



WEST VIRGINIA CSED WAIVER APPLICATION

*Applicants must be between 3yrs-21yrs of age, a WV resident on the date of submission and be (or have applied to be) a Medicaid Recipient

Applicant Information			
First Name, MI, Last Name	<input style="width: 95%;" type="text"/>	Date of Birth	<input style="width: 95%;" type="text"/>
Medicaid Number	<input style="width: 95%;" type="text"/>	Gender	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Social Security Number	<input style="width: 95%;" type="text"/>	County	<input style="width: 95%;" type="text"/>
Street Address including city, state & zip code	<input style="width: 95%;" type="text"/>		
PROOF OF RESIDENCY IS REQUIRED FOR ALL WV RESIDENTS			
Is the applicant currently placed in a group residential setting?	<input type="checkbox"/> Yes, in WV.	<input type="checkbox"/> Yes, Out of State	<input type="checkbox"/> No
How were you referred to the CSED Waiver?	<input type="checkbox"/> Other:		
<input type="checkbox"/> Personal <input type="checkbox"/> DHHR <input type="checkbox"/> Court System <input type="checkbox"/> School <input type="checkbox"/> Mental Health Provider			
Legal Representative Information			
<input type="checkbox"/> Parent of a Child under the Age of 18		<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> WV DHHR Guardian
First Name MI. Last Name	<input style="width: 95%;" type="text"/>		
Phone Number	<input style="width: 95%;" type="text"/>	Mobile Number	<input style="width: 95%;" type="text"/>
Mailing Address	<input style="width: 95%;" type="text"/>		
Email Address	<input style="width: 95%;" type="text"/>		
For DHHR USE ONLY: Supervisor's Information			
First Name, MI, Last Name	<input style="width: 95%;" type="text"/>	County	<input style="width: 95%;" type="text"/>
Phone Number	<input style="width: 95%;" type="text"/>		
Email Address	<input style="width: 95%;" type="text"/>		
Non-Legal Representative Information (if applicable, i.e. foster parent)			
First Name, MI, Last Name	<input style="width: 95%;" type="text"/>	Relationship to Applicant	<input style="width: 95%;" type="text"/>
Mailing Address	<input style="width: 95%;" type="text"/>		
Phone Number	<input style="width: 95%;" type="text"/>	Mobile Number	<input style="width: 95%;" type="text"/>
Email (if applicable)	<input style="width: 95%;" type="text"/>		
Applicant/Legal Representative Signature			
<input checked="" type="checkbox"/> I certify the above information is accurate and complete to the best of my knowledge. I understand the information provide in this document will be treated confidentially and by signing this form, I am giving permission to be evaluated for the CSEDW program. I certify that the above-named applicant is 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). By signing this form, you are consenting to be assessed for enrollment into the CSEDW program.			
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
PLEASE PRINT Name of Legal Representative or Applicant ONLY		Date	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
SIGNATURE of Legal Representative or Applicant ONLY		Date	
Form Submission (forms may be mailed, faxed or emailed)			
Mail: KEPRO – 1007 Bullitt St. Suite 200 Charleston, WV 25301 Fax#: (866) 473-2354 Email: wvcsedw@kepro.com <u>If you have not heard back from KEPRO within 5 business days, please call (304) 343 – 9663 ext. 4483 or 4418</u>			