



**TEXAS**  
Health and Human  
Services

## Deaf Blind Multiple Disabilities (DBMD) Documentation of Provider Choice

### Region 11, Lower South Texas

Print Applicant/Individual's Name

Area Code and Telephone No.

I choose the following as my DBMD Program Provider:

☐ **Agency 1: 29 HHA, Inc. d/b/a A Beautiful Day Healthcare**

**Contract No.:** 4500015

**Provider No.:** 1031260

**Telephone:** ( 956) 447-2046

**Fax:** (956) 958-0785

**Services Provided:** In-Home Supports

**Counties Served:** Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

☐ **Agency 2: Dulce Esperanza Home Health Care, LLC**

**Contract No.:** 1017749

**Telephone:** ( 956) 580-2119

**Fax:** (956) 580-1119

**Services Provided:** In-Home Supports

**Counties Served:** Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

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)