

West Virginia Department of Health and Human Resources
 Bureau for Behavioral Health
 Unmet Needs Grant Proposals
 For FY _____

All requests are confidential.

Please fill out all information and print legibly to ensure no delays.

Do not alter application, doing so may result in denial.

Date of Application: _____

Name of Applicant: _____

Eligible Diagnosis: _____ D.O.B. _____ Age of onset: _____

Does the individual have a guardian? Yes No Type of Income: _____

Medley Class membership? Yes No Income Amount: \$ _____

Title XIX Waiver member/applicant? Yes No

Were other sources of funding, medicaid, private insurance, requested and/or denied: Yes No

Please attach proof of denials.

Indicate the living arrangements of this consumer: _____

Submitting Individual/Title/Agency: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Service Requested	Total Amount Requested	Medicaid/Medicare/ Insurance amount denied	Supporting documentation attachment list
Dental	\$	\$	
Medical	\$	\$	
Vision	\$	\$	
Adaptive Equipment	\$	\$	
Home Modification	\$	\$	
Speech, OT, PT	\$	\$	
Start-up	\$	\$	
Other	\$	\$	

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Please include Narrative for

request(s): _____

Signatures and dates of signatures

Team Signature and Date	
Consumer/Guardian:	Date:
Case Manager:	Date:
Submitting Individual if different than Case Manager:	Date:
Medley Advocate:	Date:
Team Member:	Date:
Team Member:	Date:
Team Member:	Date:

Submit application and information to Christine Wilcox at cwilcox@liveabilitywv.org

Questions contact Christine Wilcox at phone number 304-296-6091 or text 304-288-6553