/Telephone No.	Occupation
	Father/ Step-Father			
Current Name: Maiden Name:	Mother/ Step-Mother			

Reentry Coordinator Comments:

MARITAL STATUS

☐ Presently single and no marital history.

(Include present and previous marriages, including those at common law)

Spouse/Domestic Partner	Date/Place of Marriage	Status	Date of Separation/ Divorce (list court granting divorce)	Number of Children

Employment status of current spouse:

Spouse DOB/SSN (if known):

Reentry Coordinator comments:

CHILDREN

☐ No children If deceased, list year and cause of death in address line:

Child's name	Age	Name of other parent of this child	Amount of Support Provided (if child does not reside with you)	Residence

Reentry Coordinator Comments:

PHYSICAL HEALTH

_ Currently healthy and no history of health problems.

List the date(s) and nature of any diseases, handicaps, serious or chronic illnesses, and/or other medical conditions:

Date	Name and/or Description of Medical Condition (include current condition)	Treating Physician and/or Facility (include city and state)	Prescriptions

Reentry Coordinator comments:

MENTAL AND EMOTIONAL HEALTH

_ No history of mental or emotional problems, and no history of treatment of such problems.

Describe any past or present mental or emotional, or gambling problems (do not include substance abuse):

Date	Name and/or Description of Condition	Treating Physician and/or Facility (include city and state)	Inpatient or Outpatient	Prescriptions

Reentry Coordinator Comments:

SUBSTANCE ABUSE

☐ No history of alcohol or drug use and no history of treatment for the same.

Please provide the following information for any alcohol and/or drugs you have used:

	Date/Age of first use	Please list the average quantity and frequency of use for the two-year period preceding your last use; and summarize other prior use patterns	Date of last use prior to incarceration
Alcohol			
Marijuana			
Cocaine			
Crack Cocaine			
Amphetamine/ Methamphetamine			
Heroin/ Opiates			
Barbiturates			
Hallucinogens			
Inhalant			
Other:			

Please provide the following information for any prior substance abuse treatment in which you have participated:

Treatment Provider	Inpatient/ Outpatient	Duration/dates of treatment	Reason for termination	Court ordered (Y or N)

Reentry Coordinator Comments:

EMPLOYMENT HISTORY

List places of employment, beginning with the most recent, for the ten years prior to incarceration.

Dates (month and year)	Name/ Address of Employer	Job Position	Wage	Reason for Leaving
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			
From: To:	Phone:			

EDUCATION AND VOCATIONAL SKILLS

Highest Grade Completed:

Age left School:

Reason for Leaving:

Name/Location of School/Vo-Tech

Dates Attended

Degree/Diploma/Certificate Received

Please list any specialized training, skills, or professional licenses possessed:

Reentry Coordinator comments:

FINANCIAL CONDITION/ABILITY TO PAY

Funds in Commissary Account:

Reentry Coordinator comments:

ADDITIONAL INFORMATION (please leave blank)

Reentry Coordinator comments:

Date of Interview: _____

Interviewer: _____

Location: _____

Interpreter Present: ☐ Yes ☐ No

Name: _____



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JOHN Q. HAMM
COMMISSIONER

Subject: Social Security Card Refusal:

I, _____, understand that I have been given the opportunity to apply for a Social Security replacement card through the Alabama Department of Corrections (ADOC) Re-Entry Program, as out lined in the memorandum of understanding between ADOC and the United States Social Security Administration. A representative of the Department has explained to me the importance of the documentation that I have been given the opportunity to obtain before my release. Therefore, I refuse to participate in filling out the proper paperwork presented to me by ADOC to obtain a replacement Social Security card prior to my release. By signing this refusal form I understand that the ADOC has no obligation to request a replacement card for my benefit.

I have Read and Understand this statement as written:

Inmate Signature

AIS#

Date:

Staff Witness

Date

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE SOCIAL SECURITY ADMINISTRATION (SSA)
AND
THE ALABAMA DEPARTMENT OF CORRECTIONS**

I. PURPOSE

The Social Security Administration (SSA) and the Alabama Department of Corrections (“covered institution”) and the facilities it operates as shown in Attachment F, enter into this Memorandum of Understanding (MOU) to establish an effective, secure, and efficient means for each party’s field staff to process applications from certain inmates for replacement Social Security number (SSN) cards needed by inmates to obtain employment upon their release, thereby enhancing their employment opportunities and successful reintegration into society.

II. BACKGROUND AND APPLICABILITY

The terms of this MOU apply only to applications for replacement SSN cards by inmates who are U.S. citizens and who are:

- planned to be released from the covered institution into the community or transferred to a half-way house (or other similar facility) within 120 days;
- participating in a work release, school, or pre-release social services program; or
- planned to be released to a half-way house (or other similar facility) for work release within 120 days.

The terms of this MOU do NOT apply to applications from non-U.S. citizens or from applicants who have used different SSNs, for requests for a new SSN or for changes to SSA records. The inmate must have an assigned SSN and all the information on the application must exactly match information in current SSA records for the application to be processed following the procedures contained in this MOU. For properly completed and signed applications from non-U.S. citizens or from inmates who have used different SSNs or are requesting a new SSN or changes to SSA records *outside the scope of this MOU*, SSA field offices will follow standard SSA processes and evidence requirements.

III. LEGAL AUTHORITY

The parties are authorized to enter into this MOU under: sections 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); 18 U.S.C. §§ 3624 and 4042; and 20 C.F.R. Part 422.

This MOU 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 (SSA/OTSO 60-0058) entitled Master Files of Social Security Number (SSN) Holders and SSN Applications (the Enumeration System), last published on December 29, 2010 (75 FR 82121) that is the source of the information SSA needs to perform the activities covered under the terms of this MOU.

IV. RESPONSIBILITIES OF THE PARTIES

A. Covered Institution Responsibilities: Staff in each covered institution will:

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

YES NO

- ___ X___ A thorough review of the records in the inmate's file, including information provided by reviewing birth record, driver's license, passport, or other identifying information; discussions with family; school transcripts; and employment records.
- ___ X___ A review of records from the Alabama Bureau of Investigation, 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).
- ___ X___ 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.
- X___ Other procedures used to verify inmate identity (specify):
In accordance with the covered institution's policies and procedures, the ADOC will undertake a multi-step verification process to ensure the identity of inmates within its custody. Prior to receiving an inmate into custody, the Central Records Division of the covered institution will receive Certified Transcript from the Clerk of the

county of conviction, in which identifying information, including but not limited to, SSN, date of birth, physical characteristics, and conviction details has been certified as true and correct in accordance with State law. Central Records will then assign a unique identifier, the Alabama Institutional Serial Number ("AIS") to that inmate. If an inmate has previously been incarcerated, that inmate will retain the same AIS number, and the information from the Certified Transcript will be verified. Any Certified Transcript received including differing information will be rejected and sent back to the Clerk for confirmation. If the issue cannot be resolved, the discrepancy is noted in the inmate's institutional file. Once the AIS Number has been assigned, that inmate's information is entered into the covered institution's databases accessible by the AIS number, and he/she is placed on the list maintained by the Transfers Division to be transferred to the institution from the county jails. Prior to transfer to the covered institution, any discrepancies noted by the county jail officials and the list maintained by the Transfers Division will be resolved or noted in the file.

The county jail will transfer the specific inmates on the list provided by the Transfers Division to the Intake Units. The intake officer will then verify identifying information, including name, AIS, date of birth, and physical characteristics with the covered institution's databases. Inmates then continue onto the Receiving Unit, and another official will again verify the identifying information with the covered institution's databases. At the Receiving Unit, inmates will also be fingerprinted, photographed, and physical characteristics (for example body art, height, weight, sex, and race) will be verified, and that inmate will be issued a photo ID. Finally, the inmate will be processed by the Classification Division at the institution, who again verify identifying information with the covered institution's databases, as well as a review of information from Federal and State databases as well as the Administrative Office of Courts and the Board of Pardons and Paroles, who have already obtained this information prior to sentencing pursuant to State law. If any discrepancies are noted in this verification process, that discrepancy is sent to CR to be resolved, and if it cannot be, it is noted in the inmate's institutional file.

3. No more than 120 days prior to release from the covered institution, advise an inmate who meets the requirements listed in Article II of appropriate procedures for obtaining a replacement SSN card, including having the inmate complete the following two forms:
 - a. Form SS-5, entitled "Application for a Social Security Card" (Attachment B).

b. Form SSA-3288, Consent for Release of Information (Attachment C).

When the name under which the inmate is committed is different from the inmate's legal name, the inmate must use his or her legal name in line 1 of Form SS-5 and on Form SSA-3288.

4. Upon receiving from an inmate a completed Form SS-5 and Form SSA-3288, verify completion of the forms and review the inmate's file to ensure that the inmate has not previously submitted a Form SS-5 and to compare the biographical information provided on these forms with certain identity/citizenship documents maintained therein if available. Ensure that the inmate signed the forms and that the forms reflect the inmate's legal name.
5. On the Form SSA-3288, ensure that the inmate listed the covered institution under "NAME" and "ADDRESS" as authorized to receive information from SSA about the inmate. Also, ensure that the inmate checked next to "Social Security Number" under the categories of information SSA is authorized to release to the covered institution.
6. Include the inmate's Prison System Identification Number and the name of the covered institution 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.
7. Upon completion of both forms and positive identification of the inmate, prepare and sign a Certification of Prison Records (Attachment D) for each inmate, verifying that the covered institution has properly identified the inmate. The covered institution must hold completed Forms SS-5 and SSA-3288 in a secure location, e.g., a locked file cabinet, until mailed to SSA. The covered institution must not maintain copies of Form SS-5 in inmate files. The covered institution must not allow inmates access to files containing Forms SS-5 and SSA-3288 of other inmates.
8. Submit the original signed Form SS-5 and SSA-3288 and Certification of Prison Records to the servicing SSA field office with a cover letter (Attachment E) on institution letterhead, listing the names of all inmates submitting application forms.
9. After receiving the SSN card in the mail from SSA:
 - a. 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). The covered institution must not allow inmates access to files containing the SSN cards of other inmates.
 - b. Return to SSA any SSN cards that cannot be associated with an inmate's permanent record file within 30 days of receipt at the covered institution. Also,

return replacement SSN cards to SSA when the inmate is no longer available to take possession, e.g., when the inmate dies.

- c. To maintain the safety, security, and good order of the institution, at no time will inmates be allowed to maintain possession of their SSN card while incarcerated.
 - d. If the inmate is released to another detaining authority taking permanent custody of the inmate, the SSN card must be included with the documents provided to the detaining authority.
10. Provide the replacement SSN card to the inmate upon his or her release from the institution.
11. Upon request, arrange for SSA staff to tour the covered institution and observe 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. This request must be made with the covered institution's contact more than twenty-four (24) hours prior to the tour. All members of SSA staff entering any facility will be subject to search of his or her person or property; shall obey all security guidelines and rules of the facility; and, in the interest of security, may be denied access to the facility in the sole discretion of the Warden, or his designee.
12. 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:
- a. 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.

- b. 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
- c. Provide the inmate with instructions for contacting SSA.

B. SSA Responsibilities: The SSA field office staff will:
(See Attachment F for facilities covered by this MOU and the SSA office servicing each facility.)]

1. Provide the covered institution with adequate supplies of Forms SS-5 and SSA-3288 for completion by inmates preparing for release.
2. Secure and maintain a current list of the names, titles, and facsimiles of signatures of officials authorized to sign the cover letter and the Certification of Prison Records (Attachment A).
3. Accept from the covered institution the properly completed Form SS-5, the Form SSA-3288, the Certification of Prison Records form, and the cover letter requesting replacement SSN cards, without requiring further evidence as proof of the inmate's identity.
4. Review each form for accuracy, completeness, and compliance with this MOU. Each Form SS-5 application shall be screened to exclude the following:
 - a. Applications for original SSNs or corrected replacement SSN cards (including name change requests);
 - b. Applications submitted without an accompanying Form SSA-3288;
 - c. Unsigned applications;
 - d. Applications from non-citizens;
 - e. Applications submitted without a completed certification of the inmate's true identity (Attachment D);
 - f. Applications from those whose SSN records indicate use of more than one SSN or identity, or indicate fraud or misuse; and
 - g. Applications from foreign-born U.S. citizens with no U.S. citizenship coded in SSA records.
5. Compare the signature of the institution official on the Certification of Prison Records form with the signatures on the list of officials authorized to submit inmate applications. 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.
6. Direct any questions regarding an application to the official who signed the cover letter and make every effort to timely resolve questions or discrepancies that would prevent issuance of a replacement SSN card.
7. When conflicting data or questions cannot be resolved, issue a letter to the inmate, in care of the official who signed the cover letter, returning the Form SS-5 and stating why it cannot be processed.

8. When the Form SS-5 is properly completed to include the inmate's signature, and it is accompanied by a signed consent Form SSA-3288, the Certification of Prison Records form, and the cover letter properly signed by an authorized official and it meets all other requirements of the MOU, issue a replacement SSN card.
9. Mail the replacement SSN card to the inmate, in care of the official who signed the cover letter. SSA will not send a replacement SSN card directly to an inmate at a prison facility.
10. 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.

V. DURATION, MODIFICATION, TERMINATION

A. Duration

This MOU will be effective from the date of SSA's Regional Commissioner to 5 years from effective date, unless terminated earlier in accordance with the terms of this MOU.

B. Modifications/Amendments

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

C. Termination

The parties may terminate this MOU by mutual written consent. Either party may terminate this MOU by 90 days advanced written notice to the other party. SSA may make an immediate, unilateral termination of this MOU if SSA determines that there has been a violation of, or failure to follow, the terms of this MOU by the covered institution, or by any facility the covered institution operates that is also subject to the terms of this MOU. (See Attachment F.)

VI. FINANCIAL RESPONSIBILITIES

Each party is 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. Nothing in this MOU will 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.

VII. DISPUTE RESOLUTION

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

VIII. LIABILITY/INDEMNIFICATION

- A. Neither party will be responsible for delays or failures in performance from acts beyond the reasonable control of such party, such as natural or man-made disasters.
- B. 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.
- C. Each party shall cooperate with the other party in the investigation and resolution of administrative claims and/or litigation arising from conduct related to the responsibilities and procedures addressed herein.

IX. INTEGRATION AND IMPLEMENTATION

This MOU constitutes the entire agreement of the parties with respect to its subject matter. There have been no representations, warranties or promises made outside of the MOU. This MOU shall take precedence over any other documents that may be in conflict with it.

X. POINTS OF CONTACT

Each party shall provide to the other party, and update as necessary, the names and telephone numbers for the following Points of Contact:

At time of signature:

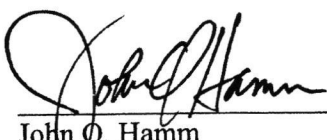
1. For Alabama Department of Corrections:
Contact Name: Murray Stanford Robinson
Title: State Correctional Re-entry Coordinator
Address: 301 S. Ripley St.
Montgomery, AL 36104
Phone Number: (334) 353-2949

2. For SSA:
Contact Name: Deidre Bemister
Title: Program Expert
Address: 61 Forsyth St. SW, Suite 23T42
Atlanta, GA 30303
Phone Number: 404-562-1302

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 MOU. In Witness Whereof, the undersigned, duly-authorized officers hereby subscribe their names on behalf of the parties:

For Alabama Department of Corrections

Dated:



John Q. Hamm
Commissioner

11/14/24

For the Social Security Administration:

Dated:

**ROSE MARY
BUEHLER**

Digitally signed by ROSE
MARY BUEHLER
Date: 2025.01.10 15:47:49
-05'00'

Rose Mary Buehler
Regional Commissioner

(Attachment A)

[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 SS-5 (Attachment B)

<http://www.socialsecurity.gov/online/ss-5.pdf>

Form SSA-3288 (Attachment C)

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

(Attachment D)

[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

(Attachment E)

[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 F

[Institution Letterhead]

The following facilities are under the jurisdiction of the Alabama Department of Corrections

NAME OF FACILITY	ADDRESS/PHONE	SERVICING SSA FIELD OFFICE	ADDRESS/PHONE
Alex City Work Release	P O Drawer 160 Alex City, AL 35010 256-234-7533	Alexander City	63 Aliant Parkway Alex City, AL 35010 877-405-0483
Atmore Community Work Center	9947 Hwy 21 N Atmore, AL 36503 251-368-9115	Andalusia	24467 AL Hwy 55 Andalusia, AL 36420 877-405-7657
Bibb Correctional Facility	565 Bibb Lane Brent, AL 35034 205-926-5252	Tuscaloosa	2005 University Blvd, Suite 1200 Tuscaloosa, AL 35401 877-480-4988
Birmingham Work Release	1216 25 th Street N Birmingham, AL 35234 205-252-2994	Birmingham	1200 Abraham Woods Jr Blvd, 1 st floor. Birmingham, AL 35285 866-592-3734
Bullock Correctional Facility	P O Box 5107 Union Springs, AL 36089 334-738-5625	Montgomery	4344 Carmichael Road, Suite 100 Montgomery, AL 36116 866-593-0914
Camden Work Release	1780 Alabama Hwy 221 Camden, AL 36726 334-682-4287	Selma	120 Executive Park Lane Selma, AL 36701 877-628-6541
Childersburg Work Release	P O Box 368 Childersburg, AL 35044 256-378-3821	Talladega	734 North Street E Talladega, AL 35160 877-619-2854
Decatur Work Release	1401 Hwy 20 W Decatur, AL 35601 256-350-0876	Decatur	717 McGlathery Ln SE Decatur, AL 35601 888-289-9185
Donaldson Correctional Facility	100 Warrior Lane Bessemer, AL 35023 205-436-3681	Bessemer	5475 Academy Way Bessemer, AL 35022 866-593-5647
Draper Correctional Facility	P O Box 1107 Elmore, AL 36025 334-567-2221	Alexander City	63 Aliant Parkway Alex City, AL 35010 877-405-0483
Easterling Correctional Facility	200 Wallace Drive Clio, AL 36017 334-397-4471	Dothan	1778 Whatley Drive Dothan, AL 36303 877-452-4192
Elba Work Release	P O Box 710 Elba, AL 36323 334-897-5738	Dothan	1778 Whatley Drive Dothan, AL 35010 877-405-0483
Elmore Correctional Facility	P O Box 8 Elmore, AL 36025 334-567-1460	Alexander City	63 Aliant Parkway Alex City, AL 35010 877-405-0483
Fountain Correctional Facility	9677 AL Hwy 21 N. Atmore, AL 36503 251-368-8122	Andalusia	24467 AL Hwy 55 Andalusia, AL 36420 877-405-7657
Frank Lee Work Release	P O Box 220410 Deatsville, AL 36022	Alexander City	63 Aliant Parkway Alex City, AL 35010

	334-290-3200		877-405-0483
Hamilton Aged/Infirmed	223 Sasser Dr. Hamilton, AL 35570 205-921-7453	Florence	203 S Walton St Florence, AL 35630 855-884-3407
Hamilton Work Release	1826 Bexar Avenue Hamilton, AL 35570 205-921-9308	Florence	203 S Walton St Florence, AL 35630 855-884-3407
Holman Correctional Facility	Holman 3700 Atmore, AL 36503 251-368-8173	Andalusia	24467 AL Hwy 55 Andalusia, AL 36420 877-405-7657
Kilby Correctional Facility	P O Box 150 Mt Meigs, AL 36057 334-215-6600	Montgomery	4344 Carmichael Road, Suite 100 Montgomery, AL 36116 866-593-0914
Limestone Correctional Facility	28779 Nick Davis Drive Harvest, AL 35749 256-233-4600	Decatur	1717 McGlathery Ln SE Decatur, AL 35601 888-289-9185
Loxley Work Release	P O Box 1030 Loxley, AL 36551 251-964-5044	Fairhope	101 Court House Dr. Fairhope, AL 36532 866-837-5964
Mobile Work Release	P O Box 13150 Eight Mile, AL 36663 251-452-0098	Mobile	550 Government St, Suite 100 Mobile, AL 36602 866-593-1922
Montgomery Women's Facility	P O Box 75 Mt Meigs, AL 36057 334-215-0756	Montgomery	4344 Carmichael Road, Suite 100 Montgomery, AL 36116 866-593-0914
Red Eagle Work Center	1290 Red Eagle Road Montgomery, AL 36110 334-242-2510	Montgomery	4344 Carmichael Rd, Suite 100 Montgomery, AL 36116 866-593-0914
St. Clair Correctional Facility	1000 St Clair Rd Springville, AL 35146 205-467-6111	Anniston	801 Quintard Ave Anniston, AL 36201 877-701-2139
Staton Correctional Facility	P O Box 56 Elmore, AL 36025 334-567-2221	Alexander City	63 Aliant Parkway Alex City, AL 35010 877-405-0483
Tutwiler Prison for Women	8966 US Hwy 231 N Wetumpka, AL 36092 334-567-9182	Alexander City	63 Aliant Parkway Alex City, AL 35010 877-405-0483
Ventress Correctional Facility	P O Box 767 Clayton, AL 36016 334-775-3331	Dothan	1778 Whatley Dr Dothan, AL 36303 877-452-4192

**MEMORANDUM OF AGREEMENT
BETWEEN
THE ALABAMA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH STATISTICS
AND
THE ALABAMA DEPARTMENT OF CORRECTIONS**

This Memorandum of Agreement (MOA) entered by and between the **Alabama Department of Public Health, Center for Health Statistics**, hereinafter "**CHS**," and the **Alabama Department of Corrections**, hereinafter "**ADOC**," is effective **November 1, 2024**, and terminates **October 31, 2029**.

WHEREAS, the purpose of this Memorandum of Agreement is to establish procedures for ADOC to request and obtain copies of Alabama birth certificates from CHS for certain inmates in ADOC custody.

NOW THEREFORE, in consideration of the mutual covenants herein below specified, the parties herein agree to the following:

The CHS shall:

1. Search for and issue copies of Alabama birth certificates, if found, requested by ADOC, as permitted under *Code of Alabama*, 1975, §§ 22-9A-22 and -23, and § 14-10-1 (b), utilizing the request forms created by CHS or other format agreed upon by the parties in the transmission method(s) determined by CHS. If a birth certificate is not located for a particular registrant, CHS shall issue a certification of failure to find. CHS reserves the right to request additional search information if needed, reject requests with insufficient information, and to determine the method(s) of submission as administrative resources warrant.
2. Return the requested birth certificates to ADOC within 14 working days of receipt by regular mail or allow for in-person receipt by ADOC designated recipient(s) if requested. CHS reserves the right to send documents to ADOC designated recipient(s) via regular mail only.
3. Invoice ADOC \$15.00 for search and production of each birth certificate request, including duplicate requests. CHS will submit invoices to ADOC on a monthly basis, including at a minimum the names of the registrants, the dates of birth, and the unique CHS transaction numbers for ADOC tracking purposes. Payment for each invoice is due to CHS within sixty (60) days of the date of the invoice. Partial payments will not be accepted.
4. Enter ADOC invoices into State of Alabama Accounting and Resource System (STAARS) or any existing state accounting mechanism in use at the time the invoice is generated.

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The ADOC shall:

1. Provide CHS birth certificate requests in the transmission method determined by CHS, utilizing the request forms created by CHS or other format agreed upon by the parties, and accompanied by valid identification of the ADOC employee applying for the certificate search. At a minimum, each ADOC request must provide the registrant's name, date of birth, county or city of birth, and mother's name prior to first marriage.
2. Accept accountability and responsibility for the proper use and control of birth certificate information provided by CHS pursuant to *Code of Alabama*, 1975, §§ 22-9A-21 and -22. ADOC agrees to keep the certifications in a confidential manner until released to the correct registrants, with access limited to only those employees of ADOC who need access in the performance of their duties.
3. Pay CHS \$15.00 for each search performed resulting from a request from ADOC to search for and produce a birth certificate or certification of failure to find, including duplicate requests, pursuant to this MOA.
4. Submit payment to CHS through STAARS or any existing state accounting mechanism in use at the time of payment for the invoiced amount in a single, complete (non-partial) payment within sixty (60) days of the date of the invoice detailing the services rendered by CHS.

For services rendered by CHS, ADOC shall pay to CHS all properly invoiced amounts due, up to a maximum of \$100,000.00 for the MOA period.

Additional Provisions:

- A. This MOA is effective upon the signature of all parties and shall continue in effect as set forth herein. Request forms processed by CHS on or after the effective date of this MOA are subject to the terms and conditions of this MOA.
- B. In addition to the right to terminate this MOA upon thirty (30) days' written notice without cause, either party may terminate this Agreement by providing written notice to the other party if deemed necessary because of the requirements of law or policy, or if either party fails to adhere to the terms of this Agreement. Failure of ADOC to provide one complete payment for the total amount of a monthly invoice or failure to provide payment within sixty (60) days of the date of an invoice may result in the termination of this Agreement by CHS and suspension of invoice billing for birth certificate services by CHS to ADOC.
- C. In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama. For

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any and all other disputes arising under the terms of this contract which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

- D. This MOA contains the entire agreement of the parties and there are no other agreements, verbal or written, affecting this MOA that have not been incorporated herein or attached hereto.
- E. The individuals whose signatures appear below represent that they are authorized to enter into this MOA on behalf of CHS and ADOC.

ANTI-DISCRIMINATION CLAUSE: The Parties will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, creed, color, religion, national origin, age, sex, or disability, as defined in the above laws and regulations. The parties shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with the Rehabilitation Act of 1973 or the Americans With Disabilities Act of 1990.

TERMINATION CLAUSE: This Memorandum of Agreement may be terminated by either party providing a thirty (30) day written notice to the other party.

AMENDMENT CLAUSE. This Agreement may be amended only by mutual agreement in writing, signed by CHS and ADOC, and processed through and approved by all necessary authorities. Any changes or modifications to this MOA shall be provided in an addendum attached hereto.

HIPAA CLAUSE. This clause is necessitated by the application of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). References to this clause are to the Code of Federal Regulations, hereinafter "CFR."

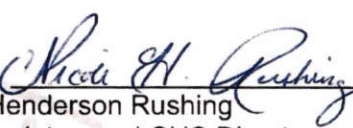
The parties agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule"). The definitions set forth in the Privacy Rule are incorporated by reference into this Agreement (45 C.F.R. §§ 160.103 and 164.501). The Parties likewise agree to take all necessary precautions to protect the integrity of electronic protected health information (e-PHI) by complying with the HIPAA Security Rule.

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Provider:
Alabama Department of Corrections

Alabama Department of Public Health
*This MOA has been reviewed as to
content*

Signed: 
John Q. Hamm, Commissioner
Alabama Department of Corrections

Signed: 
Nicole Henderson Rushing
State Registrar and CHS Director

Date: 12-16-2024

Date: 12/24/2024

Address:
301 S. Ripley Street
Montgomery, AL 36104

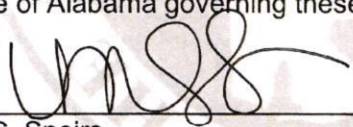
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201 Monroe Street, Suite 1150
Montgomery, AL 36104

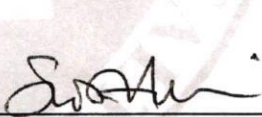
Telephone: 334.353.3883
Fax: 334.353.3967
Email: murray.robinson@doc.alabama.gov

Telephone: 334.206.5426
Fax: 334.206.2659
Email: nicole.rushing@adph.state.al.us

This contract has been reviewed for
legal form and appears to comply with all
applicable laws, rules and regulations of
the State of Alabama governing these
matters.

APPROVED:
Alabama Department of Public Health

Signed: 
Mandy C. Speirs
Assistant General Counsel
Alabama Department of Corrections

Signed: 
Scott Harris, M.D., M.P.H.
State Health Officer

Date: 12-16-24

Date: 1/4/25

APPROVED AS TO FORM AND
COMPLIANCE WITH APPLICABLE
RULES AND REGULATIONS
DEPT. OF PUBLIC HEALTH

DEC 29 2024


OFFICE OF GENERAL COUNSEL