

INSTRUCTIONS
MR/DD WAIVER PROGRAM APPLICATION FORM (DD-14)

PLEASE PRINT OR TYPE ALL RESPONSES ON THE APPLICATION. IF THE APPLICATION IS NOT FULLY COMPLETED IT MAY DELAY THE APPLICATION PROCESS.

- 1 Print the first name, last name and middle initial (if any) of the person applying for MR/DD Waiver services.
- 2 **Date of Birth** of the person applying for MR/DD Waiver services.
- 3 Complete mailing address of the person applying for MR/DD Waiver services.
- 4 Telephone number for the person applying for MR/DD Waiver services.
- 5 Social Security Number of the person applying for MR/DD Waiver services. **THIS MUST BE COMPLETELY ANSWERED FOR THE APPLICATION TO BE PROCESSED.**
- 6 Medicaid Number of the person applying for MR/DD Waiver services. If the applicant does not have a medicaid number leave #6 blank.
- 7 Print the full name of the applicant's parent(s). **This information is necessary if the applicant is under the age of 18, and/or if the parent(s) are the legal representative.**
- 8 Print the phone number of the applicant's parents.
- 9 Print the complete mailing address of the applicant's parent(s).
- 10 If the applicant has a legal representative (i.e. legal guardian), check "yes". If the applicant does not have a legal representative, check "no".

**If you checked "yes" to question #10, please answer questions #11 #12 and #13.
If you checked "no" to question #10, skip questions #11 #12 and #13.**

- 11 Print the full name of the applicant's legal representative.
- 12 Print the phone number of the applicant's legal representative.
- 13 Print the mailing address of the applicant's legal representative.
- 14 Using the *Reference Guide to West Virginia MR/DD Waiver Service Coordination Agencies* list the provider that the applicant chooses as the service coordination agency. The service coordination agency will be responsible for submitting the full application packet, and providing and/or arranging services for the applicant. **THIS MUST BE COMPLETELY ANSWERED FOR THE APPLICATION TO BE PROCESSED.**
- 15 If the applicant requires MR/DD Waiver services in 0 - 90 days, check the appropriate box. **This means you are completing this form as an application.**

If the applicant requires MR/DD Waiver Services in 91 days or greater, check the appropriate box. **This means you are completing this form as a statement of interest.**
- 16 If the applicant is completing this form as a **statement of interest (91 days or greater)**, please complete this question. Please write the month and year the applicant anticipates he or she will require MR/DD Waiver services. **Do not answer this question if you checked #15 as an application (0 - 90 days).**
- 17 Carefully read the statement provided in #17. If the applicant or legal representative agrees with the statement, they must print their full name on the first line and provide their signature and date on the second line.