



## West Virginia (WV) Children with Serious Emotional Disorders (CSED) Application for Waiver Services

**At the time of application, applicants must:**

- Be between three (3) and 21 years of age.
- WV residents at the date of submission.

**Applicant Information**

First Name, MI, Last Name		Date of Birth	
Medicaid Number (if applicable)		Gender	
Social Security Number			
Street Address (City, State, Zip Code) <i>*Proof of residency must be attached</i>			
County of Current Residence		Out of State	
County of Medicaid Application			
How were you referred to the CSED Waiver?	Self/Personal Referral		
School	Primary Care Provider (PCP)	BBH/Other MCO	
Mental Health Provider	Probation	Court	
CPS/Youth Services (YS)	Bureau for Juvenile Services (BJS)	Other	
Is the applicant currently in a group residential setting?	Yes	No	
If yes, the name of the residential setting			

**Legal Representative Information of Child under Age 18**

First Name, Last Name	
Phone Number	
Mailing Address	
Email Address	

**FOR DoHS USE ONLY: Worker Information**

First Name, Last Name			
Phone Number			
County			
Email Address			
Has a QIA (Qualified Independent Assessor Process) referral been made?	Yes	No	



PATH Number (for children in foster care)	
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**FOR DoHS USE ONLY: District Supervisor Information**

First Name, Last Name	
Phone Number	
County	
Email Address	

**Non-Legal Representative Information** (if applicable, i.e., foster parent)

First Name, Last Name	
Phone Number	
Mailing Address	
Email Address	

**Applicant/Legal Representative Signature**

By signing this form, you are consenting to be assessed for enrollment into the CSEDW program. **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).

<p>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.</p>	
<p>_____</p> <p><b>PLEASE PRINT</b> Name of Legal Representative or Applicant ONLY</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p><b>SIGNATURE</b> of Legal Representative or Applicant ONLY</p>	<p>_____</p> <p>Date</p>
<p><b>Form Submission (forms may be mailed, faxed, or emailed)</b></p>	
<p><b>Mail:</b> Acentra – 1007 Bullitt St. Suite 200 Charleston, WV 25301  <b>Fax#:</b> (866) 473 – 2354    <b>Email:</b> wvcsedw@acentra.com</p> <p>If you have not heard from Acentra within 5 business days, please call (304) 343 – 9663, ext. 4483 or 4418.</p>	