

Kansas Ignition Interlock Device Indigency Program Application

Applicant Information:

Printed Name of Applicant: _____

Kansas Driver's License Number or equivalent: _____ Last Name First Name Middle Initial Date of Birth: _____
(MM/DD/YYYY)

Complete the following if you are claimed as a dependent by a parent or other family member:

Full name of person that can claim you as a dependent: _____

SSN of person that can claim you as a dependent: _____

Eligibility information: (You must qualify for one or both of the following two categories below to be approved for reduced fees under the BAIID provider's indigency program).

1. I receive public assistance under (check form of public assistance received): _____ Applicant's initials
 Poverty-related veteran's benefits Temporary assistance for needy families Food stamps Medicaid General Assistance
2. My family income for the prior calendar year is below 100% of the Federal Poverty level: **Applicant's initials:** _____

2015 Poverty Guidelines for the 48 Contiguous States

Family Size	Annual	Monthly	Weekly
1	\$11,770	\$ 981	\$226
2	\$15,930	\$1,328	\$306
3	\$20,090	\$1,674	\$386
4	\$24,250	\$2,021	\$466
5	\$28,410	\$2,368	\$546
6	\$32,570	\$2,714	\$626
7	\$36,730	\$3,061	\$706
8	\$40,890	\$3,408	\$786

I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Signature: _____

Printed Name: _____

Driver's License #: _____

Date: _____

BAIID Provider Use Only: Was the application approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date the decision was made: _____ Printed Name: _____ Location of BAIID Provider: _____ BAIID Manufacturer: _____
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Instructions

If you are indigent and the Kansas Division of Vehicles has required you to get a breath alcohol ignition interlock device (BAIID), use this form to apply for fee reduction with the costs of installation, removal, and calibration/leasing of the device. This form should be provided to your BAIID service provider. Program participation is established by the applicant's eligibility for the federal food stamp program or a showing that the applicant has an annual income below the federal poverty level. To complete this application, your BAIID service provider may require you provide additional documentation:

- valid participation card or a letter in original form from the governmental assistance program's sponsoring agency written on the agency's letterhead confirming the person's qualification and eligibility for a Federal food stamp program, or
- copy of the applicant's filed tax return from the previous calendar year that indicates his/her adjusted gross income (AGI).

Your BAIID service provider is encouraged to rely on this document, and should only require additional documentation if it has concerns about the applicant's eligibility, i.e. the applicant's vehicle is valued at more than \$40,000, or the applicant is suspected of being listed as a dependent on another's tax forms. Your BAIID provider is required to provide you with notice of its BAIID reduced fee program for indigent applicants. Regardless of whether your application is approved by your BAIID provider, your BAIID provider should provide you with a copy of this application and retain the original application. If you believe you have been improperly denied reduced fees by the BAIID provider under its program, please email complaints to: ksbaaid@kdor.ks.org.