SECONDARY FREEDOM OF CHOICE
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
Customized Community Supports - Group Service
BERNALILLO COUNTY

Date: 05/30/2025

DD Waiver Participant Name: _____

Dear Waiver Participant,

The Center for Medicare and Medicaid Services require that all waiver participants be afforded the right to select and obtain services from qualified providers approved by the Developmental Disabilities Supports Division (DDSD) for Home and Community Based Waivers. **Customized Community Supports - Group** Services, in **BERNALILLO** County, are available to you through the following:

_____	Active Solutions Incorporated	(505) 830-9291
_____	Adelante Development Center, Inc.	(505) 341-2000
_____	Better Life Adult Living, Inc.	(505) 269-6930
_____	Bright Horizons, Inc.	(505) 765-1700
_____	Bright Light Homes LLC	(505) 210-1445
_____	Community Options Inc.	(575) 373-7259
_____	Inclusive&Empowering Living Homes LLC	(505) 353-1153
_____	Open Arms LLC dba Open Arms Supported Living	(505) 420-7149
_____	Total Healthcare Pillars LLC	(832) 662-8294

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This form needs to be signed and dated by the Waiver Participant or Legal Representative.

DD Waiver Participant Name: _____

I have selected the named provider below based on a review of all qualified providers listed on the Secondary Freedom of Choice approved by DDSD to provide **Customized Community Supports - Group** Services, in **BERNALILLO** County.

Name of Selected Provider: _____

_____ _____
Waiver Participant Signature Date Legal Representative Signature Date

_____ _____
Waiver Participant Printed Name Legal Representative Printed Name

_____ _____
Last Four Digits of Waiver Participant Social Security Number Legal Representative Telephone Number

_____
Waiver Participant Address

_____
City, State, Zip