

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 Birt	h		
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		ical Power ney	Legal Gua	rdian	☐ WVDHHR Guardian
First Name, MI, Last Name			Phone Numbe	er		
Mailing Address						
Email Address						
Non-Legal Representative Information (if applicable)						
First Name, MI, Last Name			Relationsh	nip to Applicant		
Address						
Phone Number			Email Add	ress (if applicat	ole)	
Applicant/Legal Representative Signature						
	Applicant/Lega	al Repre	sentative Si	gnature		
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