

**Parent Enrollment Application
Bureau for Children and Families
Socially Necessary Services**

**This form is used for parents who need to enroll as providers to be reimbursed for transportation, meals and/or lodging*

Instructions for Parents – Please complete this form and return to the address on back of form. If you have questions about completing this form, please contact your worker.

Your worker is _____ . Their phone number is _____ .

1. Parent(s) Name: _____
2. Mailing Address: _____

3. Phone Number (include Area Code): _____
4. FAX Number (include Area Code): _____
5. E-mail Address: _____
6. Do you have access to the Internet? ___ Yes ___ No
7. Parents must enroll as providers to have their transportation costs and their meals and lodging costs reimbursed or pre-paid:

Put an "X" for the services you are enrolling in:

Family Support, Family Preservation, Reunification	CPS	Youth Services	County of Residence
Public Transportation			
Private Transportation			

Family Foster Care Services	CPS	Youth Services	County of Residence
Public Transportation One			
Private Transportation One			
Lodging			
Meals			

COUNTY CODES					
Barbour	01	Kanawha	20	Preston	39
Berkeley	02	Lewis	21	Putnam	40
Boone	03	Lincoln	22	Raleigh	41
Braxton	04	Logan	23	Randolph	42
Brooke	05	McDowell	24	Ritchie	43
Cabell	06	Marion	25	Roane	44
Calhoun	07	Marshall	26	Summers	45
Clay	08	Mason	27	Taylor	46
Doddridge	09	Mercer	28	Tucker	47
Fayette	10	Mineral	29	Tyler	48
Gilmer	11	Mingo	30	Upshur	49
Grant	12	Monongalia	31	Wayne	50
Greenbrier	13	Monroe	32	Webster	51
Hampshire	14	Morgan	33	Wetzel	52

Hancock	15	Nicholas	34	Wirt	53
Hardy	16	Ohio	35	Wood	54
Harrison	17	Pendleton	36	Wyoming	55
Jackson	18	Pleasants	37	Out of State	56
Jefferson	19	Pocahontas	38		

By signing below, you are verifying that you:

- Want to become a provider of the Socially Necessary Services as marked on this enrollment form in the counties specified;
- Agree to follow the established guidelines set forth by the West Virginia Department of Health and Human Resources;
- Have discussed with your worker or read the materials posted/enclosed;
- Agree to maintain transportation records or receipts showing mileage, date of service and destination, and lodging and meal receipts;
- Have not been listed on the Health and Human Services Office of Inspector Generals List of Excluded Individuals/Entities (HHS OIGL EIE)
- Have attached the appropriate documents requested below

Signature: _____ **Date:** ___/___/___

Parent(s)

I will arrange transportation to appointments as directed by my DHHR case worker. I agree to use a driver that has

Valid Driver's License

Current automobile insurance

I have also attached a:

Completed Original W9 (must be received to complete enrollment)

Once approved, individuals are responsible for keeping their enrollment information current and available for review by WVDHHR or Designee. Individuals are also required to keep their receipts and reconcile expenses with their DHHR worker.

Signature: _____

Date: ___/___/___

Application must be mailed or hand delivered to:

**Regulatory Management
WV DHHR, BCF Children and Family Policy
350 Capitol Street, Room 691
Charleston, WV 25301-3704**

Important Notice to Providers:

The Department of Health and Human Resources, Bureau for Children and Families, reserves the right to verify any of the information with the appropriate credentialing body, licensing board, insurance carrier, or criminal background check system. The Department will verify educational and licensure credentials. It is the providers' responsibility to maintain all licenses and/or insurances, if applicable. If a provider is found to be out of compliance with certification requirements, all payments made to that provider during the period of non-compliance are subject to disallowance.