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Deaf Blind Multiple Disabilities (DBMD) Documentation of Provider Choice

Region 10, Upper Rio Grande

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Print Applicant/Individual's Name

Area Code and Telephone No.

I choose the following as my DBMD Program Provider:

**Agency 1: Alta Vista Community Care Services, LLC**

**Contract No.:** 1018303

**Telephone:** ( 915) 594-0098

**Fax:** (915) 594-0082

**Services Provided:** In-Home Supports

**Counties Served:** Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio

**Agency 2: Compassion Support, LLC d/b/a Caring Partner Home Care**

**Contract No.:** 4500019

**Provider No.:** 1031895

**Telephone:** ( 915) 444-8621

**Alt. Telephone:** (915) 282-8712

**Fax:** (281) 931-5514

**Services Provided:** In-Home Supports

**Counties Served:** Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio

**Agency 3: Disability Services of the Southwest, Inc. (DSSW)**

**Contract No.:** 1016452

**Telephone:** ( 915) 774-8787

**Fax:** (877) 463-1310

**Services Provided:** In-Home Supports

**Counties Served:** El Paso

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.

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(Signature of Participant or Legally Authorized Representative)

(Date)