

Medicaid Aged and Disabled Waiver Program Homemaker Agency Monthly Report Instructions

Each Homemaker Agency must complete this form (please print or type) and **mail** to the WV Bureau of Senior Services by the 6th working day of each month. Mail to:

Barbara Paxton
WV Bureau of Senior Services
State Capitol
1900 Kanawha Blvd. East
Charleston, WV 25305

Please contact Barbara at 304-558-3317 with any questions regarding this report.

1. Enter agency name and site location.
2. Enter agency provider number.
3. Enter month and year of the report being completed.
4. Enter county(ies) served by this site in alphabetical order.
5. Enter the "Previous Month Total." If you have no previous or active clients or if this is your first report, enter "0."
6. Enter the number of clients opened for the reporting month.
7. Enter the number of clients closed for the reporting month.
8. Enter the number of total active clients using the following formula:

Clients opened + previous month total – number closed = Total Active Clients
9. Total every column except "County."
10. Enter the total number of active clients served by your agency.
11. Agency representative must sign and date the report.

