



SECONDARY FREEDOM OF CHOICE
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
Living Supports - Family Living Service
MCKINLEY COUNTY

Date: 06/17/2025

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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. **Living Supports - Family Living** Services, in **MCKINLEY** County, are available to you through the following:

_____	Better Together Home and Community Services, LLC	(505) 327-7978
_____	Community Options Inc.	(575) 373-7259
_____	Dungarvin New Mexico, LLC	(505) 245-4604
_____	La Vida Felicidad, Inc.	(505) 865-4651
_____	The Tungland Company LLC	(505) 717-1375
_____	Zuni Entrepreneurial Enterprises, Inc. dba Empowerment Incorporated	(505) 863-7444



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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 **Living Supports - Family Living Services**, in **MCKINLEY** 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