



TEXAS
Health and Human
Services

Deaf Blind Multiple Disabilities (DBMD) Documentation of Provider Choice

Region 09, West Texas

Print Applicant/Individual's Name

Area Code and Telephone No.

I choose the following as my DBMD Program Provider:

☐ **Agency 1: Compassion Support, LLC d/b/a Caring Partner Home Care**

Contract No.: 4500018

Provider No.: 1031896

Telephone: (432) 276-2593

Fax: (281) 931-5514

Services Provided: In-Home Supports

Counties Served: Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler

☐ **Agency 2: Disability Services of the Southwest, Inc. (DSSW)**

Contract No.: 1016451

Telephone: (432) 550-6900

Fax: (877) 463-1310

Services Provided: In-Home Supports

Counties Served: Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Reagan, Upton, Ward, Winkler

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)