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

Wood 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.

☐ Helping Hands for Independent Living
Belmont 304-665-1450

☐ 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.

☐ Loved Ones In Home Care
Ripley 304-373-0014

NOTE: If you choose Loved Ones in Home Care for Personal Attendant services, you cannot choose Allied Nursing and Community Services for Case Management

☐ Wirt County Committee on Aging, Inc.
Elizabeth 304-275-3158

☐ Village Caregiving, Inc.
Parkersburg 304-494-2501

☐ Panhandle Support Services
Vienna 304-295-0890

☐ Choice Care At Home
Parkersburg 304-485-9838

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.

Effective: 06/03/2026 Record ID: _____

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☐ Central West Virginia Aging Services, Inc.
Parkersburg 304-865-5420

NOTE: If you choose Central West Virginia Aging Services, Inc. for Personal Attendant services, you cannot choose Central West Virginia Aging Services, Inc. for Case Management services.

☐ All Ways Caring HomeCare
Vienna 304-428-6148

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

☐ All Aid Services, Inc.
Charleston 304-343-1130

NOTE: If you choose All Aid Services, Inc. for Personal Attendant services, you cannot choose All-Aid International, Inc. for Case Management services.

☐ Hometown Care
Vienna 304-893-9582

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

Participant Signature_____ Date_____