



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

Email Address*

Phone Number*

Fax Number*

Address 1*

Address 2

City*

State*

Zip Code*

Personal Care Contact Person

First Name*

MI

Last Name*

Suffix

Email Address*

Phone Number*

Fax Number*

Address 1*

Address 2

City*

State*

Zip Code*

Agency Company Information

Agency Name (include location/city)* (Example: CCIL-Beckley)

Agency Number (National Provider Identifier Number)

Agency Address*

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