

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 09/30/2022

Contract/Lease Control #: C15-2302-COR

Procurement#: NA

Contract/Lease Type: CONTRACT

Award To/Lessee: SOCIAL SECURITY ADMINISTRATION

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 12/07/2021

Expiration Date: 12/06/2026

Description of: MOU PROCESS INMATE APPLICATIONS FOR SOCIAL SECURITY CARDS

Department: COR

Department Monitor: WEEKS

Monitor's Telephone #: 850-689-5960

Monitor's FAX # or E-mail: NWEEKS@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS

**PROCUREMENT/CONTRACT/LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C15-2302CCR Tracking Number: 4058-20
Procurement/Contractor/Lessee Name: SSA Grant Funded: YES ___ NO X
Purpose: MOU w/ Department of COR
Date/Term: 5-3-25
Department #: Ø
Account #: Ø
Amount: Ø
Department: COR Dept. Monitor Name: Esmond

1. GREATER THAN \$100,000
2. GREATER THAN \$50,000
3. \$50,000 OR LESS

Purchasing Review

Procurement or Contract/Lease requirements are met:
[Signature] Date: 6-24-2020
Purchasing Manager or designee Jeff Hyde, DeRita Mason, Jessica Darr

2CFR Compliance Review (if required)

Approved as written: no federal funds Grant Name: _____
_____ Date: _____
Grants Coordinator Danielle Garcia

Risk Management Review

Approved as written: see email attached Date: 6-24-2020
_____ Risk Manager or designee Edith Gibson or Karen Donaldson

County Attorney Review

Approved as written: see email attached Date: 6-25-2020
_____ County Attorney Lynn Hoshihara, Kerry Parsons or Designee

Department Funding Review

Department funding confirmed:

Date: _____

DeRita Mason

From: Lisa Price
Sent: Wednesday, June 24, 2020 8:18 AM
To: DeRita Mason
Subject: RE: Social Security Administration and OCBOCC

Good Morning DeRita,

This MOU is approved, there is no insurance element.

Thank you!

Lisa Price
Public Records & Contracts Specialist
302 N Wilson Street, Suite 301
Crestview, FL. 32536
(850) 689-5979
lprice@myokaloosa.com



Due to Florida's very broad public records laws, most written communications to or from county employees regarding county business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: DeRita Mason <dmason@myokaloosa.com>
Sent: Wednesday, June 24, 2020 7:18 AM
To: 'Parsons, Kerry' <KParsons@ngn-tally.com>; Lynn Hoshihara <lhoshihara@myokaloosa.com>
Cc: Karen Donaldson <kdonaldson@myokaloosa.com>; Lisa Price <lprice@myokaloosa.com>
Subject: FW: Social Security Administration and OCBOCC

Good morning,

Please review and approve the attached.

Thank you,

DeRita Mason

DeRita Mason

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Thursday, June 25, 2020 2:51 PM
To: DeRita Mason; Lynn Hoshihara
Cc: Karen Donaldson; Lisa Price
Subject: RE: Social Security Administration and OCBOCC

This is approved for legal purposes.

Kerry A. Parsons, Esq.

**Nabors
Giblin &
Nickerson**
ATTORNEYS AT LAW

1500 Mahan Dr. Ste. 200
Tallahassee, FL 32308
T. (850) 224-4070
Kparsons@ngn-tally.com

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From: DeRita Mason <dmason@myokaloosa.com>
Sent: Wednesday, June 24, 2020 8:18 AM
To: Parsons, Kerry <KParsons@ngn-tally.com>; Lynn Hoshihara <lhoshihara@myokaloosa.com>
Cc: Karen Donaldson <kdonaldson@myokaloosa.com>; Lisa Price <lprice@myokaloosa.com>
Subject: FW: Social Security Administration and OCBOCC

Good morning,

Please review and approve the attached.

Thank you,

DeRita Mason



DeRita Mason
Contracts and Lease Coordinator

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE SOCIAL SECURITY ADMINISTRATION (SSA)
AND
THE OKALOOSA COUNTY JAIL (CRESTVIEW, FL)**

I. PURPOSE

The Social Security Administration (SSA) and Okaloosa County Jail (“covered institution”) [NOTE: If the MOU covers more than one prison facility, attach a list of covered facilities as Attachment F and insert the following text here: 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.

CONTRACT: C15-2302-COR
SOCIAL SECURITY ADMINISTRATION
MOU PROCESS INMATE APPLICATIONS FOR
SOCIAL SECURITY CARDS
EXPIRES: 12/06/2026

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

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | A review of records from local law enforcement agencies, Okaloosa County Jail inmate records, National Crime Information Center (NCIC), and Florida Crime Information Center (FCIC), 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other procedures used to verify inmate identity (specify): |

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 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.
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:

[NOTE: If the MOU covers more than one prison facility, add the following language: (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 the Regional Commissioner signature to five years after the date of the Regional Commissioner's signature**, 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 Okaloosa County Jail:

Contact Name: Charleton Eric Esmond

Title: Corrections Director, Chief Correctional Officer

Address: 1200 E James Lee Blvd, Crestview, Florida 32539

Phone Number: (850)689-5690

2. For Social Security Administration:

Contact Name: Patti Boyd

Title: District Manager

Address: 111B Racetrack Rd NW, Fort Walton Beach, Florida 32547

Phone Number: (866)331-2904

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 Okaloosa County Jail:

Dated:

C. Eric Esmond
C. Eric Esmond/Corrections Director

9/8/21

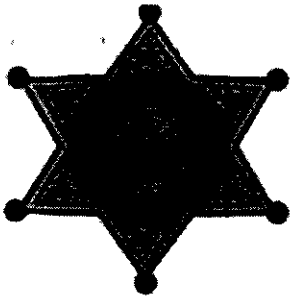
For the Social Security Administration:

Dated:

ROSE MARY
BUEHLER

Digitally signed by ROSE MARY
BUEHLER
Date: 2021.12.07 08:48:13 -05'00'

[Name]
[Regional Commissioner]



Department of Corrections

**Okaloosa County Department of Correction
State of Florida, Okaloosa County**

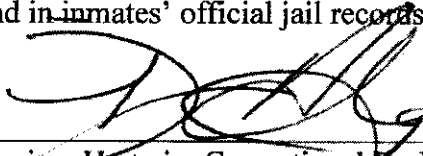
Date: July 15, 2021

To: **Social Security Administration
111 B Racetrack Road N.W.
Fort Walton Beach, Florida 32547**


From: C. Eric Esmond, Corrections Director

Dear Social Security Administration,

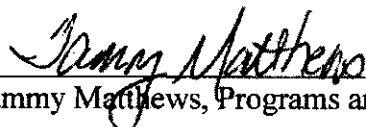
Pursuant to procedures contained in the Memorandum of Understanding (MOU) between our agencies, I hereby authorize the following Okaloosa County Department of Corrections staff to submit inmate applications for replacement SSN cards to your office and certify the identifying information found in inmates' official jail records:



Desiree Hartwig, Correctional Re-Entry and Programs Coordinator




Dennis Knighten, Correctional Re-Entry and Programs Coordinator



Tammy Matthews, Programs and Accreditation Manager

Please contact me at 850-689-5685 if you have any questions.

Sincerely,



C. Eric Esmond, MS
Corrections Director/Chief Correctional Officer

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>

[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 F - optional)

[Institution Letterhead]

The following facilities are under the jurisdiction of Okaloosa County:

<u>Name</u>	<u>Address/Phone</u>	<u>Servicing SSA FO</u>	<u>Address/Phone</u>
Okaloosa County Jail	1200 E James Lee Blvd Crestview, FL 32539 (850)689-5690	Social Security Administration 111B Racetrack Rd NW Fort Walton Beach, FL 32547	(866)331-2194