

## Aged & Disabled Waiver/Personal Care FAX COVER SHEET

### Type of Request

<b>Fax to WVMi</b> For questions call 800-982-6334 Option 3 or 304-346-9864 Option 3	<b>Fax to APS Healthcare</b> For questions call 866-385-8920 or 304-380-0617
<input type="checkbox"/> <b>Aged and Disabled Waiver ADW MNER</b> <input type="checkbox"/> Initial <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>FAX TO: 304-346-8948</b></span> <input type="checkbox"/> Annual	<input type="checkbox"/> <b>ADW Request for Service Continuation</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>FAX TO: 866-521-6882</b></span> <input type="checkbox"/> <b>ADW Level of Care Change Request</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>FAX TO: 866-521-6882</b></span>
<input type="checkbox"/> <b>Request for Dual Services</b> <input type="checkbox"/> PC & A&D Waiver <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>FAX TO: 866-212-5053</b></span> <input type="checkbox"/> PC & I/DD Waiver	<input type="checkbox"/> Request for Dual Services <input type="checkbox"/> PC & TBI Waiver <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>FAX TO: 866-607-9903</b></span>
<input type="checkbox"/> <b>Request for Personal Care Services</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>FAX TO: 866-212-5053</b></span>	<input type="checkbox"/> <b>PC Services for Member In SFC Home</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>FAX TO: 866-521-6882</b></span>

### Agency/Sender Information

<b>DATE</b>		<b>AGENCY NAME and LOCATION</b> (if applicable)	
<b>AGENCY ADDRESS</b>			
<b>CONTACT PERSON NAME</b>		<b>CONTACT PERSON TELEPHONE NUMBER</b>	
<b>AGENCY FAX NUMBER</b>			

Additional Information:

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Number of pages (including this cover sheet): \_\_\_\_\_