



WEST VIRGINIA I/DD WAIVER APPLICATION

Applicant must be at least 3 years of age and a WV resident on the date of submission

Applicant Information*			
First Name, MI, Last Name*		Date of Birth*	
Mailing Address*			
Phone Number*		Social Security Number*	
Medicaid Number		Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address		County of Residence*	
Legal Representative Information (select one of the boxes below)			
<input type="checkbox"/> N/A (member is own representative)	<input type="checkbox"/> Parent of a Child under the Age of 18	<input type="checkbox"/> Medical Power of Attorney	<input type="checkbox"/> Legal Guardian
			<input type="checkbox"/> WVDHHR Guardian
First Name, MI, Last Name			Phone Number
Mailing Address			
Email Address			
Non-Legal Representative Information (if applicable)			
First Name, MI, Last Name		Relationship to Applicant	
Mailing Address			
Phone Number		Email Address (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 provided in this document will be treated confidentially. I certify that the above-named applicant is a 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 if applicable).			
**For applicants aged 18 and older who have a legal guardian, proof of guardianship must be submitted with this application.			
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: Acentra Health – 1007 Bullitt Street, Suite 200 Charleston, WV 25301			
Fax#: (866)521-6882 Email: wvddwaiver@acentra.com			
If you have not heard back from Acentra Health within 5 business days, please call toll free 866-385-8920.			
DO NOT WRITE BELOW THIS LINE			
<input type="checkbox"/> Application can be processed (applicant is at least 3 years of age at time of application, and proof of residency was included).			
<input type="checkbox"/> Application cannot be processed and will be closed (include description): _____			
Signature of UMC Representative Receiving Form		Date	