

State of Vermont Agency of Human Services Department of Corrections	TITLE: Agency of Human Services Non-employee (Inmate) Identification Card	Pages 1 of 4
Chapter	INTERIM PROCEDURE - NEW	
Attachments, Forms & Companion Documents: 1. AHS Non-employee ID Card Application Form		
Approved: <div style="display: flex; justify-content: space-between;"> <div data-bbox="186 661 673 726"> _____ Robert D. Hofmann, Commissioner </div> <div data-bbox="763 661 933 726"> <u>June 2, 2006</u> Date Signed </div> <div data-bbox="1063 661 1274 726"> <u>June 12, 2006</u> Effective Date </div> </div>		

PURPOSE

The purpose of this administrative directive is to describe the procedures to be followed in order to provide inmates being released with a photo Agency of Human Services Identification Card.

DEFINITIONS

Agency of Human Services Non-employee ID: A photo identification card issued by the Agency of Human Services for inmates who need a temporary form of identification as they reintegrate into a community.

PROCEDURAL GUIDELINES

1. Eligibility: All inmates who have been incarcerated for more than three (3) months, with an approved need, are eligible for an Agency of Human Services Identification Card (ID). Inmates who have been incarcerated less than three (3) months will not routinely receive an identification card; however, if they have an extraordinary documented need, they may also apply for a card.
2. Issuance: Each individual facility will be responsible for the issuance of identification cards to inmates being released from their facility.
3. Approval and Issuance Process:
 - a. Each requesting inmate will submit an application (*Attachment 1*) to their Caseworker or Superintendent designee.
 - b. Each Caseworker or designee will have five (5) working days to approve or deny the request. Current court records and documents will be used to verify the date and place of birth, as well as the inmate's name, provided on the application document.

- c. The Caseworker or designee will attempt to have family members, or others who may be in possession of current identification documentation, send those documents to the respective inmate.
- d. The Caseworker or designee will forward a copy of the application to the assigned Admissions Supervisor once it has been approved.
- e. The Admissions Supervisor will have five (5) working days to issue the Agency Identification Card.

4. Card Information: Each card will contain the following information in addition to the clearly stated VERMONT Agency of Human Services Non-Employee Identification, with the Agency Secretary Signature in the lower right hand corner:

- a. Picture
- b. Name(under picture)
- c. Date of Birth
- d. Place of Birth
- e. Date Issued
- f. Expiration (One year from issuance)
- g. Height:
- h. Weight:
- i. Eyes (color)
- j. Sex (M/F)
- k. Signature on the front of the card above the place of birth

5. Records Maintenance: Maintenance of the card records will be the responsibility of each individual facility. An electronic record of all cards issued must be maintained for end of the year reporting. Each individual Caseworker will be responsible for maintaining records of all inmate requests and the decision on each. Each facility Admissions Supervisor will be responsible for the approved applications received and documentation of correspondence regarding the number of identification cards issued.

6. Lost/Damaged Cards: If the ID card is lost or damaged, the application process will be repeated in order to issue a new card.

7. Equipment Security: Each facility will be responsible for the security of the ID card equipment, as well as maintaining the blank card forms.

- a. The ID system utilizes security photograph equipment and a controlled, standard card format for each category of card.
 - i. Staff handling the identification equipment and supplies shall be trained in the use of the equipment and the security procedures related to its use and storage.

- ii. The equipment and supplies shall be maintained in a secure location. All blank ID cards shall be:
 - maintained in a secure location
 - accounted for at all times
 - b. Cards that are voided must be so marked and recorded. The voided card shall only be destroyed upon approval of the Security and Operations Supervisor.
 - c. No blank ID card may be signed in advance.
 - d. If there are inmates in the area where the photographs are taken, all supplies shall remain under lock and key, unless in use under the direct supervision of staff. On a daily basis assigned staff shall examine equipment and the controlled supplies to ensure accountability, and shall document this in the log.
 - e. Each facility shall be responsible for ordering and purchasing supplies for ID card production from the Department's designated supplier only.
 - f. Each facility shall maintain a record of each photograph ID prepared and each individual to whom a card is issued and the date.

8. Term of ID Cards

Cards will be valid for one (1) year from the date of issuance.

9. Audit Standards

- a. This directive will be audited annually.
- b. Auditors will review any or all Caseworker or designee application records.
- c. Auditors will review the records of the Admissions Supervisor and corresponding Agency Identification Cards issued.
- d. Auditors may review all inmate grievance records for concerns about the ID process and facility compliance to it.
- e. Auditors will review the end of the year report concerning this directive.

ATTACHMENT 1

AGENCY OF HUMAN SERVICES NON-EMPLOYEE ID CARD

APPLICATION FORM

1. Inmate Name: _____ Date _____
2. Housing Unit: _____
3. Caseworker: _____
4. Prospective Release Date: _____
5. Date of Birth: _____
6. Place of Birth: _____
7. Height: _____
8. Weight: _____
9. Gender: _____
10. Color of Eyes: _____
11. Most Recent Address (Prior to Incarceration) _____

12. Reason for Application: (Please state why you have no other forms of identification; e.g., Drivers License, Social Security Card, Birth Certificate) _____

13. Approved/Denied - Explanation: _____

14. Date of Approval: _____ By whom: _____
15. Date of Issuance: _____ Date of Expiration: _____
16. Inmate Signature: _____