## WEST VIRGINIA I/DD WAIVER ANNUAL FUNCTIONAL ASSESSMENT DATA MODIFICATION REQUEST

This is a formal request that the UMC modify information collected during the annual functional assessment. All information submitted to the UMC must be in writing, and this form must be completed in its entirety prior to the UMC considering your request.

1. <b>Person Requesting Change</b> (may only be the	
person who receives services or his/her legal	
representative)	
2. <b>Address</b> (how might the UMC reach you by	
mail?)	
,	
3. <b>Phone Number</b> (how might the UMC reach	
you by phone?)	
4. <b>Case Management Agency</b> (which agency	
provides Case Management?)	
5. Name/Record ID of Person Who Receives	
Services	
6. What information do you feel is incorrect on	the annual functional assessment(s)?
This information must be specific. An indication that the assigned budget is not	
enough will not justify consideration. (use addit	cional pages, as necessary)
7. Why do you feel the information is incorrect? (use additional pages, as necessary)	
8. I believe the assessment information collected by the UMC does not accurately reflect	
's abilities and support needs. I formally request that the UMC	
consider revising/modifying assessment information. I understand that a reassessment will	
not occur.	
Signature (required):	Date:

Send via mail, fax or email to: KEPRO 100 Capitol Street, Suite 600 Charleston, WV 25301

Fax: (866) 521-6882 Email: wviddwaiver@kepro.com