

West Virginia Aged and Disabled Waiver

Request for Changes to Current Certification Application

Part 1.a. Demographic Information Request Date:

I request a CHANGE in the following areas:

CHECK ALL THAT APPLY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Phone Number | <input type="checkbox"/> Administrator/Director |
| <input type="checkbox"/> Physical Address | <input type="checkbox"/> Fax Number | <input type="checkbox"/> Contact Person |
| <input type="checkbox"/> Email Address | <input type="checkbox"/> Hours of Operations | <input type="checkbox"/> Counties Served |
| <input type="checkbox"/> New (additional) Site | | |

Legal Name of Company:

Doing Business as (DBA) if applicable:

Street Address:

Mailing Address: *(if different from above)*:

City:

State:

Zip Code:

Phone Number:

Fax Number:

E-Mail Address:

Name of Counties you intend to serve from this location:

Proposed Days and Hours of operations:

Name and Email of Director: (Printed)

Name and Email for One Program Contact: (Printed)

All information must be completed and emailed to Bob Meade at robert.c.meade@wv.gov.

Director/Administrator: (Printed)

Date:

Signature: _____