



The CareConnection© Provider Registration Form will be used to input each provider's information into the WV **Personal Care** CareConnection©. This form should be submitted in its entirety to KEPRO at the email address below. Each agency must submit a separate form. It is recommended that the CEO/Responsible Officer and Personal Care Contact designations be two separate persons.

Please Type or Print Clearly | *Required Field

| CEO/Responsible Officer/Agency Director | | | |
|---|----------------------|----------------------|----------------------|
| First Name* | Middle Initial | Last Name* | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address* | Phone Number* | Fax Number* | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Address 1* | | | |
| <input type="text"/> | | | |
| Address 2 | | | |
| <input type="text"/> | | | |
| City* | State* | | Zip Code* |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> |

| Personal Care Contact Person | | | |
|------------------------------|----------------------|----------------------|----------------------|
| First Name* | MI | Last Name* | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address* | Phone Number* | Fax Number* | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Address 1* | | | |
| <input type="text"/> | | | |
| Address 2 | | | |
| <input type="text"/> | | | |
| City* | State* | | Zip Code* |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> |

| Agency Company Information |
|--|
| Agency Name (include location/city)* (Example: CCIL-Beckley) |
| <input type="text"/> |
| Agency Number (National Provider Identifier Number) |
| <input type="text"/> |
| Agency Address* |
| <input type="text"/> |

Agency Address 2

Agency City*

State*

Zip Code*

Phone*

Fax*

WV Medicaid Provider Number*

LEAVE BLANK

Web Address

State Agency ID

LEAVE BLANK

Counties Served (Mark with an "x")

| | | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Barbour | <input type="checkbox"/> Berkeley | <input type="checkbox"/> Boone | <input type="checkbox"/> Braxton | <input type="checkbox"/> Brooke | <input type="checkbox"/> Cabell |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Clay | <input type="checkbox"/> Doddridge | <input type="checkbox"/> Fayette | <input type="checkbox"/> Gilmer | <input type="checkbox"/> Grant |
| <input type="checkbox"/> Greenbrier | <input type="checkbox"/> Hampshire | <input type="checkbox"/> Hancock | <input type="checkbox"/> Hardy | <input type="checkbox"/> Harrison | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Kanawha | <input type="checkbox"/> Lewis | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Logan | <input type="checkbox"/> Marion |
| <input type="checkbox"/> Marshall | <input type="checkbox"/> Mason | <input type="checkbox"/> McDowell | <input type="checkbox"/> Mercer | <input type="checkbox"/> Mineral | <input type="checkbox"/> Mingo |
| <input type="checkbox"/> Monongalia | <input type="checkbox"/> Monroe | <input type="checkbox"/> Morgan | <input type="checkbox"/> Nicholas | <input type="checkbox"/> Ohio | <input type="checkbox"/> Pendleton |
| <input type="checkbox"/> Pleasants | <input type="checkbox"/> Pocahontas | <input type="checkbox"/> Preston | <input type="checkbox"/> Putnam | <input type="checkbox"/> Raleigh | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Ritchie | <input type="checkbox"/> Roane | <input type="checkbox"/> Summers | <input type="checkbox"/> Taylor | <input type="checkbox"/> Tucker | <input type="checkbox"/> Tyler |
| <input type="checkbox"/> Upshur | <input type="checkbox"/> Wayne | <input type="checkbox"/> Webster | <input type="checkbox"/> Wetzel | <input type="checkbox"/> Wirt | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Wyoming | | | | | |

I certify that the information provided on this form is accurate and reflects the services the agency is certified to provide and the counties the agency is certified to operate within.

| | |
|--|----------|
| CEO/Responsible Officer/Agency Director Signature | X |
| Date | |
| Personal Care Contact Person Signature | X |
| Date | |
| Bureau or Senior Services Approval | X |
| Date | |

The Bureau of Senior Services must certify and approve the Provider prior to the Provider Registration Form being sent to KEPRO.

SUBMIT PROVIDER REGISTRATION AND WEB USER REQUEST FORMS TO: wvpersonalcare@kepro.com