



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.

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)