



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:

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

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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2019 FEDERAL POVERTY GUIDELINES

Persons in Household	100% Federal Poverty Standard (Annual Limits)	100% Federal Poverty Standard (Monthly Limits)
1	\$12,490	\$1,041
2	\$16,910	\$1,409
3	\$21,330	\$1,778
4	\$25,750	\$2,146
5	\$30,170	\$2,514
6	\$34,590	\$2,883
7	\$39,010	\$3,251
8	\$43,430	\$3,619
For each additional member over 8 add...	\$4,420	\$368

Poverty Guidelines
Effective January 11, 2019
<http://aspe.hhs.gov/POVERTY/>