

**WEST VIRGINIA I/DD WAIVER
NOTIFICATION OF MEMBER DEATH**

(This form is used to report the death of an I/DD Waiver program member)

TO: IRG d/b/a APS Healthcare-WV
I/DD Waiver Program
100 Capitol Street, Suite 600
Charleston, WV 25301
Fax: 866.521.6882

FROM: _____

INFORMATION ABOUT THE DECEASED

Member Name		APSID#	
Medicaid #		Date of Birth	
Date of Death		Time of Death	
Member Address			
Location of Death			
Cause of Death			

DIAGNOSIS AND MEDICAL CONDITION

Axis I
Axis II
Axis III

MEDICATIONS: (Use additional pages if necessary)
List all current medications prescribed and non-prescribed.

Medication	Dosage/Frequency	Purpose of Medication