

**WEST VIRGINIA I/DD WAIVER  
MEMBER TRANSFER/DISCHARGE**

Must be received by the ASO **within seven calendar (7) days** of the Member's transfer/discharge. Fax form to #866.521.6882

<b>Member Name</b>		<b>Date</b>	
<b>SC Agency</b>		<b>APSID #</b>	
<b>Transfer: From one Service Coordination agency to another.</b> An overlap of Service Coordination (up to 30-days) may occur for active participants.			
<b>Transfer From (Agency)</b>		<b>Final Access Date</b> (last date of service provision for Transfer From agency-n/a if on the Wait List)	
<b>Transfer To (Agency)</b>		<b>Effective Date of Transfer</b>	
<b>Reason For Transfer (✓)</b>	<input type="checkbox"/>	Participant requests new SC provider	
	<input type="checkbox"/>	Participant moved to a new geographic location	
	<input type="checkbox"/>	Provider no longer offers Service Coordination	
	<input type="checkbox"/>	Provider initiated transfer	
<b>Additional comments:</b>			
<b>Discharge: Permanently exiting the program</b>			
<b>Effective Date of Discharge</b>		<b>Final Access Date</b> (n/a if on the Wait List)	
Please check (✓) if discharge refers to: <input type="checkbox"/> Active Participant <input type="checkbox"/> Participant on Wait List			
<b>Reason for Discharge (✓)</b>	<input type="checkbox"/>	No longer a WV resident	
	<input type="checkbox"/>	Deceased	
	<input type="checkbox"/>	No longer eligible for I/DD Waiver	
	<input type="checkbox"/>	Voluntarily declines the I/DD Waiver program	
	<input type="checkbox"/>	Has not accessed direct support services in 180 days	
	<input type="checkbox"/>	Decided to receive support through an ICF/MR	
<b>Additional Comments:</b>			

<b>Signature of Person Completing this Form</b>		<b>Date</b>	
<b>Member Signature</b>		<b>Date</b>	
<b>Legal Representative Signature</b>		<b>Date</b>	
<b>Witness Signature</b>		<b>Date</b>	