West Virginia Medicaid Aged and Disabled Waiver Program
Personal Attendant Agency Selection Form

Doddridge County

Please check the box next to the agency of your choice and sign and date at the bottom.

Per the Centers for Medicare and Medicaid (CMS), you cannot receive Personal Attendant services and Case Management services from related agencies.

☐ Family Services of Marion & Harrison Counties
Bridgeport 304-842-0200

NOTE: If you choose Family Services of Marion and Harrison Counties for Personal Attendant services, you cannot choose Marion and Harrison Counties for Case Management services.

☐ Essential Needs Homecare
White Hall 304-816-3687

NOTE: If you choose Essential Needs Homecare for Personal Attendant services, you cannot choose Essential Needs Home Care for Case Management services.

☐ Renaissance Care, Inc.
Morgantown 304-292-6880

☐ Village Caregiving Inc.
Parkersburg 681-588-0118

☐ Lewis County Senior Citizens, Inc.
Weston 304-269-5738

NOTE: If you choose Lewis County Senior Citizens, Inc. for Personal Attendant services, you cannot choose Lewis County Senior Citizens, Inc. for Case Management services.

☐ Hometown Care
Grafton 304-265-0226

NOTE: If you choose Hometown Care for Personal Attendant services, you cannot choose Hometown Care for Case Management services.

☐ Doddridge County Senior Citizens, Inc.
West Union 304-873-2061

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☐ Pro Careers, Inc.
Parkersburg 304-422-0776

NOTE: If you choose Pro Careers, Inc. for Personal Attendant services, you cannot choose First Care Services, Inc. for Case Management services.

☐ Choice Care At Home
Dellslow 304-291-3345

NOTE: If you choose Choice Care At Home for Personal Attendant services, you cannot choose Coordinating Council for Independent Living (CCIL) for Case Management services.

☐ Council of Senior Citizens of Gilmer County
Glenville 304-462-5761

☐ All Ways Caring HomeCare
White Hall 304-693-2694

NOTE: If you choose All Ways Caring HomeCare for Personal Attendant services, you cannot choose All Ways Caring HomeCare for Case Management services.

Participant Signature_____ Date_____