


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 <i>(select one of the boxes below)</i> | | | | |
| <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 <i>(if applicable)</i> | | | | |
| First Name, MI, Last Name | | Relationship to Applicant | | |
| 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 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) | | | | |
| <p>Mail: KEPRO – 1007 Bullitt St. Suite 200 Charleston, WV 25301 </p> <p>Fax#: (866)521-6882 Email: wviddwaiver@kepro.com</p> <p>If you have not heard back from KEPRO within 5 business days, please call toll free 866-385-8920.</p> | | | | |
| 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 | | | | |