

Aged & Disabled Waiver/Personal Care FAX COVER SHEET

Type of Request

| Fax to WVMI For questions call 800-982-6334 Option 3 or 304-346-9864 Option 3 | Fax to APS Healthcare For questions call 866-385-8920 or 304-380-0617 |
|---|--|
| <input type="checkbox"/> Aged and Disabled Waiver ADW MNER <input type="checkbox"/> Initial FAX TO: 304-346-8948 <input type="checkbox"/> Annual | <input type="checkbox"/> ADW Request for Service Continuation FAX TO: 866-521-6882 <input type="checkbox"/> ADW Level of Care Change Request FAX TO: 866-521-6882 |
| <input type="checkbox"/> Request for Dual Services <input type="checkbox"/> PC & A&D Waiver FAX TO: 866-212-5053 <input type="checkbox"/> PC & I/DD Waiver | <input type="checkbox"/> Request for Dual Services <input type="checkbox"/> PC & TBI Waiver FAX TO: 866-607-9903 |
| <input type="checkbox"/> Request for Personal Care Services FAX TO: 866-212-5053 | <input type="checkbox"/> PC Services for Member In SFC Home FAX TO: 866-521-6882 |

Agency/Sender Information

| | | | |
|----------------------------|--|---|--|
| DATE | | AGENCY NAME and LOCATION (if applicable) | |
| AGENCY ADDRESS | | | |
| CONTACT PERSON NAME | | CONTACT PERSON TELEPHONE NUMBER | |
| AGENCY FAX NUMBER | | | |

Additional Information:

Warning: Unauthorized interception of this telephonic communication could be a violation of Federal Law. The documents accompanying this telecopy contain confidential information belonging to the sender which is legally privileged. The information is intended only for use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of the telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange the return of the faxed documents to us.

Number of pages (including this cover sheet): _____