

**West Virginia Medicaid Aged & Disabled Waiver Program
Freedom of Choice Homemaker Agency Selection Form**

Barbour County

Please review the following list of Homemaker Agencies certified to provide Medicaid Aged & Disabled Waiver services in your county. Check the box next to the agency of your choice. If you do not have a preference, you may check the box for “No Choice,” and a Homemaker Agency will be assigned to you.

- | | | | |
|--------------------------|---|--------------|--------------|
| <input type="checkbox"/> | Companion Care Corporation
Elkins | 304-636-6773 | 800-675-6779 |
| <input type="checkbox"/> | Ultra Care, LLC
Elkins | 304-637-2567 | |
| <input type="checkbox"/> | Select In Home Services
Bridgeport | 304-848-0988 | |
| <input type="checkbox"/> | Catholic Charities West Virginia
Clarksburg | 304-623-1765 | |
| <input type="checkbox"/> | Barbour County Senior Center, Inc.
Philippi | 304-457-4545 | |
| <input type="checkbox"/> | Mountain CAP of West Virginia, Inc.
Buckhannon | 304-765-7738 | 800-850-7738 |
| <input type="checkbox"/> | Panhandle Support Services, Inc.
Elkins | 304-363-5195 | 866-263-4492 |
| <input type="checkbox"/> | West Virginia's Choice
Elkins | 304-636-9326 | 888-284-5040 |
| <input type="checkbox"/> | American Homecare Services, Inc.
Kingmont | 304-367-0768 | 800-371-0768 |
| <input type="checkbox"/> | Pro Careers, Inc.
Bridgeport | 304-623-0123 | 800-676-7387 |
| <input type="checkbox"/> | Harrison County Senior Citizens, Inc.
Clarksburg | 304-623-6795 | |
| <input type="checkbox"/> | Central West Virginia Aging Services, Inc. – Homemaker Division
Buckhannon | 304-472-0395 | 800-296-0069 |
| <input type="checkbox"/> | Visiting Angels, Living Assistance Services
Bridgeport | 304-842-0199 | |

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Barbour County, cont.

- Hometown Care
Belington 304-823-0223
- Reliable Healthcare Solutions, LLC
Morgantown 304-212-4342
- Mountaineer Home Care Services, LLC
Elkins 304-636-5252
- Alternative Home Care, LLC
Elkins 304-637-1000
- No Choice; please choose a Homemaker Agency for me.

Client Signature _____ **Date** _____