Instructions for Completing the Social Security Administration (SSA)
Form SSA-157 Data Exchange Request Form (DXRF)

Use the current version of the DXRF form for submission. Form SSA-157, Office of Management and Budget (OMB) Control No. 0960-0802:
https://www.ssa.gov/dataexchange/documents/ssa-157.pdf

Data Request Section

1. **Name of organization requesting the data exchange.** Input your State Workforce Agency name.

2. **Indicate what type of organization you are.** Check the box next to "State & Local" under the heading "Government."

3. **Briefly state the purpose for requesting this information and tell us how your organization will use the data.** Input "Prisoner data will be used to determine eligibility for Unemployment Insurance (UI) benefits by cross-matching UI claims through the National Association for State Workforce Agencies' (NASWA) Interstate Connection Network (ICON)" into the text box.

4. **What specific information are you requesting from SSA? (Social Security number verification, benefit verification, disability payments, data elements, etc.).** Input "Prisoner Update Processing System (PUPS) data" into the text box.

5. **What data elements will you send to support your request (e.g., SSN, name, date of birth), if applicable?** Input "SSN, Name, Date of Birth" into the text box.

6. **Is your organization currently receiving this information by another means (e.g., paper reports, etc.)?**
   - If your state does not currently receive PUPS data, check the box for "No".
   - If your state currently receives PUPS data from SSA, but you prefer to receive it through ICON, check the box for "Yes" and explain in the text box below.

7. **Describe the benefit to your organization of receiving this data.** Input "Incarcerated individuals are ineligible to receive UI benefits. Having incarceration data at the time of application will assist [Insert Name of State] in preventing payment of benefits to ineligible individuals."

8. **Is there any benefit to SSA?** Check the box for "No".

9. **What is the impact to your organization if it does not receive this data?** Input "[Insert Name of State] will be unable to ensure benefits are paid only to eligible individuals resulting in losses to the state UI trust fund and higher UI employer payroll taxes at both the state and

federal levels" into the text box.

10. **SSA generally requires that you pay for our services. Are you willing to incur costs?**
Check the box for "No". Input in item #36, "Response to Question #10 – N/A, costs are reimbursed by the United States Department of Labor for this data exchange."

11. **Provide your legal authority allowing the collection of this data from SSA.** Input "Section 1137(a)(2) and (b)(3) of the Social Security Act (SSA) (42 USC 1320b-7) and Section 303(a)(1) SSA, 42 U.S.C. 503(a)(1)" into the text box.

12. **List the organization and job functions/titles within the organization(s) that will have access to SSA-provided information.** Input the name of your State Workforce Agency and the job functions/titles of the individual(s) that will access the PUPS data through ICON.

13. **Do you plan to share the data with anyone other than those listed in question 12?** Check the box for "No".

14. **How frequently do you want to receive the data?** Check the box for "Daily".

15. **Based on the frequency selected above, provide an estimate of the number of records you will submit for processing.** Input your state's estimated number of initial claims per year.

16. **How will we exchange the data?** Check the boxes for "Batch" and for "Other", and next to "Other" input "The PUPS data will be received through the data exchange established with ICON." into the text box.

17. **When do you expect this data exchange to begin?** Input "As soon as possible" into the text box.

Security Section

18. **If you are a federal agency, does your organization have documented information security policies and procedures to safeguard SSA-provided information from unauthorized access and improper disclosure?** Check the box for "Not Applicable – Non-Federal Agency".

19. **If you are not a federal agency, does your organization have documented information security policies and procedures to reduce information security risks to an acceptable level in accordance with the Federal Information Security Management Act (FISMA):**
Ensure your state meets this requirement and, if so, check the box for "Yes".

20. **Will the information SSA provides be stored or processed in an external commercial cloud?**
   - If your state will not store or process PUPS data received through ICON in an external

commercial cloud, check the box for "No" and skip to question #22.
- If your state will store or process PUPS data received through ICON in an external commercial cloud, check the box for "Yes" and answer the following:
    - o **What is the name of the Cloud Service Provider (CSP)?** Input the name of your State's CSP.
    - o **Is the CSP FedRAMP authorized?** Check the appropriate box to identify whether or not the State's CSP is FedRAMP authorized.

21. **Is the cloud provider contractually required to enforce security policies and procedures that will safeguard the information SSA provides from unauthorized access and improper disclosure?** Check the appropriate box ("Yes" or "No") based on your state's contract requirements with your CSP.

22. **Will the information SSA provides be stored off-shore: i.e., in a foreign country?** Check the appropriate box ("Yes" or "No") based on your state's storage location.

23. **List any current or previous data exchanges your organization has with SSA (i.e., by SSA agreement number or description).** List any other data exchanges between SSA and your state in the text box.

State Agency Section

24. **If your agency already has an existing agreement with SSA to receive SSA data, are there any other programs or purposes for requesting SSA data that you wish to add to the current agreement?** Check the appropriate box ("Yes" or "No") based on your state-specific response.

25. **Name the programs your agency administers for which you are requesting SSA data.** Input "Unemployment Insurance" into the text box.

26. **Indicate whether the programs are federally-funded (either fully or partially) or state-funded.** Input "Both. The regular state UI program is state-funded, while other UI programs are federally-funded or mixed depending on the specific UI program" in the text box.

27. **List the benefits or service provided under these programs.** Input "Unemployment benefits" into the text box.

28. **Does your staff take applications or determine eligibility for TANF, Medicaid, or SNAP for any of the programs listed in question 25.**
- If no, check the box for "No".
- If yes, check the box for "Yes", input the name of the program in the text box, and for question #36 input the following in the text box: "[Insert State Workforce Agency Name] is responsible for administering the [Insert Program(s) Name(s)], including taking applications and determining eligibility. However, the staff working in these programs will not have access to PUPS data. Only the staff identified in question #12, which are UI program staff, will have access to PUPS data."

29. **How is the requested SSA data relevant to determining entitlement/eligibility to benefits or services under the programs your agency administers?** Input the following in the text box: "To be determined eligible for UI benefits, an individual must be able and available for work under Federal and state law. Incarcerated individuals typically do not meet this eligibility requirement. The PUPS incarceration data will allow the state to determine the eligibility of applicants who are incarcerated."

Skip Questions 30-35

36. **Additional Comments:** If state-specific responses require further clarification, such as the response to Question #28, input the additional information in this section.

Points of Contact

37. **Approving authority contact information for the person signing the agreement for the agency requesting the data.** Input the contact information (Name, Title, Address, Phone Number, and Email Address) for the approving state official in the text box.

38. **Requester contact information for the agency.** Input the contact information (Name, Title, Address, Phone Number, and Email Address) for the state official filling out the DXRF or the individual SSA should contact with any questions regarding the request for this data exchange in the text box.