West Virginia Department of Human Services
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	$	$	

Updated 03/01/2024

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

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 Dawn Lipscomb at dlipscomb@liveablilitywv.org

Questions contact Dawn Lipscomb at 304-290-9460

Updated 03/01/2024