

**WEST VIRGINIA I/DD WAIVER
APPLICATION**

**Applicant must be at least 3 years of age on the date of submission*

Applicant Information

First Name, MI, Last Name	Click here to enter text.	Date of Birth	Click here to enter a date.
Mailing Address	Click here to enter text.		
Phone Number	Click here to enter text.	Social Security Number	Click here to enter text.
Medicaid Number (if applicable)	Click here to enter text.	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address (if applicable)	Click here to enter text.	County of Residence	Click here to enter text.

Legal Representative Information *(select one of the boxes below)*

<input type="checkbox"/> N/A (member is own representative)	<input type="checkbox"/> Parent of a Child under the Age of 18	<input type="checkbox"/> Medical Power of Attorney	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> WVDHHR Guardian
First Name, MI, Last Name	Click here to enter text.	Phone Number	Click here to enter text.	
Mailing Address	Click here to enter text.			
Email Address (if applicable)	Click here to enter text.			

Non-Legal Representative Information *(if applicable)*

First Name, MI, Last Name	Click here to enter text.	Relationship to Applicant	Click here to enter text.
Address	Click here to enter text.		
Phone Number	Click here to enter text.	Email Address (if applicable)	Click here to enter text.

Applicant/Legal Representative Signature

I certify the above information is accurate and complete to the best of my knowledge. I understand the information provided in this document will be treated confidentially.

Printed Name of Applicant or Legal Representative Date

Signature of Applicant or Legal Representative Date

Form Submission

Fax, email or mail I/DD-1 to: APS Healthcare, Inc. – WV 100 Capitol Street, Suite 600 Charleston, WV 25301
Fax#: (866)521-6882 Email: wviddwaiver@apshealthcare.com

If you have not heard back from APS Healthcare within 5 business days, please call toll free 866-385-8920

DO NOT WRITE BELOW THIS LINE

Received by the Utilization Management Contractor:

Signature of UMC Representative Receiving Form

Date