



SECONDARY FREEDOM OF CHOICE
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
Customized Community Supports-Individual/SG Service
DONA ANA COUNTY

Date: 05/01/2025

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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-Individual/SG** Services, in **DONA ANA** County, are available to you through the following:

_____ Active Solutions Incorporated	(505) 830-9291
_____ An Open Door, LLC	(575) 382-2107
_____ Community Options Inc.	(575) 373-7259
_____ Hearts of Hope, LLC	(575) 288-1620
_____ Lessons of Life LLC	(575) 541-5505
_____ Links of Life, LLC	(575) 652-4297
_____ Milagro De Vida Community Service, L.L.C.	(575) 644-6306
_____ Progressive Residential Services of New Mexico, Inc.	(575) 523-8431



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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-Individual/SG** Services, in **DONA ANA** 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