



Deaf Blind Multiple Disabilities (DBMD) Documentation of Provider Choice

Region 10, Upper Rio Grande

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.

(Signature of Participant or Legally Authorized Representative)

(Date)