

Deaf Blind Multiple Disabilities (DBMD) Documentation of Provider Choice

Region 07, Central Texas

Print Applicant/Individual's Name		Area Code and Telephone No
I choose the following as my DBMD Pr	ogram Provider:	
☐ Agency 1: Deaf Blind Services of	of Texas, LLC	
Contract No.: 1028006		
Telephone: (713) 842-7121		
Fax: (832) 487-1727 Services Provided: In-Home Supports	c	
Counties Served: Bastrop, Bell, Blanc Fayette, Freestone, Grimes, Hamilton McLennan, Milam, Mills, Robertson,	co, Bosque, Brazos, Burleson, B n, Hays, Hill, Lampasas, Lee, Lec	on, Limestone, Llano, Madison,
☐ Agency 2: Disability Services of	f the Southwest, Inc. (DSSW	')
Contract No.: 1016449		
Telephone: (512) 419-1962 Fax: (877) 463-1310		
Services Provided: In-Home Supports	S	
Counties Served: Bell, Bosque, Caldw	vell, Coryell, Falls, Hays, McLen	nan, Travis, Williamson
☐ Agency 3: Perrylee Home Heal	th Care Services, Inc.	
Contract No. : 1016541		
Telephone: (281) 969-8725	Alt. Telephone: (866	5) 491-2220
Fax: (832) 539-1901 Services Provided: In-Home Supports	c	
Counties Served: Bastrop, Blanco, Br		ell, Fayette, Grimes, Hays,
Lampasas, Lee, Llano, Mills, San Saba		
☐ Agency 4: Volunteers of Ameri	ica Texas, Inc. (VOA)	
Contract No.: 3600006	Provider No.: 1031	1570
Telephone: (817) 529-7359		
Fax: (817) 571-7527		

Services Provided: In-Home Supports

Counties Served: Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls,
Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison,
McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson

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)	