



The CareConnection® Provider Registration Form will be used to input each provider's information into the WV Aged and Disabled Waiver CareConnection®. This form should be submitted in its entirety to KEPRO at the email address below. Each agency must submit a separate form; if an agency provides both Case Management and Homemaker services, two forms should be submitted. It is recommended that the CEO/Responsible Officer and Waiver 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"/>

Aged and Disabled Waiver Contact			
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"/>

Type of Agency (Mark with an "x" and select only one per form submitted)	
<input type="checkbox"/>	Case Management Agency (CMA)
<input type="checkbox"/>	Homemaker Agency (HMA)
<input type="checkbox"/>	Fiscal/Employer Agency (F/EA)



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		
<input type="text"/>		
Agency City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone*	Fax*	WV Medicaid Provider Number
<input type="text"/>	<input type="text"/>	LEAVE BLANK
Web Address	State Agency ID	
<input type="text"/>	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** _____

Date _____

Waiver Contact Signature _____

Date _____

Bureau of Senior Services Approval _____

Date _____