

## 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*		☐ Male	Female
Email Address			County of Residence*			
Legal Representative Information (select one of the boxes below)						
N/A (member is own representative)	Parent of a Child		lical Power ney	Legal Gua	rdian	☐ WVDHHR Guardian
First Name, MI, Last Name			Phone Numb	er		
Mailing Address						
Email Address						
Non-Legal Representative Information (if applicable)						
First Name, MI, Last Name	Relationship to Applicar				:	
Mailing Address			<u></u>			
Phone Number	Email Address (if applicable)					
Applicant/Legal Representative Signature						
	Applicant/Lega	al Repre	sentative Si	ignature		
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