



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, (877) 463-1310

Services Provided: In-Home Supports

Counties Served: Gregg, Harrison, Smith

Agency 2: JF Spring Health Services, LLC d/b/a Spring Health Services, LLC

Contract No.: 4500022

Provider No.: 1033824

Telephone: (281) 670-7331

Fax: (281) 857-6729

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

Agency 3: 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)