



## Division of Motor Vehicles

### DUI Safety & Treatment Program Indigent Determination Procedure

Application - Page 1

#### WV DUI S & T PROGRAM INDIGENT DETERMINATION FORM

APPLICATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ Issuing State \_\_\_\_\_

DRIVER'S ADDRESS: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

TELEPHONE NUMBER: (     )     -     \_\_\_\_\_

DEPENDENTS LIVING IN HOUSEHOLD (name and relationship):

Name:	DOB	Relationship



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**WV DUI S & T PROGRAM  
INDIGENT DETERMINATION FORM - FINANCIAL STATEMENT**

**FAMILY INCOME\*\* BY SOURCE**

Driver Name:

Date of Birth:

	<b>DRIVER</b>	<b>SPOUSE</b>	<b>TOTAL</b>
MONTHLY SALARY (GROSS)			
UNEMPLOYMENT BENEFITS			
SOCIAL SECURITY BENEFITS			
INVESTMENTS			
WORKERS COMPENSATION			
CHILD SUPPORT			
OTHER (ALIMONY, ETC.)			
OTHER			
<b>TOTAL</b>			

TOTAL FAMILY INCOME \$  (from above)

TOTAL FAMILY MEMBERS  (from page 1)

The above two data elements will be utilized to determine Indigent Status based on current federal poverty guidelines.

**Please provide one or more of the documents described in section 4.2 (items a-d) of this procedure to verify the information reported.**

\*\*\*\*\*

***I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE THE DUI SAFETY & TREATMENT ENROLLED PROVIDER TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED.***

SIGNATURE OF PERSON MAKING REQUEST \_\_\_\_\_ DATE \_\_\_\_\_



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**ENROLLED PROVIDER DETERMINATION  
Charity Care Determination**

**DO NOT WRITE IN THIS SECTION –  
FOR DUI S&T ENROLLED PROVIDER PERSONNEL USE ONLY**

This document was received and reviewed by:

Name:

Position/Title:

Date: [Click here to enter a date.](#)

**On behalf of:**

Driver Name:

Date of Birth:

1. Driver reports all sources of funds. Yes  No
2. DUI Offender meets financial eligibility of family income less than 100% of the federal poverty standard for level I basic education component full fee waiver. Yes  No
5. DUI Offender is a legal resident of West Virginia and has provided documentation of such. Yes   
No

**Determination:**

DUI Offender is eligible for Level I indigent waiver? Yes  No

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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#### 2024 FEDERAL POVERTY GUIDELINES

Persons in Household	100% Federal Poverty Standard (Annual Limits)	100% Federal Poverty Standard (Monthly Limits)
1	\$15,060	\$1,255.00
2	\$20,440	\$1,703.33
3	\$25,820	\$2,151.67
4	\$31,200	\$2,600.00
5	\$36,580	\$3,048.33
6	\$41,960	\$3,496.67
7	\$47,340	\$3,945.00
8	\$52,720	\$4,393.33
For each additional member over 8 add...	\$5,380	\$448.34

Poverty Guidelines  
Effective May 10, 2024  
<http://aspe.hhs.gov/POVERTY/>

## ATTENTION:

If you are requesting financial assistance through the WV DUI S&T Program Indigent Determination Form, you must submit **one or more of the following types of documentation for purposes of verifying income:**

1. W-2 withholding statements for all employment during the most recent tax year;
2. Pay stubs from all employment during the 30 days prior to the date of request;
3. An income tax return from the most recently filed calendar year;
4. Forms approving or denying unemployment compensation.

Documentation must also include income proof that the client is below 100% of the poverty level

Please attach one of the above financial statements to your Indigent Services application when submitting your enrollment paperwork back to the sender.

**\*Reminder: This is just an application and does not guarantee that the fees will be waived for the Level 1 DUI Safety and Treatment Classes. If your application is not accepted, you will be expected to pay the full fee of \$430 before the last scheduled class. Please fill out the Indigent Services form accurately to the best of your abilities.**