

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

(This form is used to report the death of a person who receives I/DD Waiver services)

TO: IRG d/b/a APS Healthcare-WV
I/DD Waiver Program
100 Capitol Street, Suite 600
Charleston, WV 25301
Fax: (866) 521-6882
Email: wvddwaiver@apshealthcare.com

FROM: _____

INFORMATION ABOUT THE DECEASED

Name of Person Who Receives Services		APSID#	
Medicaid #		Date of Birth	
Date of Death		Time of Death	
Address of Person Who Receives Services			
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

Signature of Person Completing this Form		Date	
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