

1.1. A.7 Inmate Identification Procedures

I Policy Index:



Date Signed: 01/30/2020
Distribution: Public
Replaces Policy: N/A
Supersedes Policy Dated: 08/07/2019
Affected Units: All Institutions
Effective Date: 01/30/2020
Scheduled Revision Date: January 2021
Revision Number: 14
Office of Primary Responsibility: DOC Administration

II Policy:

The South Dakota Department of Corrections (DOC) will utilize approved processes to verify an inmate's identity. DOC staff will assist inmates who require identification documents in acquiring such documents, including assisting with applying for duplicate identification documents and renewing valid state issued identification cards and driver licenses.

III Definitions:

Alien Registration Number (ARN):

An ARN is a case number, much like a Social Security number, that the United States Citizen and Immigration Services (USCIS) assigns to people who are:

- Applying for adjustment of status; or
- Applying for an employment authorization document (EAD); or
- When someone finds themselves in deportation proceedings.

Authorized DOC Official:

A staff member located with the DOC Records office assigned to complete certain duties associated with the identification process. Must be approved by the Secretary of Corrections ([See Attachment 3](#)).

Citizenship Documents:

U.S. birth certificate, U.S. consular report of birth, U.S. passport or certificate of citizenship or naturalization.

Driver license:

A document issued by a state or jurisdiction to an individual that authorizes the individual to drive motor vehicle types authorized by the license on public roadways.

Immigration and Customs Enforcement (ICE) Holds/Detainers:

Often referred to as immigration holds. Holds are used to detain undocumented immigrants or immigrants who have been convicted of certain felonies in this country, pending transfer of custody to immigration officials.

Identification Documents (ID):

Social Security card, U.S driver's license (current, not expired), state-issued identification, U.S. passport, tribal membership card, U.S. military identification, health insurance card, Medicaid card, government employee identification, certificate of citizenship or naturalization or other approved document.

Immigration and Customs Enforcement (ICE):

The investigative division of the United States Homeland Security office responsible for identifying and investigating citizenship status of individuals.

Legal File:

Such files are typically maintained by the Central Records office for inmates currently in DOC custody. May contain the following: sentencing documents, criminal history, date calculation worksheets, audit log, pre-sentence investigation (PSI), psychosexual evaluations, hold/detainer notification requests, finger print/palm print cards, physical descriptions, parole documents, birth certificates, social security cards, driver's license and other legal documents or information.

Memorandum of Understanding (MOU):

A legal document describing an agreement between the South Dakota Department of Corrections (DOC) and the Social Security Administration (SSA). It expresses a convergence of will between the two parties indicating an intended common line of action as it relates to application for duplicate inmate Social Security cards and the responsibilities and duties of each party pertinent to the described process.

NCIC III:

National Crime Information Center (NCIC) III is a computerized criminal history tracking system that provides for the decentralized interstate exchange of criminal history record information and functions as part of the Integrated Automated Fingerprint Identification System (IAFIS). The NCIC III provides a means of conducting national criminal history record searches for criminal justice and other purposes as specified by existing local, state, and/or federal laws. Each criminal history record is supported by a criminal fingerprint submission.

Working Day:

A standard work week day, Monday through Friday, except for recognized state holidays, recognized national holidays and any other special holidays declared by the Governor of South Dakota or the President of the United States.

IV Procedures:**1. Staff Responsibilities:**

- A. Unit staff or transitional case managers will interview inmates prior to the inmate being approved for work release, employment with private sector prison industry, Community Transition Program (CTP), extension of confinement or release/discharge from custody to determine if the inmate has access to their Social Security card, original or certified copy of their birth certificate and a valid, not expired state driver license or state ID.
 1. Central Records staff may be contacted to verify the existence of such documents in the inmate's legal file (See DOC policy 1.1.E.6 [Case Management](#)).

2. The status of each document will be documented in the personal information section (under "Booking") in the Comprehensive Offender Management System (COMS).
- B. Inmates who do not have access to their Social Security card, birth certificate or certified copy of their birth certificate are encouraged to complete an application to request these documents.

2. Criteria to Determine an Inmate's Authenticity of Identity:

- A. Tasks to be completed by admissions and orientation (A&O) staff include the following (See DOC policy 1.4.A.2 [Inmate Admission](#)):
1. Staff will verify the inmate's date of birth and social security number with existing records. Staff will determine if the inmate was admitted with a social security card, birth certificate, valid (not expired) driver license, or if a copy of any or all of these documents is available. If no such documents exist, staff will ask the inmate if they have reasonable access to each of these ID documents.
 - a. If the inmate was admitted with a social security card, valid driver license, state ID, birth certificate, these documents or copies of such will be collected and forwarded to Central Records for placement in the inmate's legal file. Copies of the documents may be retained at the facility, as deemed necessary. Unit staff may retain the inmate's driver license, Social Security card or state ID if the inmate requires this for work/employment purposes.
 - b. Inmates may request to have their social security card, valid driver's license, state ID, birth certificate or copies of these documents, mailed to the facility through the inmate correspondence system.
 - 1) Mailroom staff will notify the inmate and/or the inmate's unit staff of the receipt of any identification documents or copies of such documents that are received by the mailroom (See DOC policy 1.5.D.3 [Inmate Correspondence](#)). The documents shall be placed in the inmate's legal file or retained by the inmate's unit staff and placed in secure storage if access to the documents is required.
 - c. If an inmate is received without a social security card, birth certificate or valid driver license or state ID and does not have access to these documents or chooses not to request these be sent into the facility from the outside, unit staff are required to document in the Personal Information section (under Booking) in the Comprehensive Offender Management System (COMS) that the inmate does not possess these documents. Staff will update this section upon the receipt of any identification documents (duplicates or original), including renewal of the inmate's driver license or state ID.

Example: "Inmate states they have a social security card, and this is at their residence" or "Inmate has a valid driver license in his/her legal file or unit file which expires on 00/00/0000" or "Inmate has a birth certificate and has requested this be sent to the facility by his/her spouse on this date 00/00/0000".

2. Inmates will have their photo taken, including photos of any scars, identifying marks or tattoos, in accordance with DOC policy 1.4.A.1 [Inmate Photo Identification](#) and DOC policy 1.4.A.2 [Inmate Admission](#).
3. All inmates will be finger printed when the Transaction Key check box is checked on the Key Date screen and a record created in COMS.

- a. Staff will compare the inmate's physical characteristics against existing photos, fingerprint records, physical description, assigned ID numbers and demographics, e.g., sex, race height, weight, eye color, hair color, with existing Federal Bureau of Investigation (FBI), SD Division of Criminal Investigation (DCI) and National Crime Information Center (NCIC) records as part of the process to determine and verify an inmate's identity.
- B. Tasks to be completed by the authorized DOC official at the time of an inmate's admission include:
1. New admission inmates will have a NCIC III completed based on their legal name (name on sentencing paperwork) and date of birth (See DOC policy 1.1.E.5 [Inmate Criminal History](#)).
 - a. Each time background check is completed, Central Records staff will compare the data received to existing data to identify any inconsistencies or new information that is revealed in the report. The Authorized DOC official will verify existing information contained within the inmate's record/file is correct and consistent with the information received.

Note: The information obtained from NCIC III consists of: name, date of birth, state ID, alias's, place of birth, gender, race, height, weight, eye color, hair color, scars, marks or tattoos or other distinguishing marks/features, FBI # (if applicable), social security number and any other additional date(s) of birth, Social Security number(s) and/or alias associated with the inmate. All information received shall be compared to existing records to establish and/or verify the inmate's identity.
 2. A *New Inmate Interview Questionnaire* (See [Attachment 1](#)) will be completed for each inmate by the authorized DOC official at the time of admission. At the South Dakota Women's Prison, intake staff will complete the questionnaire.
 - a. The authorized DOC official (SDSP) or the intake staff person (SDWP), will conduct a face-to-face interview with all new admission inmates and complete the *New Inmate Interview Questionnaire* (See [Attachment 1](#)).
 3. Review the inmate's pre-sentence investigation (PSI), if one was completed. Staff will compare the information in the PSI to existing records and information to establish or verify the inmate's identity.
 4. Review the judgment papers to confirm the inmate's name, date of birth and any aliases used by or associated with the inmate.
 5. Review of any official government issued documents which establish or identify the inmate's identity.
 6. Review of any prior juvenile or adult SD DOC records. Such records shall be used to compare the inmate's identity at the time of incarceration/adjudication to current records establishing identity.
- C. To determine positive identification of an inmate, all sources of information and identification documentation obtained throughout the admission process will be reviewed and compared by the authorized DOC official or intake staff person (contextual identification). If, based on comparative analysis, the staff person determines significant documentation and information

exists that supports the inmate is positively identified, as supported by consistency in data, information and records, the inmate will be recorded as positively "identified". If an inmate's correct identification cannot be verified (i.e. multiple social security numbers, multiple names/aliases, multiple dates of birth or a lack of verifiable information, records or documents), the inmate will be recorded as "unidentified".

1. This information will be recorded on the "Alias and Other Identifiers" tab within COMS.
- D. If the Authorized DOC official determines an inmate is not a U.S. citizen, the following procedures shall be initiated:
1. An *ICE Hold Inquiry* (See Attachment 2) will be completed and filed.
 - a. A copy of the completed *ICE Hold Inquiry* will be placed in the inmate's legal file and a notation included in COMS.
- Note:** The process of determining an inmate is not a U.S. citizen may include interviews by Immigration and Customs Enforcement (ICE) officials, or staff review of information or determination received by an authorized governmental authority.
2. Once the inmate's immigration status has been determined by ICE, the Alien Registration Number (ARN) may be entered in the Personal Information Screen in COMS. If ICE issues a hold/detainer, this will be recorded on the Holds/Warrants/Detainer Screen in COMS.
 3. If a hold/detainer is initiated, a copy of the paperwork will be placed in the inmate's legal file. The inmate may be notified of the hold/detainer.
 4. After an inmate's citizenship status has been verified, this will be noted on the Personal Information Screen in COMS.
 - a. Y = Yes, they are an alien.
 - b. N = No they are not an alien, thus a U.S. Citizen.
- E. Any time an inmate's identity cannot be verified, and the inmate is seeking a duplicate Social Security card, authorized DOC officials will follow the guidelines prescribed in the *Application for a Social Security Card Outside the Provisions of the MOU* to assist the inmate in obtaining a duplicate Social Security card.

3. Application for a Birth Certificate (U.S. Citizens):

- A. Admissions and Orientation (A&O) unit staff will review all inmates received to determine if the inmate has an original or certified copy of their birth certificate, or access to the certificate. The results shall be documented in the Personal Information section (under Booking) in COMS. Staff will assist any inmate who requests assistance in obtaining a certified copy of their birth certificate (See DOC policy 1.4.G.2 *Inmate Release Procedure*).
- B. Application for South Dakota birth certificates:
 1. A&O unit staff will assist the inmate in completing the *South Dakota Application for Birth Record* (See Attachment 9).
 - a. The application will be forwarded to Central Records for submission to SD Vital

Statistics.

2. Vital Statistics will submit a statement for payment to the DOC.

C. Application for non-South Dakota birth record/certificate:

1. Unit staff will assist the inmate in obtaining the required information from the state where the inmate was born.
2. The application and procedures can be obtained at the following website: www.usbirthcertificate.com. All out of state birth certificate applications will include the *Birth Certificate Application Cover Letter* (See [Attachment 8](#)).
3. Unit staff will assist the inmate in completing the required paperwork to request a certified copy of the inmate's birth record/certificate, including locating the address where the application must be sent and ensuring funds are included with the application to cover any fees that may apply.

4. Staff will complete the following procedures to obtain payment for any fees that apply:

- a. A request for a check issued from the inmate's account will be sent to the applicable institution's business office along with a stamped envelope. The request should include the following:
 - 1) Inmate's name;
 - 2) Inmate's number;
 - 3) Amount of the check and;
 - 4) Payee of the check.

Note: A check is issued from the birth certificate group account. This account is reimbursed on a monthly basis from Parole Services. Inmates are not responsible for accrued costs to obtain a certified copy of their birth record/certificate.

- b. The following documents will be mailed to the appropriate state's Vital Records office:
 - 1) *Birth Certificate Application Cover Letter*, with the inmate's signature (See [Attachment 8](#));
 - 2) Application for a certified copy of a birth record/birth certificate from that state;
 - 3) A photo of the inmate (if required);
 - 4) A copy of the authorized DOC official's ID badge (both front and back-if required) and;
 - 5) The check.

4. Application and Renewal of a South Dakota State ID or Driver License:

- A. The DOC will be provided a monthly list by the Department of Public Safety (DPS) identifying those inmates and parolees currently issued a South Dakota driver license or State ID. The list is available at M:\DOC\Offenders Driver's Licensing. All inmates with a possible release date within 24 months shall have their record in the "Personal Information Screen" (OIDPINFO) in COMS reviewed by unit staff to determine if the inmate has an active driver license or identification card.
- B. The list shows the status of an inmate's driver license (DL) or state identification card (ID) and whether the inmate may renew the DL or ID or request a duplicate through the paper application process. Those who have not met the federal requirements of verifying their

identity with the SD Driver Licensing office may not renew or request a duplicate DL or ID while in DOC custody.

- C. If the inmate does not have a valid DL or ID in their institutional file or documented in COMS, the following steps will be taken:
1. Unit staff will determine whether the inmate is eligible to apply for a DL or ID through the mail by accessing the driver's license file at M:/DOC/Offenders Driver's Licensing.
 - a. If the inmate is NOT eligible for a DL or ID, this information must be documented in COMS on the Personal Information Screen (OIDPINFO) with the answer of DLNNNN (No-Offender does not have active).
 - b. If the inmate is eligible for a DL or ID through the mail, the staff member will meet with the inmate to determine if the inmate has the DL or ID available and ask them to send this to DOC.
 - 1) When the DL or ID is received, this will be documented on the personal information (OIDPINFO) screen in COMS with either DLYY (Yes with institution) or DLY (Yes with Central Records) and placed in the institutional file.
 - 2) If the inmate refuses to have the DL or ID sent to the DOC, this will be documented on the personal information (OIDPINFO) screen in COMS with DLNNN (NO-Offender refuses to send in).
 - 3) If the inmate does not have an DL or ID, but is eligible to apply, staff will determine if the inmate has a means to pay for the renewal or duplicate at the time of application.
 - a) If "yes", appropriate funds will be transferred to their specialty account and a check issued from their account to the Department of Public Safety.
 - b) If "no", (indigent, or lack of sufficient funds at the time the renewal) DOC will assume the responsibility of paying for the DL or ID.
 2. Applying for a renewal or duplicate DL or ID:
 - a. The inmate must complete the application.
 - b. Unit staff must prepare a letter on department letterhead (See [Attachment 10](#)), as this serves as verification of the inmate's identification.
 - c. Staff must include a printed DOC discharge ID photo of the inmate from the Physical Identifiers (OIDPIDEN) screen, along with the application and letter on department letterhead.
 3. After the renewal or duplicate license or ID is received, unit staff must document this on the Personal Information (OIDPINFO) screen in COMS with either DLYY (Yes with institution) or DLY (Yes with Central Records) and place the ID in the inmate's institutional file.
 - a. The fee for a duplicate SD ID or driver license is \$15.
 - b. The fee to renew a SD driver license or ID is \$28. Checks or money orders will be made to "Department of Public Safety" and mailed along with the South Dakota Driver License/I.D. Card Application to:

Driver Licensing
118 West Capitol Ave.

Pierre, SD 57501

4. Inmates with a valid DL or ID set to expire while in DOC custody, who are not within 24-months of their release, may renew their DL or ID. The same processes described for inmates within 24 months of release shall apply.
 5. Licenses may be renewed 180 days prior to expiration. There is a 30-day grace period after the license has expired to renew. If the license is expired for more than 30 days, the inmate will be required to apply for a license at the driver exam station and complete the written knowledge test.
 6. Parole Services staff may access the driver license file to verify a parolee has a valid driver license or determine whether a parolee is eligible to apply for or renew a driver license.
- D. Inmates currently incarcerated for a third or subsequent DWI offense, vehicular battery, vehicular homicide, hit and run with injury, or the equivalent if sentenced outside of South Dakota, are not eligible to apply for a driver license while in the custody of the DOC (See SDCL §§ [22-16-41](#), [32-23-4](#), [32-23-4.6](#), [32-23-4.7](#) and [32-34-5](#)).
1. Any inmate prohibited by law from operating a vehicle on a public roadway (includes revoked or suspended license), is ineligible to apply for or receive a driver license while in the custody of the DOC. The inmate may apply for a state ID.
- E. Inmates will normally only be approved to apply for or renew a SD class 1 driver license.
1. Testing for, or renewal of other classes of licenses, such as a commercial driver license (CDL), must be approved by the inmate's Unit Manager. Unit staff may contact the inmate's employer to verify the need for a CDL. The inmate shall be responsible for all additional costs and fees associated with applying for or renewing a CDL.
 2. Approval to renew a driver license issued outside of South Dakota will be considered on a case by case basis by the inmate's Unit Manager. Inmates granted permission to seek renewal of an out of state issued license must have sincere intentions of returning to the issuing state upon release or discharge from the DOC (see inmate's release plan).

5. Institutional Employment Requirement:

- A. All inmates must have a valid social security number to be paid employment wages by the DOC, Prison Industry Enhancement Certification Program, Pheasantland Industries, or public employer, including community service and work release. Inmates with a verified Social Security number, but that refuse or are unable to have their Social Security card sent into the DOC, may be paid a wage.
- B. If an inmate reports he/she does not have a valid social security number, or the number is determined to be invalid or cannot be verified, the inmate is "unidentified" and cannot be paid a wage for work performed. The inmate may be assigned extra duty hours and institutional support assigned in accordance with SDCL § [24-2-30](#) and DOC policy 1.5.A.1 [Inmate Work Assignments and Pay](#).
 1. Verification of a Social Security number is typically supported by the existence of a Social Security card with the inmate's legal name and Social Security number appearing on the card. A photocopy of the inmate's Social Security card may be accepted for assignment

to institutional work programs. Outside employers may or may not accept a copy of an inmate's Social Security card.

- C. Inmates sentenced under an alias but possessing identification documentation matching their legal name with their Social Security number, may be assigned an institutional job and paid a wage.
- D. If an inmate's name does not match the SSA's record associated with the Social Security number submitted for the inmate, this will be noted on the Alias and Other Identifiers screen in COMS "No Work/Volunteer Only". This will inform staff the inmate may not be paid job wages until the inmate's legal name can be matched to the Social Security number assigned to the inmate by the SSA.
- E. The DOC is required to submit an annual report containing the names and Social Security numbers of all inmates who have earned wages for IRS purposes (form 1099) to the Bureau of Finance and Management (BFM).

6. Application for a Social Security (SS) Card Outside the Provisions of the MOU:

- A. If an inmate's application for a Social Security card does not fall within the provisions of the MOU, i.e. the inmate does not have an assigned Social Security number, is not a U.S citizen, has used different/multiple Social Security numbers in the past, or the inmate is requesting a new Social Security card due to a name change, the inmate must follow the standard Social Security Administration processes and evidence requirements which direct the procedures to apply for new Social Security card. Unit staff may:
 - 1. Provide the inmate with a Form SS-5;
 - 2. Provide assistance to the inmate to ensure proper completion of SSA Form SS-5 and SSA-3288. Staff will review the forms for completeness.
 - 3. Provide the inmate with instructions for contacting the proper Social Security Administration office (Huron or Sioux Falls office).
 - 4. Provide assistance to the inmate in obtaining necessary documents and information, i.e., documents showing/verifying identity and proof of age. (Originals of these documents may be included in the inmate's application and will be returned by the Social Security Administration to the inmate).

Note: In these situations, the address block on Form SS-5 will **not** reflect the institution's name, the inmate's Prison System Identification Number or the name of the authorized DOC official, unless the inmate also completes a Form SSA-3288, which allows the SSA to send the Social Security card to the facility.

7. Application for a Replacement Social Security Card (U.S. Citizens only):

- A. If an inmate does not have direct access to their Social Security card, they may be eligible to apply for a replacement card, provided they meet one or more of the below criteria:
 - 1. The inmate is within one-hundred and eighty (180) calendar days of eligible release, discharge or PSPI; or

2. The inmate is within one-hundred and eighty (180) calendar days of participating in work release or release to Community Transition Program (CTP) or placement at a half-way house.
- B. The following inmates may NOT apply for a replacement Social Security card under the terms of the MOU:
1. Non-U.S. citizens; or
 2. Inmates whose identity has not been verified or cannot be verified by an Authorized DOC official; or
 3. Inmates whose records verify the inmate has used or is otherwise associated with a Social Security number(s) not officially issued to the inmate by the Social Security Administration (includes but no limited to fraud or misuse of a Social Security number), or
 4. Foreign-born U.S. citizens with no U.S. citizenship coded in the Social Security Administration's records.

8. Responsibilities of Authorized DOC Officials:

- A. The Central Records manager will notify the Policy and Compliance Manager when there are changes (additions or terminations) in the Authorized DOC officials. The Policy and Compliance Manager will ensure an *Authorized DOC Officials Document* ([See Attachment 3](#)) is completed for all new officials. The completed document will be forwarded to the Secretary of Corrections final approval and signature and then forwarded to the Social Security Administration field office contact charged with maintaining the MOU for the Social Security Administration.
- B. Authorized DOC officials are responsible for verifying an inmate's identity and assisting inmates who meet the criteria in applying for a replacement Social Security card.
1. Each qualifying inmate will be provided an *Application for a Social Security Card*, Form SS-5 ([See Attachment 4](#)).
 2. Each inmate who completes Form SS-5 will be required to complete and sign the *Consent for Release of Information* form, SSA-3288 ([See Attachment 5](#)).
 3. The Authorized DOC official will review and compare the inmate's completed SS-5 and SSA-3288 forms to identification information/documents contained in the inmate's records to ensure the following:
 - a. The inmate has signed Form SS-5 and SSA-3288;
 - b. The inmate's name listed on Form SS-5 and SSA-3288 reflects the inmate's legal name; and
 - c. The inmate's prison system identification number and the address of DOC Central Records are included in the address block on Form SS-5.
 4. The Authorized DOC official is responsible for preparing a *Certification of Prison Records* form ([See Attachment 6](#)).

- a. The Certification of Prison Records will include any other name(s) and/or SS number(s) used by the inmate.
 - 1) If, at any time during the process, the Authorized DOC official becomes aware an inmate has used or is associated with multiple social security numbers, the inmate will be referred to the procedures prescribed in the *Application for a Social Security Card Outside the Provisions of the MOU*.
- b. The *Certification of Prison Records* will contain the inmate's mother's maiden name and father's name, **only** if that information can be verified.
 - 1) If the inmate's mother's maiden name and father's name **cannot** be verified, this should be described as "unknown" on the *Certificate of Prison Records* form.
- c. The completed Form SS-5 will be placed in a secure location until mailed to the SSA field office.

Note: Copies of the completed Form SS-5 will **not** be included in the inmate's file or records. Only the inmate's name, prison system identification number(s) and the date of application for a replacement social security card will be included in the data base. Inmates will not have access to files containing completed Forms SS-5 and SSA-3288.

- C. Upon verification and completion of the forms, these will be mailed to the proper Social Security Administration field office:
 1. Form SS-5 ([See Attachment 4](#));
 2. Form SSA-3288 ([See Attachment 5](#));
 3. *Certification of Prison Records* form ([See Attachment 6](#)); and
 4. *Replacement SSN Card Application List* ([See Attachment 7](#)).
 - a. When submitting multiple replacement social security card applications, only one *Replacement SSN Card Application List* is required per submission for each Social Security Administration field office.

9. Receiving of Inmate Identification Documents:

- A. All inmate identification documents received while the inmate is in DOC custody must be kept in a secure location when not in the direct possession and control of the inmate or staff to prevent unauthorized access of such documents.
 1. At no time will inmates be allowed access to files, records or documents containing Social Security cards or Social Security numbers of other inmates (See DOC policy 1.1.E.3 [Offender Access to DOC Records](#)).
 2. SDCL § 22-40-8. Any person without the authorization or permission of the person and with the intent to deceive or defraud, obtain, possess, transfer, use or attempt to obtain records identifying information not lawfully issued for that person's use; or who accesses or attempts to access the financial resources of another person through unauthorized use of identifying information is guilty of identity theft, which is a class 6 felony.

3. Qualifying inmates may be authorized by unit staff or the transition case manager to gain temporary access to their identification documents/information for purposes of applying for employment, housing, enrollment in vocational/educational classes/programs, etc.
 4. Inmates approved to operate a motor vehicle on any public roadway for the purposes of employment or other assigned jobs or tasks, shall have their valid driver license in their possession while operating a motor vehicle on any public roadway, as required by state law (See SDCL § [32-12-39](#)). Inmates will turn their driver license into the control room upon return to the facility (See DOC policy 1.5.A.8 [Inmate Operation of Vehicles](#)).
- B. In the event a Social Security card is received by the DOC that cannot be associated with an inmate, or there is no record of an inmate by that name completing or submitting an *Application for a Social Security Card*, the Social Security card must be returned to the Social Security Administration within thirty (30) days.
- C. In the event an inmate receives a Social Security card that contains incorrect information or an error, the authorized DOC official will contact the issuing Social Security Administration office and report the error. If directed, the card will be returned to the issuing office.
- D. Significant delays or other issues negatively affecting the processing and receipt of replacement Social Security cards for inmates who have properly submitted all required forms to the Social Security Administration field office, must be promptly reported by Central Records staff to the Policy and Compliance Manager.

10. Identification Documents Release Procedures to Inmates:

- A. Central records staff will review the legal file of each inmate identified for release or discharge for identification documents sufficiently prior to the inmate's release or discharge from custody (See DOC policy 1.4.G.2 [Inmate Release Procedure](#)).
1. Discharge:
 - a. All identification documents maintained in the inmate's legal file will be forwarded along with the discharge certificate to the appropriate facility's business office to be issued to the inmate upon release.
 - b. If the inmate is being released to the permanent custody of another detaining authority (hold), the documents shall be securely transferred and released to the detaining authority.
 2. Release to Parole, Suspended Sentence or Extension of Confinement:
 - a. Once Central Records staff receives the Release Slip from the appropriate transitional case manager (at least five (5) working days prior to the release), all identification documents maintained in the inmate's legal file will be sent via First Class U.S. Mail to the supervising parole agent (includes Interstate Compact releases to supervision in another state).
 - b. During the first meeting with the inmate, the supervising parole agent will provide the inmate with their identification documents.
 3. Death in Custody:

- a. The Social Security cards of inmates who have died in DOC custody will be returned to the issuing Social Security Administration office within 30-days of the inmate's death. All other identification documents will be promptly released to the inmate's family or next of kin.

V Related Directives:

SDCL §§ [22-40-8](#), [24-2-30](#) and [32-12-39](#).

DOC policy 1.1.E.3 – [Offender Access to DOC Records](#)

DOC policy 1.1.E.5 – [Inmate Criminal History](#)

DOC policy 1.1.E.6 – [Case Management](#)

DOC policy 1.4.A.1 – [DOC Photographs of Inmates](#)

DOC policy 1.4.A.2 – [Inmate Admission](#)

DOC policy 1.4.G.2 – [Inmate Release Procedure](#)

DOC policy 1.5.A.1 – [Inmate Work Assignments and Pay](#)

DOC policy 1.5.A.8 – [Inmate Operation of Vehicles](#)

DOC policy 1.5.D.3 – [Inmate Correspondence](#)

Memorandum of Understanding Between the Social Security Administration and the South Dakota Department of Corrections (Effective April 2019).

VI Revision Log:

October 2008: New policy.

March 2009: Revised policy statement to clarify that this policy will assist inmates who require ID documents to gain employment, housing, etc. Replaced "eligible" with "accepted" as it relates to PSPI in ss (A1b of Application for a Replacement Social Security Card). Replaced "note" with "1)" under ss (4a1), added new ss (b and b1) and reformatted subsequent bullets all within Responsibilities of Authorized DOC Officials. Revised Attachment 1 to include Jr., Sr., or other as it relates to the inmate's name. Revised Attachment 6 to include mother's maiden name and father's name.

January 2010: Replaced formatting of Section I. Deleted statement regarding "and requesting a replacement social security card in ss (A), replaced Authorized DOC Official with unit staff and/or TCM throughout section, added ss (C1a) regarding Vital Statistics, replaced Authorized DOC Official with Central Records in ss (C1b), replaced emailed with sent and replaced reference to two weeks with stamped envelope and commissary slip in ss (D4a), added "Note" about where funds come from in ss (D4a) and deleted former ss (D4b) regarding the respective business office cutting the check and sending back to the Authorized DOC Official all within Application for a Birth Certificate. Revised picture of Attachment 8. Added hyperlinks throughout.

January 2011: Deleted from SS 1 C. within Note: "mainframe is blank and Replaced with "the Criminal History database is "U". Removed from SS 2 B. "All birth certificate applications will include the Birth Certificate Application Cover Letter (See Attachment 8). Added "and" to SS 2 C. 2 and Added "All out-of-state birth certificate applications will include the Birth Certificate Application Cover Letter (See Attachment 8) Removed "South Dakota" from SS 2 4. b 2). Added "from that state". Added SS 6 D. "ID documents once received by the DOC will not be released to anyone other than the inmate"

March 2012: Deleted "released from an adult DOC facility" from Purpose section. Added "has" Deleted "in preparation" and Replaced with "in advance of being approved for" and Deleted "and release" and Replaced with "or release to supervision or final discharge" in Section 1 A. Added "or access to" in Section 2 A. 1. Added "in their possession" to Section 2 A. 1. a. Added b. to Section 2 A. 1. Added "if available" in Section 2 B. 3. Added "official and/or verifiable" to Section 2 B. 5. Added "juvenile and/or adult" to Section 2 B. 6. Added Section 4 and Renumbered sections that follow. Added "required/accepted by the SS Administration to apply for a SS card" to Section 5 A. 2. Added "(through review of the PSI or NCIC)" in Section 6 B. 1. a. 1) Deleted "ID documents

received by the DOC will not be released to anyone other than the inmate” in Section 6 D. **Added** (U.S. Citizens) to sections 3, 5, & 6.

February 2013: **Deleted** “and if he/she has” and **Replaced** with “Staff will also ask the inmate if they have” and **Added** “valid” in Section 2 A. 1. **Deleted** “Criminal History tab” and **Replaced** with “Alias and Other Identifiers tab” and **Deleted** “Citrix” and **Replaced** with “COMS” in Section 2 C. 1. **Deleted** a. b. c. (“yes” and “no” identifiers info.) **Deleted** “If the ID Verification field on the Criminal History database is “U”, the transition case manager will contact central records to determine the verification of the inmate” in “Note” section of Section 2 C. **Deleted** “on the second QS screen on mainframe” and **Replaced** with “In the Personal Information Screen in COMS” and **Deleted** “noted on the comments section” and **Replaced** with “recorded on the Holds/Warrants/Detainer screen in COMS” in Section 2 D. 2. **Deleted** “demographics screen within mainframe” and **Replaced** with “Personal Information Screen in COMS” in Section 2 D 4. **Added** “Inmates may be authorized by unit staff or a transition case manager to maintain possession of their driver license for work purposes.” in Section 8 A.

July 2013: **Deleted** “For the purpose of this policy, IDs may consist of anything that is solely connected with an inmate’s identity, such as” and **Replaced** with “Current, (not expired)” and **Added** “nondriver’s license ID, U.S. passport, U.S. Military ID, health insurance or Medicaid card, employee ID card/badge, certificate of naturalization or Citizenship” to definition of Identification Documents. **Added** definition of “Citizenship Documents” **Deleted** term “offender” and **Replaced** with “inmate” throughout the policy. **Added** “CTP” to Section 1 A. **Added** “if it is determined an inmate (described above) does not have” and **Deleted** “is needed by the inmate” in Section 1 B. **Deleted** “identification documents” and **Replaced** with “valid social security card, driver’s license or birth certificate” and **Added** “mailroom staff will notify the inmate and records staff of the receipt of these documents” in Section 1 A.1 b. **Added** a. to Section 1 A. 3. **Added** “and shall be compared to other records to establish an inmate’s identification” in Section 1 B. 1. “Note”. **Added** “and identification documentation” and **Added** “reviewed and” and **Deleted** “any information” and **Replaced** with “an inmate’s correct identification” and **Deleted** “matched” and **Replaced** with “verified” in Section 1 C. **Added** c. to Section 2 A. 1. **Deleted** “has not been issued a SS card” **Deleted** “the replacement” and **Added** “(original SS number/card, or corrected replacement card, (including name change requests))” in Section 5 A. **Added** 4. to Section 5 A. **Deleted** “they are” and **Replaced** with “may be” and **Added** “under the memorandum of understanding between the DOC and SSA” in Section 6 A. **Added** 1-4 in Section 6 b. **Deleted** “complete” and **Replaced** with “update” and **Added** “(Sioux Falls for males and Huron for females)” in Section 7 A. **Added** “FBI or SD DCI records, the inmate will be referred to” in Section 7 B. 4. a. **Added** 3. to Section 9 A.

January 2015: **Deleted** “at the time of admission” and **Replaced** with “when the Transaction Key check box is checked on the Key Date screen” in Section 2 A. 3. **Added** b. to Section 9 A. **Added** “SSA-3288 to Section 5 A. 2. **Added** “unless the inmate also completes a Form SSA-3288, which allows the SSA to send the SS card to the facility” to the “Note” in Section 5 A.

January 2016: **Reviewed** with no changes.

January 2017: **Reviewed** with no changes.

February 2018: **Added** Section 4.

February 2019: **Updated** Attachment 4 and 5 to reflect revised federal form.

July 2019: **Added** “received” and **Deleted** “identified for release or discharge through review of the pre-release list” in Section 3 A. **Added** “photocopy of their blue DOC ID (front and back) or state issued driver license” in Section 3. B. 1. b. **Deleted** “unit staff or transitional case manager” and **Replaced** with Admission and Orientation unit staff” in Section 3. **Deleted** “12 months” and **Replaced** with “24 months” in Section 4 C. 4. **Added** “may apply for a state ID” in Section 4 D. 1. **Deleted** “120 days” and **Replaced** with “180 days” in Section 7 C. 1. and 2.

January 2020: Reviewed with no changes.

Mike Leidholt (original signature on file)

Mike Leidholt, Secretary of Corrections

01/30/2020

Date

Attachment 1: New Inmate Interview Questionnaire

The *New Inmate Interview Questionnaire* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\New Inmate Interview Questionnaire.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public		Attachment: New Offender Interview Questionnaire Please refer to DOC policy 1.1.A.7 Offender Identification Procedures	
NEW OFFENDER INTERVIEW QUESTIONNAIRE (BE AS ACCURATE AND COMPLETE AS POSSIBLE; WRITE SO IT CAN BE READ)			
Inmate #:	Name:	Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other <input type="checkbox"/>	
	Last	Please Specify if Applicable First MI	
Alias/Work Name or Maiden Name:			
SSN:	Date of Birth:	Place of Birth:	
	mm/yyyy	Street Address City State	
Last address lived at:			
Street Address City State			
Last grade attended:		Did you attend college: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you receive a diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>		Did you obtain a GED: Yes <input type="checkbox"/> No <input type="checkbox"/>	
List any college (s) or vocational education you received: (Name of school, city and state of school):			
College(s) or Vocational Training(s)		City and State where school is located	
List your most recent drug, alcohol or mental health treatment:			
Name of Institution City & State of Institution Year Received Alcohol, Drug or Mental Health			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Tribal <input type="checkbox"/>			
Affiliated			
Religious Preference:			
Military Experience: Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: Yr. Enlisted: Yr. Discharged:			
Type of Discharge:			
Have you ever been in a SD State Prison: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when:			
What were you incarcerated for:			
Prior Felonies: State: Year:			
Last Employer:			
Business Name City & State Length of Employment: Job Title			
Emergency Contact:		Relationship to You:	
Address:			
Street or P.O. Box City & State Telephone #			
Inmate's Physical Description: Sex: Height: Weight: Eyes: Hair:			
Race: Caucasian <input type="checkbox"/> African Amer. <input type="checkbox"/> Nat. Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/>			
Complexion: Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Build: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>			
Revised: 3/2/2009		Page 1 of 1	

Attachment 3: Authorized DOC Officials Document

The *Authorized DOC Officials Document* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Authorized DOC Officials Document.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: ???	Attachment: Authorized DOC Officials Document Please refer to DOC policy 1.1.A.7 Offender Identification Procedures		
	DEPARTMENT OF CORRECTIONS <i>Records Office</i> P.O. Box 3011 Sioux Falls, SD 57117-5911 Phone: (605) 367-5140 Fax: (605) 367-5584		
AUTHORIZED DOC OFFICIALS DOCUMENT			
Date: <input type="text"/>			
Social Security Administration Local Office Address: <input type="text"/>			
Dear: <input type="text"/>			
Pursuant to procedures contained in the Memorandum of Understanding (MOU) between our agencies, I hereby authorize the following staff to submit offender applications for replacement SSN cards to your office and certify the identifying information found in inmates' official prison records:			
<i>Signature</i>	<i>Print Name</i>	<input type="text"/>	<i>Job Title</i>
<i>Signature</i>	<i>Print Name</i>	<input type="text"/>	<i>Job Title</i>
<i>Signature</i>	<i>Print Name</i>	<input type="text"/>	<i>Job Title</i>
<i>Signature</i>	<i>Print Name</i>	<input type="text"/>	<i>Job Title</i>
<i>Signature</i>	<i>Print Name</i>	<input type="text"/>	<i>Job Title</i>
<i>Signature</i>	<i>Print Name</i>	<input type="text"/>	<i>Job Title</i>
<i>Signature</i>	<i>Print Name</i>	<input type="text"/>	<i>Job Title</i>
Please contact me at () - . If you have any questions.			
			Sincerely, <input type="text"/> <i>Signature</i>
			<input type="text"/> <i>Print Name</i>
			Secretary of Corrections <i>Job Title</i>
Revised: 3/3/2009		Page 1 of 1	

Attachment 4: Application for a Social Security Card, SS-5

The **Application for a Social Security Card, SS-5** form is located on the Social Security Administrations website. Or click here <https://www.ssa.gov/forms/ss-5.pdf>.

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card				Form Approved OMB No. 0960-0086	
1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1				
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			Office Use Only FCI	4 DATE OF BIRTH MMDD/YYYY
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7 RACE Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
8	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female				
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH First Full Middle Name Last				
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)				
10	A. PARENT/ FATHER'S NAME First Full Middle Name Last				
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)				
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1 First Full Middle Name Last				
13	Enter any different date of birth if used on an earlier application for a card MMDD/YYYY				
14	TODAY'S DATE MMDD/YYYY		15 DAYTIME PHONE NUMBER Area Code 605 367-5190 Number		
16	MAILING ADDRESS (Do Not Abbreviate) City State/Foreign Country ZIP Code SIOUX FALLS SD 57117-5911 c/o SD DOC Central Records, PO BOX 5911 Street Address, Apt. No., PO Box, Rural Route No.				
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
17	YOUR SIGNATURE		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify		
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC		NTI	
PBC		EVA		PRA	
EVI		EVC		DNR	
EVA		EVC		UNIT	
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DATE		
			DCL		
			DATE		

Form SS-5 (06-2011) of (09-2011) Destroy Prior Editions Page 5

Attachment 5: Consent for Release of Information, SSA-3288

The **Consent for Release of Information, SSA-3288** form is located on the Social Security Administrations website.

A copy may be printed by going to <https://www.ssa.gov/forms/ssa-3288.pdf>


Social Security Administration Consent for Release of Information	Form Approved OMB No. 0960-0566
Instructions for Using this Form	
Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.	
NOTE: Do not use this form to:	
<ul style="list-style-type: none">• Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or• Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.	
How to Complete this Form	
We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.	
<ul style="list-style-type: none">• Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.• Fill in the name and address of the person or organization where you want us to send the requested information.• Specify the reason you want us to release the information.• Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.• For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.• If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.	
PRIVACY ACT STATEMENT	
Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:	
<ol style="list-style-type: none">1.To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and/or coverage;2.To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;3.To comply with Federal laws requiring the disclosure of the information from our records; and,4.To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.	
We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, www.socialsecurity.gov , or at your local Social Security office.	
PAPERWORK REDUCTION ACT STATEMENT	
This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u> . You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov . Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.	
Form SSA-3288 (11-2016) of Destroy Prior Editions	

Attachment 6: Certification of Prison Records

The *Certification of Prison Records* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Certification of Prison Records.doc>


The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution:		Attachment: Certification of Prison Records Please refer to DOC policy 1.1.A.7 Offender Identification Procedures											
		DEPARTMENT OF CORRECTIONS <i>Records Office</i> P.O. Box 5811 Sioux Falls, South Dakota 57117-5911 Phone: (605) 367-5140 Fax: (605) 367-5584											
CERTIFICATION OF PRISON RECORDS													
		<table border="1"><tr><td>Date:</td><td> </td></tr><tr><td>Inmate Name:</td><td> </td></tr><tr><td>Inmate ID #:</td><td> </td></tr><tr><td>Social Security #:</td><td> </td></tr></table>		Date:		Inmate Name:		Inmate ID #:		Social Security #:			
Date:													
Inmate Name:													
Inmate ID #:													
Social Security #:													
Social Security Administration Local Office 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 Inmate.													
I, the undersigned, certify that I have reviewed appropriate documents in the above named Inmate's official prison record; that the identifying information show below is accurate according to the record;													
		<table border="1"><tr><td>Name:</td><td> </td></tr><tr><td>Date of Birth:</td><td> </td></tr><tr><td>Place of Birth:</td><td> </td></tr><tr><td>Mother's Maiden Name:</td><td> </td></tr><tr><td>Father's Name:</td><td> </td></tr></table>		Name:		Date of Birth:		Place of Birth:		Mother's Maiden Name:		Father's Name:	
Name:													
Date of Birth:													
Place of Birth:													
Mother's Maiden Name:													
Father's Name:													
Other Names Used By Inmate: 		Other Social Security Numbers Used By Inmate: 											
If you have any further questions, please contact me between the hours of to . My telephone number is .													
		<table border="1"><tr><td> </td></tr><tr><td>Typed Name of Authorized Official</td></tr><tr><td> </td></tr><tr><td>Job Title of Authorized Official</td></tr></table>			Typed Name of Authorized Official		Job Title of Authorized Official						
Typed Name of Authorized Official													
Job Title of Authorized Official													
Revised: 3/2/2009		Page 1 of 1											

Attachment 7: Replacement SSN Card Application List

The **Replacement SSN Card Application List** form is located at:
<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Replacement SSN Card Application List.doc>

The gray areas indicate the information that is to be entered.


South Dakota Department of Corrections Policy Distribution:	Attachment: Replacement SSN Card Application List Please refer to DOC policy 1.1.A.7 Offender Identification Procedures		
	DEPARTMENT OF CORRECTIONS Records Office P.O. Box 5811 Gloux Falls, South Dakota 57117-5811 Phone: (605) 367-5140 Fax: (605) 367-5584		
REPLACEMENT SSN CARD APPLICATION LIST			
Date: 			
Social Security Administration Attn: 			
Dear :			
Pursuant to procedures contained in the Memorandum of Understanding between the South Dakota Department of Corrections and Social Security Administration, we are enclosing recently completed SS-5 applications for replacement Social Security Number cards for the following inmates:			
	Inmate Complete Name		Inmate Prison Identification Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
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 me. Thank you for your time.			
Sincerely: <div style="text-align: center; margin-top: 10px;"> <hr style="width: 100%; border: 0.5px solid black;"/> Typed Name of Authorized DOC official </div>			
Revised: 10/31/2008		Page 1 of 1	

Attachment 8: Birth Certificate Application Cover Letter

The *Birth Certificate Application Cover Letter* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Birth Certificate Application Cover Letter.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution:	Attachment: Birth Certificate Application Cover Letter Please refer to DOC policy 1.1.A.7 Offender Identification Procedures
	DEPARTMENT OF CORRECTIONS <i>Records Office</i> P.O. Box 5911 Sioux Falls, South Dakota 57117-5911 Phone: (605) 367-5140 Fax: (605) 367-5584
BIRTH CERTIFICATE APPLICATION COVER LETTER	
Date: <input type="text"/>	
Address of Vital Records Department: <input type="text"/>	
To Whom It May Concern:	
I am currently an inmate at the South Dakota Department of Corrections. I would like to obtain a copy of my Birth Certificate to help with obtaining a State Issued I.D./Driver's License upon release.	
Inmate Name: <input type="text"/>	
Date of Birth: <input type="text"/>	
Father's Name: <input type="text"/>	
Mother's Maiden Name: <input type="text"/>	
Please send copy of this Inmate's Birth Certificate to: Department of Corrections Records Office P.O. Box 5911 Sioux Falls, SD 57117-5911	
Sincerely;	
_____ Inmate Signature	_____ Date
_____ Staff Signature	_____ Date
Revised: 10/21/2008	Page 1 of 1

Attachment 9: South Dakota Application for a Birth Record

The **South Dakota Application for a Birth Record** form is located on the South Dakota Department of Health's website.

A copy may be printed by going to www.vitalrecords.sd.gov as follows:

- Click on **Order Records** on the left side of the screen.
- Click on **birth** located on the second bullet under **Ordering Birth, Death and Marriage Records**
- Print our form.

Page 1 of 2

Page 2 of 2


South Dakota Application for a Birth Record	VITAL RECORD APPLICATION INSTRUCTIONS																																														
<p>To receive a birth record you must:</p> <ul style="list-style-type: none"> Choose an ordering method (see Ordering Methods in the instructions). Choose the type of identification that you need (see Identification in the instructions). Determine what fees apply to your request (see Fees in the instructions). Determine if you meet the eligibility requirements (see Eligibility in the instructions). <p>NOTE: If you need to order more than one type of Vital Record (e.g., a birth and marriage record) you need to complete Sections 1 and 2 (and Sections 3 or 4 if applicable) on this form and the Application for Vital Records Addendum.</p> <p>Section 1</p> <p>CUSTOMER'S FULL NAME</p> <p>STREET ADDRESS (If your mailing address is a P.O. Box, please include your street address if available)</p> <p>CITY STATE ZIP PHONE NUMBER</p> <p>I understand that by signing this application, the information that I provide is accurate to the best of my knowledge.</p> <p>Customer's Signature _____ Today's Date _____</p> <p>Section 2</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>FIRST NAME</td> <td>MIDDLE NAME</td> <td>LAST NAME</td> </tr> <tr> <td>DATE OF BIRTH</td> <td>CITY AND/OR COUNTY OF BIRTH</td> <td></td> </tr> <tr> <td>MOTHER'S FIRST NAME</td> <td>MIDDLE NAME</td> <td>MOTHER'S NAME(S) PRIOR TO FIRST MARRIAGE</td> </tr> <tr> <td>FATHER'S FIRST NAME</td> <td>MIDDLE NAME</td> <td>LAST NAME</td> </tr> </table> <p>TYPE OF COPY FOR USE ONLY (This area will be completed to receive a certified copy)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Certified</td> <td><input type="checkbox"/> Certified Photocopy</td> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Consanguine, grandchild over 18 (See Instructions)</td> </tr> <tr> <td><input type="checkbox"/> Informational</td> <td><input type="checkbox"/> Informational Photocopy</td> <td><input type="checkbox"/> Current Spouse</td> <td><input type="checkbox"/> Duration</td> <td><input type="checkbox"/> Disputed Title (Please complete section 4)</td> </tr> <tr> <td colspan="5"><small>(A photocopy is a photocopy of the original record returned to legal processes)</small></td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Power <input type="checkbox"/> Personal Document, Affidavit or Petition <input type="checkbox"/> Personal or Property Right <input type="checkbox"/> Record over 22 years</td> </tr> </table> <p>Section 3</p> <p>MAIL APPLICANT'S CERT - Applicants who are applying to order a certified OTHER a clear copy of a government issued photo ID that contains the applicant's signature OR submit a certified application.</p> <p>Submitted to and sworn before this (date) _____ SEAL</p> <p>Signature of Notary Public: _____</p> <p>My commission expires: _____</p> <p>Section 4</p> <p>DISPUTED RIGHTS CERT - The individual who is designating an agent to collect the record must complete this section and have their signature notarized.</p> <p>I, _____, after being duly sworn upon oath, _____ SEAL</p> <p>do hereby authorize _____ to act as my designating agent to obtain certified copies of the records.</p> <p>Signature of person designating an agent: _____</p> <p>Submitted to and sworn before this (date) _____ FOR OFFICIAL USE ONLY</p> <p>Signature of Notary Public: _____</p> <p>My commission expires: _____</p>	FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	CITY AND/OR COUNTY OF BIRTH		MOTHER'S FIRST NAME	MIDDLE NAME	MOTHER'S NAME(S) PRIOR TO FIRST MARRIAGE	FATHER'S FIRST NAME	MIDDLE NAME	LAST NAME	<input type="checkbox"/> Certified	<input type="checkbox"/> Certified Photocopy	<input type="checkbox"/> Self	<input type="checkbox"/> Other	<input type="checkbox"/> Consanguine, grandchild over 18 (See Instructions)	<input type="checkbox"/> Informational	<input type="checkbox"/> Informational Photocopy	<input type="checkbox"/> Current Spouse	<input type="checkbox"/> Duration	<input type="checkbox"/> Disputed Title (Please complete section 4)	<small>(A photocopy is a photocopy of the original record returned to legal processes)</small>					<input type="checkbox"/> Power <input type="checkbox"/> Personal Document, Affidavit or Petition <input type="checkbox"/> Personal or Property Right <input type="checkbox"/> Record over 22 years					<p>To receive a birth record you must:</p> <ol style="list-style-type: none"> Choose an ordering method (see Ordering Methods). Choose the type of identification that you need (see Identification). Determine what fees apply to your request (see Fees). Determine if you meet the eligibility requirements (see Eligibility). <p>NOTE: If you are ordering multiple types of vital record (e.g., a birth and marriage record) you need to complete Sections 1 and 2 (and Sections 3 or 4 if applicable) on this form and the Application for Vital Records Addendum.</p> <p>ORDERING METHODS</p> <p>Vital Records requests can be made using the following methods:</p> <ul style="list-style-type: none"> Internet orders at www.vitalrecords.sd.gov with a credit card. An additional fee of \$11.50 for expedited processing applies if you choose this method. Telephone orders at (605) 773-4831. An additional fee of \$11.50 for expedited processing applies if you choose this method. Mail orders may be sent to: VITAL RECORDS Requests made via mail MUST INCLUDE a completed application form, the appropriate fees and proof of identity as described below. Please mail requests to the address listed in the upper right portion of the South Dakota Application for a Birth Record. In Person requests can be processed at any South Dakota county Register of Deeds office or at the State Vital Records Office. Please be ready to provide proof of your identity as outlined below in the Identification section, pay the appropriate fees and complete this application form. <p>IDENTIFICATION</p> <p>Applicants who are applying to mail must OTHER submit a clear copy of a CURRENT government issued photo ID that contains the applicant's signature OR have a notary public receive their signature on Section 3 of the application. No government issued ID: You must send a clear photocopy of any ONE of the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Social Security Card</td> <td>Pay stub (must include your name, social security number and the name and address of the business)</td> </tr> <tr> <td>Utility bill with current address</td> <td>Car registration or title with current address</td> </tr> <tr> <td>Bank statement with current address</td> <td>Car registration or title with current address</td> </tr> </table> <p>FEES - Payment should be made in the form of a check or money order to VITAL RECORDS Certified or informational copy of a Birth Record or a certified or informational reproduction of a record searched: _____ \$10 per record Expedited processing (the phone or internet requests only): _____ \$11.50 in addition to \$10 per record</p> <p>ELIGIBILITY</p> <p>By state law, vital records are not open for public inspection. Vital records may be issued in the form of a certified or an informational copy. Only certain individuals are eligible to obtain a certified copy of a vital record (see below to determine if you qualify). Not qualified to receive a certified copy of a vital record: Any person who submits an application and the applicable fee can obtain an informational copy of a vital record.</p> <p>Certified Copies When possible, the record will be computer generated, issued on security paper with a raised seal and have the signature of the issuing agent. Applicants can request a photocopy copy (a photocopy of the original) if a computer generated copy does not contain enough of the needed information. Individuals eligible for a certified copy are the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Self</td> <td>Designated Agent - Someone given the authority by another individual to obtain a vital record on his or her behalf. You must complete Section 4.</td> </tr> <tr> <td>Current Spouse - If qualified, please submit documentation of your legal guardianship.</td> <td>Disputed or Suspected - A right to the record not included in the categories above. Please submit documentation of the right with your application.</td> </tr> <tr> <td>Next of Kin - Grandparents, grandchildren over 18 and siblings only</td> <td></td> </tr> <tr> <td>Attorney, Guardian or Power of Attorney writing on behalf of the family</td> <td></td> </tr> </table> <p>Informational Copies These copies will be made on plain paper and contain the statement "For Informational Purposes Only. Not for Legal. Photocopies of informational copies will be made from the computer unless a photocopy of a copy of the original is returned."</p>	Social Security Card	Pay stub (must include your name, social security number and the name and address of the business)	Utility bill with current address	Car registration or title with current address	Bank statement with current address	Car registration or title with current address	Self	Designated Agent - Someone given the authority by another individual to obtain a vital record on his or her behalf. You must complete Section 4.	Current Spouse - If qualified, please submit documentation of your legal guardianship.	Disputed or Suspected - A right to the record not included in the categories above. Please submit documentation of the right with your application.	Next of Kin - Grandparents, grandchildren over 18 and siblings only		Attorney, Guardian or Power of Attorney writing on behalf of the family	
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Attachment 10: Driver Licensing Cover Letter

The *Driver Licensing Cover Letter* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Driver Licensing Cover Letter.doc>

The gray areas indicate the information that is to be entered.

	<p>DEPARTMENT OF CORRECTIONS ADMINISTRATION 3200 East Highway 34 c/o 500 East Capitol Avenue Pierre, SD 57501-5070 Phone: (605) 773-3478 Fax: (605) 773-3194</p>
<p>June 28, 2019</p>	
<p>TO: South Dakota Driver's Licensing ATTN: Christa Campbell</p>	
<p>FROM: "Staff Name"</p>	
<p>RE: Duplicate Identification Cards</p>	
<p>Please provide duplicate ID's for the individuals listed below. Payment will be through Non-Cash Voucher(s) to the Department of Corrections, C/O Jackie Hanson, 3200 East Hwy 34 Pierre, SD 57501.</p>	
<p>Please mail all ID's to:</p>	
<p>South Dakota Department of Corrections Central Records Office P.O. Box 5911 Sioux Falls, SD 57117-5911</p>	
<p>Thank you,</p>	
<p>Staff Name Title Address and Phone Number</p>	