

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:

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Number of pages (including this cover sheet): _____