

**MEMORANDUM OF UNDERSTANDING**  
**between**  
**COUNTY OF SANTA BARBARA**  
**and**  
**FEDERAL CORRECTIONAL COMPLEX LOMPOC**

**I. PURPOSE**

This Memorandum of Understanding (MOU) is hereby entered into between the County of Santa Barbara and Federal Correctional Complex Lompoc. This MOU will be administered by the County Department of Social Services (hereinafter referred to as DSS) on behalf of the County and by the Federal Correctional Complex Lompoc (hereinafter referred to as FCC Lompoc). The purpose of the MOU is for the provision of DSS Eligibility Worker(s) (EWs) to conduct informational presentations to inmates with an upcoming release date. These presentations will include information about DSS programs, such as: Medi-Cal, General Relief and/or CalFresh programs. Presentations will be conducted at each facility in the FCC Lompoc complex to include: FCC Lompoc; Federal Correctional Institution (FCI) 1 - low security; FCI 2 – low security; and minimum security satellite (camp North and camp South).

**II. POINTS OF CONTACT**

Beatriz Austin, ReEntry Affairs Coordinator  
Federal Correctional Complex Lompoc  
3901 Klein Boulevard  
Lompoc, CA 93436  
(805) 736-4154, ext. 5556

Brian Hildenbrand, ReEntry Affairs Coordinator  
Federal Correctional Complex Lompoc  
3901 Klein Boulevard  
Lompoc, CA 93436  
(805) 735-2771, ext. 3515

DSS Primary Contact for Program related issues:

Dario Predazzi, Division Chief  
Department of Social Services  
2125 S. Centerpointe Parkway  
Santa Maria, CA 93455  
(805) 346-7553

Schedule and Outstation Assignment:

Janet Harrison, Eligibility Supervisor  
Department of Social Services  
1100 W. Laurel Avenue  
Lompoc, CA 93436

(805) 737-7093

Adriana Hernandez, Lead Worker  
Department of Social Services  
1100 W. Laurel Avenue  
Lompoc, CA 93436  
(805) 737-6048

### **III. SCOPE OF WORK**

#### **A. DSS agrees to:**

1. Assign EW(s) to conduct informational presentations on Medi-Cal, General Relief and/or CalFresh.
  - i. The assignment and reassignment of the EW(s) shall be at the sole discretion of DSS and shall be made in accordance with applicable laws and regulations and as set forth in agreements with employee organizations.
  - ii. Supervision of the EW(s) shall be the sole responsibility of DSS.
  - iii. All DSS personnel are required to complete a background check as determined by FCC and complete a Initial Level 2 Badge training and yearly badge training thereafter, among other required FCC trainings (Attachment A).
  - iv. Provide brochures and other available resources regarding the Medi-Cal, General Relief and/or CalFresh programs.
2. Monitor the EW(s) assigned to make informational presentations at FCC Lompoc facilities for compliance with the reasonable rules and regulations of FCC Lompoc applicable to all FCC Lompoc visitors for their safety as reflected in the Reentry Visitor Information Flyer (Attachment B).

#### **B. FCC Lompoc agrees to:**

1. Operate a program for the reentry of released inmates into the community.
2. Ensure the safety of the EW(s) by having the ReEntry Affairs Coordinator and an officer oversee the interactions between the EW(s) and the inmates at all times.

#### **C. Joint Responsibilities of Both Parties:**

1. Work cooperatively in the scheduling of informational presentations to FCC Lompoc inmates. The schedule is subject to change depending on DSS business needs or other operational factors.

2. Efforts will be made by both parties to meet as needed to discuss, review, and coordinate informational presentation between the parties.
3. Collaboration to improve service delivery.

#### **IV. FISCAL PROVISIONS**

Operation of this work will not generate any costs billable from one party to the other.

#### **V. CONFIDENTIALITY**

Each party has a legal obligation to protect confidential data and Protected Client Information (PCI) in its possession, especially data and information concerning health, mental health, criminal and public assistance records. This information includes, but is not limited to, client name, address, social security number, date of birth, driver's license number, identification number, or any other information that identifies the individual. Confidential information requires special precautions to protect it from loss, unauthorized use, access, disclosure, modification, and destruction.

The parties to this MOU shall keep all confidential information exchanged between them in the strictest confidence, in accordance with all Federal and State laws and regulations.

#### **VI. NON-DISCRIMINATION CLAUSE**

Each of the undersigned mutually affirm that it shall not discriminate against any person in any aspect of education or employment, on the basis of race, color, ancestry, religion, gender, marital status, national origin, ethnic identification, age, sexual orientation, mental or physical disability, medical condition or veteran status.

#### **VII. INDEPENDENT CAPACITY**

- A. It is understood that DSS and FCC Lompoc are independent entities and that no employer-employee relationship exists between the parties hereto. This MOU is not intended to and shall not be construed to create the relationship of the agent, officer, employee, partnership, joint venture, or association between FCC Lompoc and DSS.
- B. DSS shall defend, indemnify, and hold FCC Lompoc, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this MOU, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or

result from the negligence, recklessness, or willful misconduct on the part of DSS, its officers, employees or agents.

- C. FCC Lompoc shall defend, indemnify, and hold DSS, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this MOU, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligence, recklessness, or willful misconduct on the part of FCC Lompoc, its officers, employees or agents.

## **VIII. DISPUTES**

If a dispute arises from this MOU involving interpretation, implementation or conflict of policy or procedures, the parties shall meet to resolve the problem within applicable state/federal laws and regulations and each party's policies, rules and regulations. To the extent possible, both parties shall ensure that any dispute will not disrupt the delivery of services.

## **IX. TERM AND AMENDMENT**

- A. This MOU constitutes the entire agreement between the parties hereto with respect to the subject matter herein and all prior or contemporaneous agreements of any kind or nature relating to the same shall be deemed superseded by this MOU.
- B. No verbal commitment or conversation with any officer, agent, or employee of either party shall affect or modify any of the terms and conditions of the MOU.
- C. This MOU may be amended or modified at the written request of either party and upon written agreement of both parties.
- D. The term of this MOU shall be for a period of five (5) years, terminating on June 30, 2031. Either party may terminate this MOU for any reason with a thirty (30) day written notice to the other party.

For notices pursuant to this MOU:

Department of Social Services  
2125 S. Centerpointe Parkway  
Santa Maria, CA 93454  
(805) 346-8362  
Attn: Contracts Coordinator

Beatriz Austin, ReEntry Affairs Coordinator  
FCC Lompoc  
U.S. Penitentiary  
3901 Klein Boulevard  
Lompoc, CA 93436  
(805) 36-4154, ext. 5556



# **Institution Directions**

**Directions to the  
United States Penitentiary (FCI 2)  
3901 Klein Blvd.  
Lompoc, CA 93436**

**Directions to the  
Federal Correctional Institution (FCI 1)  
3600 Guard Rd.  
Lompoc, CA 93436**

## **Directions from Los Angeles:**

**Take US 101 North  
Just North of Gaviota, exit Hwy 1 – Lompoc/ Vandenberg AFB  
Turn left on Ocean Avenue (17 miles from US 101)  
Continue through Lompoc for approximately 5 miles  
Turn right on Floradale (Santa Lucia Canyon Road) for 1.5 miles  
FCI 1, FCI 2, and Camps institutions are on the Left.**

## **Directions from Santa Maria:**

**Take Hwy 1 toward Vandenberg AFB/Lompoc  
Turn right on Santa Lucia Canyon Road (Located before Vandenberg Village)  
Follow past the Vandenberg/Lompoc entrance gate.  
FCI 1, FCI 2, and Camps institutions are on the Right.**

## **Directions from Lompoc:**

**Proceed West on Central Avenue to the intersection of Floradale  
Turn North (right) on Floradale  
Continue past the FCC Farm and FCI (located on the left)  
FCI 1, FCI 2, and Camps institutions are on the Left.**

# CRIMINAL HISTORY CHECK

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

## AUTHORIZATION FOR RELEASE OF INFORMATION CRIMINAL HISTORY CHECK

I hereby authorize a representative of the Federal Bureau of Prisons to obtain information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at any Bureau facility. I also understand that refusal to provide all necessary information may result in (1) denial of entry into a Bureau facility and (2) denial of volunteer/contract status.

1. Name (Last, First, Middle)

2. Address (Street address — City, State, County, Zip Code)

3. Home Telephone Number (Area Code, Number):

4. Aliases/Nickname:

5. Citizenship (List the country you are a citizen of):

6. Social Security Number:

7. Date of Birth (Month, day, year):

8a. Sex:

8b. Race:

8c. Height:

8d. Weight:

8e. Color of Eyes:

9f. Color of Hair:

9. Place of Birth (City, State, County) List city, county, and country if outside the U.S.A.

10. The above-listed information is true and correct.  
Applicant's Signature

10a. Date

### PRIVACY ACT NOTICE

Authority for Collecting Information: E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301

Purposes and Uses: Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Non-Disclosures: Furnishing the requested information is voluntary, but failure to provide all or of part the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.

**\*\*This template is provided to assist Spanish-speaking persons who are not fluent in English to complete the corresponding Bureau form. It is a template only for instructional purposes, and should not be filled in.\*\***

**\*\*Este modelo se provee para ayudar a las personas que hablan español y no dominan el inglés para que completen el formulario correspondiente de la Agencia. Es solo un modelo que sirve como ejemplo, y no se debe completar.\*\***

**AUTORIZACIÓN PARA LA DISTRIBUCIÓN DE INFORMACIÓN  
CHEQUA LA HISTORIA CRIMINAL**

Por este medio autorizo a un representante de la Agencia Federal de Prisiones a obtener cualquier información sobre los antecedentes de mi historial criminal. Entiendo que este chequeo debe ser hecho antes de recibir permiso para entrar/servir en cualquier instalación de la Agencia Federal de Prisiones. También entiendo que la negación a proveer toda la información necesaria puede resultar en (1) la negación de mi entrada a una instalación de la Agencia Federal de Prisiones y (2) la negación de mi clasificación como voluntario/contratista.

1. Nombre (Apellido, Nombre, Segundo Nombre)
  2. Dirección (Número de Domicilio y Calle) (Ciudad, Estado, Condado, Código Postal)
  3. Número de Teléfono de Casa (Código de Área, Número):
  4. Alias/Apodos:
  5. Ciudadanía (Indique el país de su ciudadanía):
  6. Número de Seguridad Social:
  7. Fecha de Nacimiento (Mes, día, año):
  - 8a. Sexo:
  - 8b. Raza:
  - 8c. Estatura:
  - 8d. Peso:
  - 8e. Color de Ojos:
  - 8f. Color de Cabello:
  9. Lugar de Nacimiento (Ciudad, Estado, Condado), (Indique la ciudad, el condado y el país, si es afuera de EE.UU.)
  10. La información anteriormente listada es verdadera y correcta.
  - 10a. Fecha
- Firma de Solicitante

**AVISO SOBRE LA LEY DE PRIVACIDAD**

Autoridad para Obtener Información: E.O. 10450; 5 USC 1303-1305; 42 USC 2165 y 2455; 22 USC 2585 y 2519; y 5 USC 3301

Objetivos y Usos: La información provista en este formulario será entregada a individuos, con el fin de obtener información en cuanto a actividades como parte de una investigación realizada para determinar (1) la aptitud para obtener empleo Federal, (2) la autorización para realizar servicio contratado para el Gobierno Federal, (3) la autorización de seguridad o acceso. La información obtenida puede ser entregada a terceras partes, como lo sea necesario, para realizar las responsabilidades oficiales.

Efectos de Información No Divulgada: El proveer la información solicitada es voluntario, pero la falta de proveer toda o parte de la información puede resultar en la privación de futura consideración para empleo, para autorización o acceso, o puede resultar en la terminación de su empleo.



**U.S. Department of Justice  
Federal Bureau of Prisons**

Federal Correctional Complex  
Lompoc, California 93436

**Visiting Information**

Welcome, to the **Federal Correctional Complex**, Lompoc, CA. The **USP-FCI 2** facility address is **3901 Klein Blvd, Lompoc 93436**. The **FCI 1** facility address is **3600 Guard Rd, Lompoc 93436**.

The following information is being provided to assist you in preparing for your visit with us.

<b>CLOTHING</b>	Please do not wear khaki or dark green denim colored clothing. Do not wear shorts or tank tops. Business or Business casual attire is preferred and covered toe shoes are required.
<b>IDENTIFICATION</b>	Please have a current government issued photo ID card (i.e., driver's license, school ID (under 18), DMV ID, or passport
<b>PERSONAL ITEMS</b>	Please leave purses, cellular phones, personal pagers, and other personal items locked in your vehicle. Bring your ID and car keys with you.
<b>PARKING</b>	Visitor's parking is in the main lot to the left of the entrance into the USP lot. Park in marked stalls only.
<b>FRONT ENTRANCE</b>	Following the sidewalk from the parking lot to the covered building. You will complete forms and staff will conduct a search of your personal property. You will also be required to walk through a metal detector.
<b>TOBACCO BAN</b>	There are designated smoking areas. All buildings are considered non-smoking.
<b>DIRECTIONS</b>	From CA-1 North or South, take Santa Lucia Canyon exit approximately 2 miles to Klein Blvd.

If you have any questions or concerns regarding the above information, please contact Beatriz Austin or Brian Hildenbrand, Reentry Affairs Coordinators, at (805)735-2771, Extension 3515. You may also email us at [LOX-ReentryAffairsCoordinator@bop.gov](mailto:LOX-ReentryAffairsCoordinator@bop.gov)