



**TEXAS**  
Health and Human  
Services

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

### Region 04, Upper East Texas

Print Applicant/Individual's Name

Area Code and Telephone No.

I choose the following as my DBMD Program Provider:

☐ **Agency 1: Disability Services of the Southwest, Inc. (DSSW)**

**Contract No.:** 1016447

**Telephone:** ( 903) 297-2817

**Alt. Telephone:** 800-613-5478

**Fax:** (877) 946-0441

**Services Provided:** In-Home Supports

**Counties Served:** Gregg, Harrison, Smith

☐ **Agency 2: Volunteers of America Texas, Inc. (VOA)**

**Contract No.:** 1016565

**Telephone:** ( 817) 529-7305

**Alt. Telephone:** 817-876-5844

**Fax:** (817) 571-7512

**Services Provided:** In-Home Supports

**Counties Served:** Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood

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)