

# REQUIREMENTS FOR INDIGENT FUNDING

- 1) MUST BE A LEGAL WV RESIDENT AT THE TIME OF THE ARREST AND PROVIDE PROOF OF RESIDENCY FOR WV.
- 2) MUST BRING YOUR DRIVERS LICENSE IF IT HAS NOT BEEN REVOKED. IF REVOKED, YOU NEED TO BRING A PHOTO ID OR A RECENT PERSONAL PROPERTY TAX ASSESSMENT, OR A CURRENT VEHICLE REGISTRATION IN THE DRIVERS NAME TO VERIFY RESIDENCY FOR WV.
- 3) MUST BRING YOUR DRIVERS RECORD AND REVOCATION LETTER FROM THE DEPARTMENT OF MOTOR VEHICLES. YOU CAN GO ONLINE TO [WWW.WVDMV.GOV](http://WWW.WVDMV.GOV) TO OBTAIN THESE. THE DMV DOES CHARGE YOU FOR THIS.
- 4) MUST HAVE W2'S AND SIGNED INCOME TAX RETURNS FOR ALL HOUSEHOLD MEMBERS FROM THE MOST RECENT TAX YEAR.
- 5) IF GETTING ANY OF THE FOLLOWING: UNEMPLOYMENT BENEFITS, SOCIAL SECURITY, WORKERS COMPENSATION, CHILD SUPPORT, ALIMONY, INVESTMENT RETURNS, OR ANY OTHER FORM OF INCOME, YOU MUST BRING PROOF OF WHAT THE AMOUNTS OF THE BENEFITS ARE. IF YOU HAVE BEEN DENIED ANY OF THESE ITEMS, YOU WILL NEED TO BRING PROOF.
- 6) IF YOU ARE CURRENTLY NOT EMPLOYED, YOU MUST BRING PROOF FROM THE IRS TO SHOW YOU HAVE NOT FILED INCOME TAX RETURNS.
- 7) IF YOU ARE ON SSI DISABILITY OR MEDICARE YOU MUST BRING A LETTER FROM SOCIAL SECURITY STATING WHAT YOUR BENEFITS ARE FOR THE PREVIOUS YEAR.
- 8) ONCE ALL THE INFORMATION IS GATHERED, FILL OUT THE APPLICATION BUT DO NOT SIGN AND DATE UNTIL YOU BRING IT BACK TO THE OFFICE.
- 9) IF YOU ARE APPROVED THE STATE OF WV WILL COVER THE \$400 ONE TIME ONLY. ANY ADDITIONAL CHARGES ARE YOUR RESPONSIBILITY.
- 10) IF YOU DO NOT MEET THE REQUIREMENT AND/OR THE STATE DOES NOT APPROVE THEN YOU WILL BE RESPONSIBLE FOR THE \$400 IN ADDITION TO YOUR OTHER CHARGES.



# WESTBROOK

Health Services

Community Focused. People Driven.

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## 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.

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***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 \_\_\_\_\_