

PERSONAL CARE AGENCY SELECTION FORM

MINGO COUNTY

- Prester Center/Panhandle Support Services
Huntington Phone: (304) 525-7881 Fax: (304) 697-1251

- 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.

- Braxton County Senior Citizens Center, Inc.
Sutton Phone: (304) 765-4090 Fax: (304) 765-4095

- Coalfield CAP
Williamson Phone: (304) 235-1701 Fax: (304) 235-1706

- Coordinating Council for Independent Living/CCIL (West Virginia's Choice)
Barboursville (Huntington) Phone: (304) 733-6415 Fax: (304) 733-6429

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.

- Council on Aging (Wyoming County)
Mullens Phone: (304) 294-8800 Fax: (304) 294-8803

- 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.

- Wayne County Community Services Organization, Inc.
Huntington Phone: (304) 429-0070 Fax: (304) 429-0028

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

- Putnam Aging Inc. (Loved Ones in Home Care)
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.

Member Signature

Date

Record ID: _____