

**West Virginia Personal Options
Traumatic Brain Injury Waiver Program**
WVDHHR Protective Services Record Check

The WVDHHR Protective Services Record Check is used to determine if an individual has a record of substantiated maltreatment of a child or adult. This requirement was implemented to ensure the safety of participants on the Aged and Disabled Waiver Program.

You are required to submit a WVDHHR Protective Services Record Check prior to providing Medicaid home and community-based services for payment. You must provide Public Partnerships, LLC (PPL) with the **original form** required for the Protective Services Record Check before you will be eligible for employment. PPL will send the form to the WVDHHR Protective Services on your behalf. If the result of the check reveals an offense, you will be prohibited from continued employment.

❖ **WVDHHR Protective Service Record Check:**

1. Complete the Authorization and Release for Protective Services Record Check:
 - A. Full Name (First, Middle, and Last)
 - B. Birth Date
 - C. Social Security Number
 - D. Current Address
 - E. Address for last 5 years
 - F. Maiden name, aliases or other names
 - G. Certification
 - H. Sign and date
2. Have your employer review the form for completeness; incomplete forms will be returned.
3. Send the original completed Authorization and Release for Protective Services Record Check form to:
*Public Partnerships, LLC
WVPO TBI
601-3 E Brockway Ave, Suite E
Morgantown, WV 26501*

If you have questions about the Protective Services Check, feel free to call the Division of Children and Adult Services at (304) 558-7980; for questions on the above process, please feel free to call your Resource Consultant.