



**TEXAS**  
Health and Human  
Services

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

### Region 02, Northwest Texas

Print Applicant/Individual's Name

Area Code and Telephone No.

I choose the following as my DBMD Program Provider:

☐ **Agency 1: Deaf Blind Services of Texas, LLC**

**Contract No.:** 4500012

**Provider No.:** 1030935

**Telephone:** ( 832) 526-6617

**Fax:** (832) 487-1727

**Services Provided:** In-Home Supports

**Counties Served:** Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young

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)