WEST VIRGINIA CSED WAIVER ANNUAL FUNCTIONAL ASSESSMENT DATA MODIFICATION REQUEST

This is a formal request that the ASO modify information collected during the annual functional assessment. All information submitted to the ASO must be in writing, and this form must be completed in its entirety prior to the ASO considering your request.

1. Person Requesting Change (may only be the	
person who receives services or his/her legal	
representative)	
2. Address (how might the ASO reach you by	
mail?)	
3. Phone Number (how might the ASO reach you	
by phone?)	
4. CSED Wraparound Facilitation Agency (which	
agency provides Wraparound Facilitation?)	
5. Name/Record ID of Person Who Receives	
Services	
6. What information do you feel is incorrect on the annual functional assessment(s)? This	
information must be specific. (use additional pages, as necessary)	
7. Why do you feel the information is incorrect? (use additional pages, as necessary)	
8. I believe the assessment information collected by the ASO does not accurately reflect	
Signature (required): D	Date:

Send via mail, fax or email to: KEPRO 1007 Bullitt Street, Suite 200, Charleston, WV 25301

Fax: (866) 473-2354 Email: wvcsedw@kepro.com