



## Mississippi Department of Public Safety

### Ignition Interlock Indigent Form

**Program Participant: Please Print**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Indigence is determined based on proof of enrollment in one or more of the following types of assistance: Check applicable items and attach appropriate documentation.**

1. Temporary Assistance for Needy Families, TANF
2. Medicaid assistance
3. The Supplemental Nutritional Assistance Program, SNAP
4. Supplemental security income, SSI
5. Participation in a federal food distribution
6. Federal housing assistance
7. Unemployment compensation
8. Other criteria approved by the Mississippi Department of Public safety