

**WV Home and Community-Based Services
Electronic Visit Verification (EVV)
HHAeXchange FOB Device Request Form**

Program Member Information	
Member Name: Physical Address: Click or tap here to enter text. City, State & Zip: Click or tap here to enter text. Telephone: Click here to enter text. Medicaid ID#: Click or tap here to enter text. Date of Request: 0/00/2021	Case Manager Name: Click here to enter text. Case Manager Email: Click here to enter text. Case Manager Agency: Click here to enter text. Service Agency: Click here to enter text. Service Agency Phone & E-mail: Click here to enter text. Service Agency Tax ID: Click here to enter text.
Please choose all that apply: (A minimum of two conditions must be met in order to approve)	
<input type="checkbox"/> Staff member is unable to utilize the HHAeXchange App <input type="checkbox"/> Service Recipients home does not have a landline <input type="checkbox"/> Family refuses to allow staff to use landline	
Please list staff member(s) who do not have mobile device and will be using FOB device for member:	
Shipping & Installation Information	
FOB Shipping address: Click here to enter text.	
Name of person responsible for the receipt and installation of the FOB: Click here to enter text.	
Responsible party's Telephone and E-mail: Click here to enter text.	
For WV DHHR Use Only	
Reviewer Name: Click here to enter text.	
Email: Click here to enter text.	
Approval Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date of Determination: Click here to enter text.
FOB Device#: Click here to enter text.	Seal ID #: Click here to enter text.
FOB Deactivation Date: Click or tap to enter a date.	FOB Return Date: Click or tap to enter a date.