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	☐ M ☐ 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?	☐ Yes, in Wv.	☐ Yes, Out of State	☐ No

How were you referred to the CSED Waiver? ☐ Other:

☐ Personal ☐ DHHR ☐ Court System ☐ School ☐ Mental Health Provider

Legal Representative Information			
☐ Parent of a Child under the Age of 18		☐ Legal Guardian	☐ 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

☐ 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.

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

_____ PLEASE PRINT Name of Legal Representative or Applicant ONLY	_____ Date
_____ SIGNATURE of Legal Representative or Applicant ONLY	_____ 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 (304) 343 – 9663 ext. 4483 or 4418