

PERSONAL CARE AGENCY SELECTION FORM

MCDOWELL COUNTY

- o Coordinating Council for Independent Living/CCIL (West Virginia's Choice)
Beaver Phone: (304) 254-8520 Fax: (304) 254-8526

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 Coalfield CAP
Williamson Phone: (304) 235-1701 Fax: (304) 235-1706
- o Council on Aging (Wyoming County)
Itmann Phone: (304) 294-8800 Fax: (304) 294-8803
- o McDowell County Commission on Aging
Welch Phone: (304) 436-6588 Fax: (304) 436-2006

- 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 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 Braxton County Senior Citizens Center, Inc. (Central West Virginia Aging Services)
Sutton Phone: (304) 765-3668 Fax: (304) 765-3668
- o Clay Development Corp.
Clay Phone: (304) 587-4251 Fax: (304) 587-2787
- o PRIDE Community Services
Logan Phone: (304) 752-6868 FAX: (304) 752-1047

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

- o All Ways Caring HomeCare
Princeton

Phone: (304) 431-2443 Fax: (304) 431-3029

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

Member Signature

Date

Record ID: _____