



Deaf Blind Multiple Disabilities (DBMD) Documentation of Provider Choice

Region 01, High Plains

Print Applicant/Individual's Name

Area Code and Telephone No.

I choose the following as my DBMD Program Provider:

No providers available in this Region.

This is the list of DBMD program providers who serve the region in which I currently reside. It has been explained to me and I understand that I may transfer to a different program provider at any time. If I am interested in transferring to a new program provider or if I am moving to another region of the state, I can request the list of DBMD program providers in that area from my case manager or call (512) 438-5359 at any time.

(Signature of Participant or Legally Authorized Representative)

(Date)