

PERSONAL CARE AGENCY SELECTION FORM

NICHOLAS COUNTY

- o All Aid Services
Charleston Phone: (304) 343-1130 Fax: (304) 343-8944

NOTE: If you are receiving Dual Services (A Waiver & Personal Care) and choose All Aid Services for Personal Care Services, you cannot choose All-Aid International for Case Management Services.

- o Braxton County Senior Citizens Center, Inc.
Sutton Phone: (304) 765-3668 Fax: (304) 765-3697

- o Clay Senior and Community Services, Inc.
Clay Phone: (304) 587-4251 Fax: (304) 587-2787

NOTE: If you are receiving Dual Services (A Waiver & Personal Care) and choose Clay Senior and Community Services, Inc. for Personal Care Services, you cannot choose Clay Senior and Community Services, Inc. for Case Management Services.

- o Coordinating Council for Independent Living/CCIL (West Virginia's Choice)
Alum Creek Phone: (304) 744-1112 Fax: (304) 744-7910

NOTE: If you are receiving Dual Services (A Waiver & Personal Care) and choose Coordinating Council for Independent Living/CCIL (West Virginia's Choice) for Personal Care Services, you cannot choose Coordinating Council for Independent Living/CCIL (West Virginia's Choice) for Case Management Services.

- o Nicholas Community Action Partnership, Inc.
Summersville Phone: (304) 872-1162 Fax: (304) 883-2033

NOTE: If you are receiving Dual Services (A Waiver & Personal Care) and choose Nicholas Community Action Partnership, Inc. for Personal Care Services, you cannot choose Nicholas Community Action Partnership, Inc. for Case Management Services.

- o Putnam Aging Program, Inc. (Loved Ones)
St. Albans Phone: (304) 755-2385 Fax: (304) 755-7684

NOTE: If you are receiving Dual Services (A Waiver & Personal Care) and choose Putnam Aging Program, Inc. for Personal Care Services, you cannot choose Putnam Aging Program, Inc. for Case Management Services.

- o Hometown Care
Belington Phone: (304)823-0223 Fax: (304) 823-3600

NOTE: If you are receiving Dual Services (A Waiver & Personal Care) and choose Hometown Care for Personal Care Services, you cannot choose Hometown Care for Case Management Services

Member Signature

Date

Record ID: _____