



### WEST VIRGINIA CSED WAIVER APPLICATION

\*Applicants must be at least 3 years of age, younger than 21 years of age and a WV resident on the date of submission

Applicant Information			
First Name, MI, Last Name		Date of Birth	
Medicaid Number		Social Security Number	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	County of Residence	
Current Physical Address		Zip Code, State	
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	Current Setting Type:	<input type="checkbox"/> PRTF <input type="checkbox"/> Natural Family <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Other _____
Who referred the applicant to the waiver? <input type="checkbox"/> Family/Friend <input type="checkbox"/> DHHR <input type="checkbox"/> Court/Probation <input type="checkbox"/> School <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Other _____			
Legal Representative Information (select one of the boxes below)			
<input type="checkbox"/> Parent of a Child under the Age of 18	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> WVDHHR Guardian	
First Name, MI, Last Name			
Phone Number		Mobile Number	
Mailing Address			
Email Address			
Non-Legal Representative Information (if applicable, i.e. foster parent)			
First Name, MI, Last Name		Relationship to Applicant	
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. I certify that the above-named applicant is permanent resident of West Virginia. <b>**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 if applicable).</b> By signing this form, you are consenting to be assessed for enrollment into the CSEDW program. <b>** For applicants aged 18 and older who have a legal guardian, proof of guardianship must be submitted with this application.</b>			
Printed Name of Applicant or Legal Representative		Date	
Signature of Applicant or Legal Representative		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

**If you have not heard back from KEPRO within 5 business days, please call toll free 844-304-7107**

**DO NOT WRITE BELOW THIS LINE**

Application can be processed (applicant is at least 3 years of age at time of application, and proof of residency was included)

Application cannot be processed and will be closed (include description): \_\_\_\_\_

\_\_\_\_\_

Signature of UMC Representative Receiving Form

Date