



SECONDARY FREEDOM OF CHOICE
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
Customized In-Home Supports Service
BERNALILLO COUNTY

Date: 04/02/2026

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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 In-Home Supports** Services, in **BERNALILLO** County, are available to you through the following:

_____ Active Solutions Incorporated	(505) 830-9291
_____ All About Us, LLC	(505) 243-8000
_____ Better Life Adult Living, Inc.	(505) 269-6930
_____ Dungarvin New Mexico, LLC	(505) 998-1060
_____ Expressions of Life Inc.	(505) 831-6250
_____ Great Livin', LLC	(505) 246-6971
_____ Su Vida Services Incorporated	(505) 299-2494
_____ The New Beginnings, LLC	(505) 797-3359



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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 In-Home Supports 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