

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 Number | er | | |
| Mailing Address | | | | | | |
| Email Address | | | | | | |
| Non-Legal Representative Information (if applicable) | | | | | | |
| First Name, MI, Last Name | | | Relationsh | nip to Applicant | | |
| Address | | | | | | |
| Phone Number | Email Address (if applicable) | | | | | |
| Applicant/Legal Representative Signature | | | | | | |
| | Applicant/Lega | al Repre | sentative Si | ignature | | |
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