

**Aged and Disabled Waiver**  
**Home and Community Based Services**  
**Request for Changes to Current Certification Application**

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**Part 1.a. Demographic Information Request Date: \_\_\_\_\_**

**I request a CHANGE in the following areas:**

**CHECK ALL THAT APPLY:**

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

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 of Administrator/Director: (Printed)

(Signature)

Name of Other Contact: (Printed)

(Signature)

All information must be completed and emailed to Jennifer.J.Fazzolari@wv.gov

Administrator/Director: Print Name:

Requested effective date of change:

Signature: