WEST VIRGINIA I/DD WAIVER APPLICATION

Applicant must be at least 3 years of age and a WV resident on the date of submission

Applicant Information*			
First Name, MI, Last Name*		Date of Birth*	
Mailing Address*			
Phone Number*		Social Security Number*	
Medicaid Number		Gender*	☐ Male ☐ Female
Email Address		County of Residence*	

Legal Representative Information *(select one of the boxes below)*				
☐ N/A (member is own representative)	☐ Parent of a Child under the Age of 18	☐ Medical Power of Attorney	☐ Legal Guardian	☐ WV DoHS Guardian
First Name, MI, Last Name			Phone Number	
Mailing Address				
Email Address				

Non-Legal Representative Information *(if applicable)*			
First Name, MI, Last Name		Relationship to Applicant	
Mailing Address			
Phone Number		Email Address (if applicable)	

Applicant/Legal Representative Signature

☐ I certify the above information is accurate and complete to the best of my knowledge. I understand the information provided in this document will be treated confidentially. I certify that the above-named applicant is a permanent resident of West Virginia.

****Proof of residency must be included with this application** including a photo ID or utility bill showing the WV physical address in the name of the applicant (or legal representative if applicable).

****For applicants aged 18 and older who have a legal guardian, proof of guardianship must be submitted with this application.**

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Printed Name of Applicant or Legal Representative* Date*

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Signature of Applicant or Legal Representative* Date*

Form Submission (Forms may be mailed, faxed, or emailed)

Mail: Acentra Health – 1007 Bullitt Street, Suite 200 Charleston, WV 25301
Fax#: (866)521-6882 | **Email:** wviddwaiver@acentra.com
If you have not heard back from Acentra Health within 5 business days, please call toll free 866-385-8920.

DO NOT WRITE BELOW THIS LINE

☐ Application can be processed (applicant is at least 3 years of age at time of application, and proof of residency was included).

☐ Application cannot be processed and will be closed (include description): _____

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Signature of UMC Representative Receiving Form Date