



**WV I/DD WAIVER
CONSUMER/LEGAL REPRESENTATIVE MEETINGS
MEMBERSHIP APPLICATION**

APPLICANT INFORMATION

Name:

County:

Email address:

Current address:

City:

State:

ZIP Code:

Member

Legal Representative

(Please circle)

Home Phone:

Cell Phone:

Please provide a brief description of your experience in the I/DD Waiver program.
For example indicate how long you have been a member of the I/DD Waiver Program, or how long your child has been on the program, concerns you may have, and I/DD Waiver issues that are important to you, etc.
Why do you want to be included in the Consumer/Legal Representative Meetings? (Use back of page if necessary)

SIGNATURE

Signature of applicant:

Date:

(Check if applicable)

I certify that I am willing and able to attend and participate in person in at least quarterly (four times per year) meetings of the WV I/DD Waiver, Member/Legal Representative Meetings.