



## 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  |                                      | Date of Birth                              |   |
| Medicaid Number  |                                      | Gender                                     | <input type="checkbox"/> M <input type="checkbox"/> F |
| Social Security Number   |                                      | County                                     |   |
| Street Address including city, state & zip code  |                                      |  |   |
| 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   |                                      |  |   |
| Phone Number   |                                      | Mobile Number                              |   |
| Mailing Address  |                                      |  |   |
| Email Address  |                                      |  |   |
| For DHHR USE ONLY: Supervisor's Information  |                                      |  |   |
| First Name, MI, Last Name  |                                      | County                                     |   |
| Phone Number   |                                      |  |   |
| Email Address  |                                      |  |   |
| Non-Legal Representative Information (if applicable, i.e. foster parent)   |                                      |  |   |
| First Name, MI, Last Name  |                                      | Relationship to Applicant                  |   |
| Mailing Address  |                                      |  |   |
| Phone Number   |                                      | Mobile Number                              |   |
| Email (if applicable)  |                                      |  |   |
| Applicant/Legal Representative Signature   |                                      |  |   |
| <input 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. |                                      |  |   |
| <b>**Proof of residency must be included with this application</b> 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.   |                                      |  |   |
| _____<br>PLEASE PRINT Name of Legal Representative or Applicant ONLY   |                                      |  | _____<br>Date   |
| _____<br>SIGNATURE of Legal Representative or Applicant ONLY   |                                      |  | _____<br>Date   |
| Form Submission (forms may be mailed, faxed or emailed)  |                                      |  |   |
| <b>Mail:</b> KEPRO – 1007 Bullitt St. Suite 200 Charleston, WV 25301<br><b>Fax#:</b> (866) 473-2354 <b>Email:</b> wvcsedw@kepro.com<br><b><u>If you have not heard back from KEPRO within 5 business days, please call (304) 343 – 9663 ext. 4483 or 4418</u></b>  |                                      |  |   |