

Texas Health and Human Services Commission

HHSC List of Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) Providers with an Active License and/or Medicaid Certified as of 09/17/2020

Sorted by: County, City, Facility Name

County ANDERSON	Reg Svcs: ICF/IID TEAM		ICF/IID TEAM		Region 04
Facility Information:	Facility ID: 003868	License No.: 146727	Owner Information		
ELKHART INN COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
208 FM 1817			3255 EXECUTIVE BLVD		
ELKHART TX 75839			BEAUMONT TEXAS 77705		
Phone (903) 764-5072	Fax		PHONE: (409) 840-9111 FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	ICF/IID Beds: 6		PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED		
Administrator: THOMAS AARDAHL			License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021		
Mgmt Co.:					

County ANDERSON	Reg Svcs: ICF/IID TEAM		ICF/IID TEAM		Region 04
Facility Information:	Facility ID: 007294	License No.: 146582	Owner Information		
CRESTVIEW COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
216 CREST DR			3255 EXECUTIVE BLVD		
PALESTINE TX 75801-7360			BEAUMONT TEXAS 77705		
Phone (903) 729-1898	Fax		PHONE: (409) 840-9111 FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	ICF/IID Beds: 6		PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED		
Administrator: PATRICIA ELAINE KING			License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022		
Mgmt Co.:					

County ANDERSON	Reg Svcs: ICF/IID TEAM		ICF/IID TEAM		Region 04
Facility Information:	Facility ID: 003685	License No.: 146579	Owner Information		
MAVERICK COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
427 MAVERICK DR			3255 EXECUTIVE BLVD		
PALESTINE TX 75801			BEAUMONT TEXAS 77705		
Phone (903) 723-0777	Fax (713) 622-9141		PHONE: (409) 840-9111 FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	ICF/IID Beds: 6		PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED		
Administrator: PATRICIA ELAINE KING			License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022		
Mgmt Co.:					

County ANDERSON	Reg Svcs: ICF/IID TEAM		ICF/IID TEAM		Region 04
Facility Information:	Facility ID: 007456	License No.: 146699	Owner Information		
REDWOOD TERRACE COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
115 REDWOOD DR			3255 EXECUTIVE BLVD		
PALESTINE TX 75801			BEAUMONT TEXAS 77705		
Phone (903) 729-6700	Fax (713) 622-9141		PHONE: (409) 840-9111 FAX: (502) 394-2285		
TOTAL Lic Capacity: 4	ICF/IID Beds: 4		PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED		
Administrator: PATRICIA ELAINE KING			License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022		
Mgmt Co.:					

County ANDERSON	Reg Svcs: ICF/IID TEAM		ICF/IID TEAM		Region 04
Facility Information:	Facility ID: 003928	License No.: 146777	Owner Information		
WESTWOOD COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
219 BROOKVIEW LN			3255 EXECUTIVE BLVD		
PALESTINE TX 75801			BEAUMONT TEXAS 77705		
Phone (903) 729-8711	Fax (713) 622-9141		PHONE: (409) 840-9111 FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	ICF/IID Beds: 6		PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED		
Administrator: STEPHEN KOONCE			License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022		
Mgmt Co.:					

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007606 License No.: Owner Information
DIBOLL HOUSE THE BURKE CENTER
200 STUBBLEFIELD 1111
DIBOLL TX 75941 TX
Phone (409) 639-1636 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:
Administrator:
Mgmt Co.:

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007534 License No.: 147974 Owner Information
510 JEFFERSON ST. GILES LIVING CENTERS, INC.
510 JEFFERSON 3010 S FIRST
LUFKIN TX 75901 LUFKIN TX 75901
Phone (800) 299-5161 Fax (817) 447-3033
PHONE: (936) 639-1615 FAX: (936) 639-1632
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021
Administrator: SUSAN DINBALI RN
Mgmt Co.:

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007355 License No.: Owner Information
CUNNINGHAM HOUSE THE BURKE CENTER
1010 CUNNINGHAM RD 1111
LUFKIN TX 75901 TX
Phone (409) 634-2257 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:
Administrator:
Mgmt Co.:

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007522 License No.: 148265 Owner Information
HOWARD HOUSE ST. GILES LIVING CENTERS, INC.
2007 HOWARD STREET 3010 S FIRST
LUFKIN TX 75901 LUFKIN TX 75901
Phone (800) 299-5161 Fax (817) 447-3033
PHONE: (936) 639-1615 FAX: (936) 639-1632
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021
Administrator: SUSAN DINBALI RN
Mgmt Co.:

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003857 License No.: 146634 Owner Information
HUDSON COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
164 FREEMAN CEMETERY RD 3255 EXECUTIVE BLVD
LUFKIN TX 75904 BEAUMONT TEXAS 77705
Phone (936) 875-3078 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021
Administrator: PETER DE PUTRON
Mgmt Co.:

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007439 License No.: 148203
KARLA HOUSE
107 KARLA DR
LUFKIN TX 75901
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SUSAN DINBALI RN
Mgmt Co.:

Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007406 License No.: 148004
MARKUS HOUSE
912 MARKUS
LUFKIN TX 75901
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SUSAN DINBALI RN
Mgmt Co.:

Owner Information
ST. GILES LIVING CENTERS, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (936) 639-1615 FAX: (936) 639-1632
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003869 License No.: 146589
SOUTHWOOD COMMUNITY HOME
1500 SOUTHWOOD
LUFKIN TX 75904
Phone (409) 639-6906 Fax (936) 639-5063
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: PATRICIA ELAINE KING
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003898 License No.: 146639
STECHEER COMMUNITY HOME
702 MARION ST
LUFKIN TX 75904
Phone (936) 639-6998 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: PATRICIA ELAINE KING
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003862 License No.: 146133
WESTSIDE COMMUNITY HOME
6895 FM 3150
LUFKIN TX 75904
Phone (936) 639-1575 Fax (936) 639-5063
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JULIE PURCELL
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/23/2020 License Exp Dt: 09/23/2023

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003899 License No.: 146878 Owner Information
 WHITE DOVE COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 462 WHITE DOVE DRIVE 9901 LINN STATION ROAD
 LUFKIN TX 75904-9798 LOUISVILLE KY 40223-3808
Phone (936) 824-4422 **Fax** **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: STEPHEN KOONCE **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **ANGELINA** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007103 License No.: Owner Information
 LUFKIN STATE SUPPORTED LIVING CENTER DADS
 6844 US-69 PO BOX 12668
 POLLOK TX 75969 AUSTIN TX 78711
Phone (936) 634-3353 **Fax** (956) 853-8521 **PHONE:** (512) 454-3761 **FAX:**
TOTAL Lic Capacity: 486 **ICF/IID Beds:** 486 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
 Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **ARCHER** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003797 License No.: 148293 Owner Information
 OUACHITA ACRES D & S RESIDENTIAL SERVICES LP
 7752 STATE HWY 79 SOUTH 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 WICHITA FALLS TX 76310 AUSTIN TX 78759
Phone (512) 327-2325 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **AUSTIN** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 007270 License No.: 148118 Owner Information
 BELLVILLE COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 305 S THOMAS ST 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 BELLVILLE TX 77418 AUSTIN TX 78759
Phone (979) 865-8112 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 07/01/2019 **License Exp Dt:** 07/01/2021
Mgmt Co.:

County **BASTROP** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003762 License No.: 147956 Owner Information
 BASTROP COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 133 PLUM ST 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 BASTROP TX 78602 AUSTIN TX 78759
Phone (512) 321-3316 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 8 **ICF/IID Beds:** 8 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 07/01/2019 **License Exp Dt:** 07/01/2021
Mgmt Co.:

County **BASTROP** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007634 License No.: 148111 Owner Information
 JEFFERSON COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 1405 JEFFERSON ST 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 BASTROP TX 78602 AUSTIN TX 78759
Phone (512) 303-7638 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 07/01/2019 **License Exp Dt:** 07/01/2022
Mgmt Co.:

County **BASTROP** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007635 License No.: 148109 Owner Information
 LAKEVIEW COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 223 MATTHEW COVE 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 BASTROP TX 78602 AUSTIN TX 78759
Phone (512) 303-6758 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 07/01/2019 **License Exp Dt:** 07/01/2022
Mgmt Co.:

County **BASTROP** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003991 License No.: 148829 Owner Information
 SMITHVILLE COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
 602 HICKORY 33 CYPRESS BLVDSUITE 100
 SMITHVILLE TX 78957 ROUND ROCK TX 78665
Phone (512) 237-3715 **Fax** (979) 968-6598 **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: WILLIAM K GRAY II II **License Eff Dt:** 03/15/2020 **License Exp Dt:** 03/15/2023
Mgmt Co.:

County **BELL** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007459 License No.: 146230 Owner Information
 PROSPECT COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 1805 CANYON CREEK DRIVE 3255 EXECUTIVE BLVD
 TEMPLE TX 76502-3210 BEAUMONT TEXAS 77705
Phone (254) 773-4173 **Fax** (409) 840-9111 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LORRIE ROBLEDO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **BELL** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007219 License No.: 146154 Owner Information
 TAYLORS COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 221 TAYLORS DR 3255 EXECUTIVE BLVD
 TEMPLE TX 76502 BEAUMONT TEXAS 77705
Phone (254) 773-6700 **Fax** (409) 840-9111 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LORRIE ROBLEDO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **BELL** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007220 License No.: 146196 Owner Information
TRENTON HOUSE EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3220 TRENTON DRIVE 9901 LINN STATION ROAD
TEMPLE TX 76504 LOUISVILLE KY 40223-3808
Phone (254) 773-2212 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: LORRIE ROBLEDO License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021
Mgmt Co.:

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007376 License No.: 149359 Owner Information
COUNCIL OAKS @ MISTY RIDGE COUNCIL OAKS COMMUNITY OPTIONS LTD
7005 MISTY RIDGE 11901 TOEPPERWEIN RD., STE 1001
CONVERSE TX 78109 SAN ANTONIO TEXAS 78233
Phone (210) 564-0317 Fax (210) 590-9503
PHONE: (210) 646-0717 FAX: (210) 599-9789
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: WILLIAM E LEE License Eff Dt: 05/01/2020 License Exp Dt: 05/01/2022
Mgmt Co.:

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007318 License No.: 148412 Owner Information
COUNCIL OAKS AT NUGGET CREEK COUNCIL OAKS COMMUNITY OPTIONS LTD
10022 NUGGET CREEK 11901 TOEPPERWEIN RD., STE 1001
CONVERSE TX 78109 SAN ANTONIO TEXAS 78233
Phone (210) 945-9124 Fax
PHONE: (210) 646-0717 FAX: (210) 599-9789
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: WILLIAM E LEE License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021
Mgmt Co.:

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003652 License No.: 148364 Owner Information
COUNCIL OAKS AT TROUT RIDGE COUNCIL OAKS COMMUNITY OPTIONS LTD
10026 TROUT RIDGE 11901 TOEPPERWEIN RD., STE 1001
CONVERSE TX 78109 SAN ANTONIO TEXAS 78233
Phone (210) 590-3909 Fax
PHONE: (210) 646-0717 FAX: (210) 599-9789
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: WILLIAM E LEE License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021
Mgmt Co.:

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104463 License No.: 150257 Owner Information
COUNCIL OAKS FLATLAND TRAIL COUNCIL OAKS COMMUNITY OPTIONS LTD
10304 FLATLAND TRAIL 11901 TOEPPERWEIN RD., STE 1001
CONVERSE TX 78109 SAN ANTONIO TEXAS 78233
Phone (210) 659-9553 Fax (210) 599-9789
PHONE: (210) 646-0717 FAX: (210) 599-9789
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: WILLIAM E LEE License Eff Dt: 09/17/2020 License Exp Dt: 09/17/2023
Mgmt Co.:

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 101821 License No.: 148134
SPRUCE RIDGE
10026 SPRUCE RIDGE DR
CONVERSE TX 78109
Phone (210) 590-1348 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007601 License No.: 149202
10115 CEDARMONT
10115 CEDARMONT
SAN ANTONIO TX 78245
Phone (210) 520-2539 Fax (210) 647-7637
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMY MCMAHAN
Mgmt Co.:

Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/04/2020 License Exp Dt: 05/04/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007602 License No.: 149463
11311 MORINO PARK
11311 MORINO PARK
SAN ANTONIO TX 78249
Phone (210) 694-4418 Fax (210) 647-7637
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMY MCMAHAN
Mgmt Co.:

Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/05/2020 License Exp Dt: 05/05/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007347 License No.: 148181
7123 SPRING MORNING
7123 SPRING MORNING
SAN ANTONIO TX 78249
Phone (210) 690-3258 Fax (210) 647-7637
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMY MCMAHAN
Mgmt Co.:

Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007600 License No.: 149458
9519 AUTUMN BREEZE
9519 AUTUMN BREEZE
SAN ANTONIO TX 78250
Phone (210) 520-0561 Fax (210) 647-7637
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMY MCMAHAN
Mgmt Co.:

Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/03/2020 License Exp Dt: 05/03/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007253 License No.: 146140
APRICOT
12126 APRICOT
SAN ANTONIO TX 78247
Phone (210) 545-1581 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2018 License Exp Dt: 12/01/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007216 License No.: 148890
ARBOR WOOD
9035 ARBORWOOD
SAN ANTONIO TX 78250
Phone (210) 681-5334 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/20/2019 License Exp Dt: 11/20/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007349 License No.: 148347
AUTISTIC TREATMENT CENTER WADDES DON WOOD
6307 WADDES DON WOOD
SAN ANTONIO TX 78233
Phone (210) 590-2107 Fax (210) 590-3143
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MARIA DUNCAN
Mgmt Co.:

Owner Information
AUTISTIC TREATMENT CENTER INC
10503 METRIC DR
DALLAS TX 75243
PHONE: (972) 644-2076 FAX: (972) 644-5650
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/18/2019 License Exp Dt: 12/18/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 107176 License No.: 307348
AUTUMN VISTA HOME
12427 AUTUMN VISTA
SAN ANTONIO TX 78249
Phone (210) 525-1509 Fax (210) 979-8047
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN WIRTH
Mgmt Co.:

Owner Information
PREMIEANT INCORPORATED
1110 W WILLIAM CANNON BLDG 2
AUSTIN TX 78745
PHONE: (512) 916-1632 FAX: (512) 916-1639
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/04/2019 License Exp Dt: 06/04/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 010179 License No.: 147315
BOULDER CREEK
15618 BOULDER CREEK
SAN ANTONIO TX 78247
Phone (210) 590-2107 Fax (210) 590-3143
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MARIA DUNCAN
Mgmt Co.:

Owner Information
AUTISTIC TREATMENT CENTER INC
10503 METRIC DR
DALLAS TX 75243
PHONE: (972) 644-2076 FAX: (972) 644-5650
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/12/2019 License Exp Dt: 07/12/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003668 License No.: 149241
BOULDER OAKS
14022 BOULDER OAKS
SAN ANTONIO TX 78247
Phone (210) 494-4915 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TERRI MAURER
Mgmt Co.:

Owner Information
REACHING MAXIMUM INDEPENDENCE, INC
6336 MONTGOMERY DR
SAN ANTONIO TX 78239
PHONE: (210) 656-6674 FAX: (210) 656-0199
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/29/2020 License Exp Dt: 04/29/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 101793 License No.: 148334
BOULDER OAKS
14038 BOULDER OAKS
SAN ANTONIO TX 78247
Phone (210) 490-4656 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2017 License Exp Dt: 11/01/2019

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007409 License No.: 145813
BREES
222 BREES
SAN ANTONIO TX 78209
Phone (210) 820-3712 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2018 License Exp Dt: 12/01/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 106866 License No.: 307059
BROOKHOLLOW
14026 BROOKHOLLOW BLVD.
SAN ANTONIO TX 78232
Phone (210) 656-6674 Fax (210) 656-0199
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TERRI MAURER
Mgmt Co.:

Owner Information
REACHING MAXIMUM INDEPENDENCE, INC
6336 MONTGOMERY DR
SAN ANTONIO TX 78239
PHONE: (210) 656-6674 FAX: (210) 656-0199
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/01/2020 License Exp Dt: 07/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 106502 License No.: 146647
BURR HILL
16402 BURR HILL STREET
SAN ANTONIO TX 78247
Phone (210) 646-0302 Fax (210) 494-7228
TOTAL Lic Capacity: 5 ICF/IID Beds: 5
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
SOUTH TEXAS COMMUNITY LIVING CORP
18 AUGUSTA PINES DRSTE 140 E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (210) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/25/2019 License Exp Dt: 01/25/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007487 License No.: 307493
CADES COVE HOUSE
6647 CADES COVE
SAN ANTONIO TX 78238
Phone 210 5200774 Fax 210 5207260
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WYNNE FOWLER
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2019 License Exp Dt: 06/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007348 License No.: 146214
CHISOLM TRAIL
2815 CHISOLM TRL
SAN ANTONIO TX 78217
Phone (210) 820-3650 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2018 License Exp Dt: 12/01/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007553 License No.: 148022
COUNCIL OAKS AT ALMARION WAY
9430 ALMARION WAY
SAN ANTONIO TX 78250
Phone (210) 684-7510 Fax (512) 346-4125
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM E LEE
Mgmt Co.:

Owner Information
COUNCIL OAKS COMMUNITY OPTIONS LTD
11901 TOEPPERWEIN RD., STE 1001
SAN ANTONIO TEXAS 78233
PHONE: (210) 646-0717 FAX: (210) 599-9789
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003698 License No.: 148190
COUNCIL OAKS AT BEECH TRAIL
7031 BEECH TRAIL
SAN ANTONIO TX 78244
Phone (210) 666-1224 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM E LEE
Mgmt Co.:

Owner Information
COUNCIL OAKS COMMUNITY OPTIONS LTD
11901 TOEPPERWEIN RD., STE 1001
SAN ANTONIO TEXAS 78233
PHONE: (210) 646-0717 FAX: (210) 599-9789
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003844 License No.: 149054
COUNCIL OAKS AT CHERRY GLADE
8303 CHERRY GLADE
SAN ANTONIO TX 78244
Phone (210) 658-9288 Fax (210) 599-9789
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM E LEE
Mgmt Co.:

Owner Information
COUNCIL OAKS COMMUNITY OPTIONS LTD
11901 TOEPPERWEIN RD., STE 1001
SAN ANTONIO TEXAS 78233
PHONE: (210) 646-0717 FAX: (210) 599-9789
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2020 License Exp Dt: 02/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007234 License No.: 148368
COUNCIL OAKS AT CLOUDY RIDGE
6124 CLOUDY RIDGE
SAN ANTONIO TX 78247
Phone (210) 637-6506 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM E LEE
Mgmt Co.:

Owner Information
COUNCIL OAKS COMMUNITY OPTIONS LTD
11901 TOEPPERWEIN RD., STE 1001
SAN ANTONIO TEXAS 78233
PHONE: (210) 646-0717 FAX: (210) 599-9789
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007466 License No.: 148188
COUNCIL OAKS AT COUNTRY CROSS
6815 COUNTRY CROSS
SAN ANTONIO TX 78240
Phone (210) 697-9760 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM E LEE
Mgmt Co.:

Owner Information
COUNCIL OAKS COMMUNITY OPTIONS LTD
11901 TOEPPERWEIN RD., STE 1001
SAN ANTONIO TEXAS 78233
PHONE: (210) 646-0717 FAX: (210) 599-9789
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007337 License No.: 148424
COUNCIL OAKS AT SHALLOW CREEK
8211 SHALLOW CREEK
SAN ANTONIO TX 78251
Phone (210) 680-2778 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM E LEE
Mgmt Co.:

Owner Information
COUNCIL OAKS COMMUNITY OPTIONS LTD
11901 TOEPPERWEIN RD., STE 1001
SAN ANTONIO TEXAS 78233
PHONE: (210) 646-0717 FAX: (210) 599-9789
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007546 License No.: 148619
COUNCIL OAKS AT SHALLOW RIDGE
8722 SHALLOW RIDGE
SAN ANTONIO TX 78239
Phone (210) 590-2912 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM E LEE
Mgmt Co.:

Owner Information
COUNCIL OAKS COMMUNITY OPTIONS LTD
11901 TOEPPERWEIN RD., STE 1001
SAN ANTONIO TEXAS 78233
PHONE: (210) 646-0717 FAX: (210) 599-9789
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003816 License No.: 145623
COVENANT HOME
131 BURR RD
SAN ANTONIO TX 78209
Phone (210) 828-1424 Fax (210) 828-1246
TOTAL Lic Capacity: 10 ICF/IID Beds: 10
Administrator: LORA BUTLER
Mgmt Co.:

Owner Information
MISSION ROAD DEVELOPMENTAL CENTER
8706 MISSION RD
SAN ANTONIO TX 78214
PHONE: (210) 334-2437 FAX: (210) 922-6006
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/03/2018 License Exp Dt: 10/03/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007558 License No.: 146917
CRATER LAKE HOME
5707 CRATER LAKE
SAN ANTONIO TX 78244
Phone (210) 447-7233 Fax (210) 661-2620
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SYLVIA ARRIOLA
Mgmt Co.:

Owner Information
BEXAR COUNTY HOME CARE INC
P.O. BOX 100347
SAN ANTONIO TEXAS 78201
PHONE: (210) 661-6262 FAX: (210) 661-2620
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/08/2019 License Exp Dt: 04/08/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007214 License No.: 145952
CYPRESS HOLLOW
13811 CYPRESS HOLLOW
SAN ANTONIO TX 78232
Phone (210) 491-0903 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2018 License Exp Dt: 12/01/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104357 License No.: 147000
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
2114 OAK CREEK
SAN ANTONIO TX 78232
Phone (210) 491-4448 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/14/2019 License Exp Dt: 04/14/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104356 License No.: 149142
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
3015 FALL WAY
SAN ANTONIO TX 78247
Phone (210) 499-1282 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/03/2019 License Exp Dt: 03/03/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104350 License No.: 145924
EDUCARE COMMUNITY LIVING CORPORATION-TEXAS
2531 GREAT OAKS DRIVE
SAN ANTONIO TX 78232
Phone (210) 491-5977 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/09/2018 License Exp Dt: 12/09/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104351 License No.: 146860
EDUCARE COMMUNITY LIVING CORPORATION-TEXAS
3003 PEBBLE TRAIL
SAN ANTONIO TX 78232
Phone (210) 494-4560 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/11/2019 License Exp Dt: 05/11/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003718 License No.:
EISENHAUER GROUP HOME
2927 EISENHAUER ROAD
SAN ANTONIO TX 78209
Phone (210) 659-5857 Fax
TOTAL Lic Capacity: 10 ICF/IID Beds: 10
Administrator: DOREEN VERNON
Mgmt Co.:

Owner Information
BEXAR CO BOARD OF TRUSTEES MHMR SVCS DBA THE CTR FOR HC SVCS
3031 IH 10 WEST
SAN ANTONIO TX 78201
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007208 License No.: 148345
EL DORADO ADULT LIVING CENTER
12302 GRAN VISTA
SAN ANTONIO TX 78233
Phone (210) 599-8656 Fax (210) 599-8656
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SHARON STARR LINDSAY
Mgmt Co.:

Owner Information
SPECIALIZED HOME LIFE
PO BOX 33487
SAN ANTONIO TX 78265
PHONE: (210) 599-8656 FAX: (210) 599-8656
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/26/2019 License Exp Dt: 10/26/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003662 License No.: 144539
ENCINO VALLEY
1906 ENCINO VALLEY
SAN ANTONIO TX 78259
Phone (210) 497-8162 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SHARELL WILLIAMS
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/20/2020 License Exp Dt: 04/20/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007415 License No.: 148900
FEATHER RIDGE
13055 FEATHER RIDGE
SAN ANTONIO TX 78233
Phone (210) 599-8965 Fax (210) 494-7228
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
SOUTH TEXAS COMMUNITY LIVING CORP
18 AUGUSTA PINES DRSTE 140 E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (210) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007467 License No.: 149355
FLORAL WAY COMMUNITY HOME
2934 FLORAL WAY
SAN ANTONIO TX 78247
Phone (210) 402-1267 Fax (210) 494-7228
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
SOUTH TEXAS COMMUNITY LIVING CORP
18 AUGUSTA PINES DRSTE 140 E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (210) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007400 License No.: 149097
FOREST NIGHT HOME
11209 FOREST NIGHT
SAN ANTONIO TX 78233
Phone (210) 599-7441 Fax (210) 661-2620
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SYLVIA ARRIOLA
Mgmt Co.:

Owner Information
BEXAR COUNTY HOME CARE INC
P.O. BOX 100347
SAN ANTONIO TEXAS 78201
PHONE: (210) 661-6262 FAX: (210) 661-2620
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/01/2020 License Exp Dt: 05/01/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007438 License No.: 150076
FOUNTAIN LAKE
5227 FOUNTAIN LAKE
SAN ANTONIO TX 78244
Phone (210) 662-7076 Fax (210) 494-7228
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
SOUTH TEXAS COMMUNITY LIVING CORP
18 AUGUSTA PINES DRSTE 140 E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (210) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 101796 License No.: 148205
GRANADA
106 GRANADA
SAN ANTONIO TX 78216
Phone (210) 438-9338 Fax (210) 558-9791
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007364 License No.: 149048
GREEN RUN
2947 GREEN RUN
SAN ANTONIO TX 78231
Phone (210) 493-9079 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/30/2020 License Exp Dt: 01/30/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007465 License No.: 148031
HATHAWAY HOME
211 W HATHAWAY
SAN ANTONIO TX 78209
Phone (210) 822-7829 Fax (210) 661-2620
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SYLVIA ARRIOLA
Mgmt Co.:

Owner Information
BEXAR COUNTY HOME CARE INC
P.O. BOX 100347
SAN ANTONIO TEXAS 78201
PHONE: (210) 661-6262 FAX: (210) 661-2620
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/22/2019 License Exp Dt: 09/22/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007256 License No.: 149354
HEREFORD HOUSE
14433 HEREFORD
SAN ANTONIO TX 78217
Phone (210) 590-2107 Fax (210) 590-3143
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MARIA DUNCAN
Mgmt Co.:

Owner Information
AUTISTIC TREATMENT CENTER INC
10503 METRIC DR
DALLAS TX 75243
PHONE: (972) 644-2076 FAX: (972) 644-5650
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/14/2020 License Exp Dt: 03/14/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007461 License No.: 147777
HILLSIDE RIDGE HOUSE
14727 HILLSIDE RIDGE
SAN ANTONIO TX 78233
Phone (210) 590-9151 Fax (210) 494-7228
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
GROWING CAPABILITIES INC
18 AUGUSTA PINES STE 140E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (281) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/12/2019 License Exp Dt: 09/12/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007207 License No.: 148186
HUNTERS CIRCLE
13230 N HUNTERS CIR
SAN ANTONIO TX 78230
Phone (210) 493-5968 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/25/2019 License Exp Dt: 10/25/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007527 License No.: 146108
KNOB OAK
9714 KNOB OAK
SAN ANTONIO TX 78250
Phone (210) 680-6768 Fax (210) 520-0812
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MARC F F MUCKLEROY
Mgmt Co.:

Owner Information
KNOB OAK INC
9714 KNOB OAK
SAN ANTONIO TX 78250
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007499 License No.: 149033
KOPPLOW HOME
460 KOPPLOW
SAN ANTONIO TX 78221
Phone (210) 921-9396 Fax (210) 924-9265
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LORA BUTLER
Mgmt Co.:

Owner Information
MISSION ROAD DEVELOPMENTAL CENTER
8706 MISSION RD
SAN ANTONIO TX 78214
PHONE: (210) 334-2437 FAX: (210) 922-6006
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/21/2020 License Exp Dt: 01/21/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007435 License No.: 148743
LAKE SUNSET COURT
3507 LAKE SUNSET CT
SAN ANTONIO TX 78217
Phone (210) 656-2106 Fax (210) 494-7228
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
SOUTH TEXAS COMMUNITY LIVING CORP
18 AUGUSTA PINES DRSTE 140 E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (210) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 106203 License No.: 147189
LAKEWAY
4417 LAKEWAY
SAN ANTONIO TX 78244
Phone (210) 662-5920 Fax (210) 494-7228
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
SOUTH TEXAS COMMUNITY LIVING CORP
18 AUGUSTA PINES DRSTE 140 E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (210) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/27/2019 License Exp Dt: 05/27/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003935 License No.: 148519
LAMBETH COMMUNITY HOME
4935 LAMBETH ST
SAN ANTONIO TX 78228
Phone (210) 509-9938 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ELIZABETH LOPEZ
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/20/2019 License Exp Dt: 10/20/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007458 License No.: 148139
LARIMER SQUARE
6006 LARIMER SQ
SAN ANTONIO TX 78249
Phone (210) 561-0303 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003775 License No.: 148020
MABEE HOME
7520 S SEA LN
SAN ANTONIO TX 78216
Phone (210) 377-1328 Fax (210) 377-1328
TOTAL Lic Capacity: 12 ICF/IID Beds: 12
Administrator: LORA BUTLER
Mgmt Co.:

Owner Information
MISSION ROAD DEVELOPMENTAL CENTER
8706 MISSION RD
SAN ANTONIO TX 78214
PHONE: (210) 334-2437 FAX: (210) 922-6006
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/22/2019 License Exp Dt: 10/22/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 107177 License No.: 307457
MAPLETREE HOME
12342 MAPLETREE
SAN ANTONIO TX 78249
Phone (210) 525-1509 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN WIRTH
Mgmt Co.:

Owner Information
PREMIEANT INCORPORATED
1110 W WILLIAM CANNON BLDG 2
AUSTIN TX 78745
PHONE: (512) 916-1632 FAX: (512) 916-1639
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/06/2019 License Exp Dt: 08/06/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003629 License No.: 148408
MAYFAIR
3118 MAYFAIR
SAN ANTONIO TX 78217
Phone (210) 656-6674 Fax (210) 656-0199
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SARA RIDEOUT
Mgmt Co.:

Owner Information
REACHING MAXIMUM INDEPENDENCE, INC
6336 MONTGOMERY DR
SAN ANTONIO TX 78239
PHONE: (210) 656-6674 FAX: (210) 656-0199
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007292 License No.: 149630
MOCKINGBIRD HOME
7618 MOCKINGBIRD LN
SAN ANTONIO TX 78229
Phone (210) 349-8125 Fax (210) 349-8149
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LORA BUTLER
Mgmt Co.:

Owner Information
MISSION ROAD DEVELOPMENTAL CENTER
8706 MISSION RD
SAN ANTONIO TX 78214
PHONE: (210) 334-2437 FAX: (210) 922-6006
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/18/2020 License Exp Dt: 07/18/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007365 License No.: 148806
PARK HAVEN HOME
6738 PARK HAVEN
SAN ANTONIO TX 78244
Phone (210) 661-1338 Fax (210) 661-2620
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SYLVIA ARRIOLA
Mgmt Co.:

Owner Information
BEXAR COUNTY HOME CARE INC
P.O. BOX 100347
SAN ANTONIO TEXAS 78201
PHONE: (210) 661-6262 FAX: (210) 661-2620
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/31/2020 License Exp Dt: 01/31/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003649 License No.: 149783
PEBBLE BOW
2643 PEBBLE BOW
SAN ANTONIO TX 78232
Phone (210) 491-0610 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHRISTOPHER ROFF
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003603 License No.: 149878
PEPPERIDGE ADULT LIVING CENTER
4611 WETZ
SAN ANTONIO TX 78217
Phone (210) 599-8656 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SHARON STARR LINDSAY
Mgmt Co.:

Owner Information
SPECIALIZED HOME LIFE
PO BOX 33487
SAN ANTONIO TX 78265
PHONE: (210) 599-8656 FAX: (210) 599-8656
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2020 License Exp Dt: 06/01/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 110141 License No.: 148998
PUMA PASS
16302 PUMA PASS
SAN ANTONIO TX 78247
Phone (210) 251-4839 Fax (210) 656-0199
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SARA RIDEOUT
Mgmt Co.:

Owner Information
REACHING MAXIMUM INDEPENDENCE, INC
6336 MONTGOMERY DR
SAN ANTONIO TX 78239
PHONE: (210) 656-6674 FAX: (210) 656-0199
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/05/2019 License Exp Dt: 12/05/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007508 License No.: 307511
QUAIL RUN
7422 QUAIL RUN
SAN ANTONIO TX 78209
Phone 210 8058950 Fax 210 5207260
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WYNNE FOWLER
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2019 License Exp Dt: 06/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104491 License No.: 145974
R & K SPECIALIZED HOMES INC
15910 QUAIL CIRCLE
SAN ANTONIO TX 78247
Phone (210) 805-0802 Fax (210) 805-0744
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ESEQUIEL HERNANDEZ
Mgmt Co.:

Owner Information
R&K SPECIALIZED HOMES INC
1550 NE LOOP 410 STE 206
SAN ANTONIO TX 78209
PHONE: (210) 805-0802 FAX: (210) 805-0744
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/23/2016 License Exp Dt: 11/23/2018

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007564 License No.: 150275
R & K SPECIALIZED HOMES INC
6706 TIMBERHILL
SAN ANTONIO TX 78238
Phone (210) 805-0802 Fax (210) 805-0744
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ESEQUIEL HERNANDEZ
Mgmt Co.:

Owner Information
R&K SPECIALIZED HOMES INC
1550 NE LOOP 410 STE 206
SAN ANTONIO TX 78209
PHONE: (210) 805-0802 FAX: (210) 805-0744
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/08/2018 License Exp Dt: 09/08/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 106756 License No.: 147497
R&K SPECIALIZED HOMES INC
8007 CLYDE DENT
SAN ANTONIO TX 78250
Phone (210) 245-7489 Fax (210) 568-6213
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ESEQUIEL HERNANDEZ
Mgmt Co.:

Owner Information
R&K SPECIALIZED HOMES INC
1550 NE LOOP 410 STE 206
SAN ANTONIO TX 78209
PHONE: (210) 805-0802 FAX: (210) 805-0744
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2019 License Exp Dt: 06/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 107143 License No.: 307415
R&K SPECIALIZED HOMES INC
7070 RIMWOOD LIVE OAK
SAN ANTONIO TX 78233
Phone (210) 805-0802 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ESEQUIEL HERNANDEZ
Mgmt Co.:

Owner Information
R&K SPECIALIZED HOMES INC
1550 NE LOOP 410 STE 206
SAN ANTONIO TX 78209
PHONE: (210) 805-0802 FAX: (210) 805-0744
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/10/2019 License Exp Dt: 04/10/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104296 License No.: 149636
R&K SPECIALIZED HOMES INC
4703 SHADY BREEZE
SAN ANTONIO TX 78217
Phone (210) 805-0802 Fax (210) 805-0744
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ESEQUIEL HERNANDEZ
Mgmt Co.:

Owner Information
R&K SPECIALIZED HOMES INC
1550 NE LOOP 410 STE 206
SAN ANTONIO TX 78209
PHONE: (210) 805-0802 FAX: (210) 805-0744
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/14/2018 License Exp Dt: 11/30/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104154 License No.: 149456
R&K SPECIALIZED HOMES INC
10214 SQUANTO
SAN ANTONIO TX 78230
Phone (210) 805-0802 Fax (210) 805-0744
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ESEQUIEL HERNANDEZ
Mgmt Co.:

Owner Information
R&K SPECIALIZED HOMES INC
1550 NE LOOP 410 STE 206
SAN ANTONIO TX 78209
PHONE: (210) 805-0802 FAX: (210) 805-0744
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/19/2018 License Exp Dt: 08/31/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 105215 License No.: 145973
R&K SPECIALIZED HOMES, INC
8711 OAK LEDGE DR.
SAN ANTONIO TX 78217
Phone (210) 805-0802 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ESEQUIEL HERNANDEZ
Mgmt Co.:

Owner Information
R&K SPECIALIZED HOMES INC
1550 NE LOOP 410 STE 206
SAN ANTONIO TX 78209
PHONE: (210) 805-0802 FAX: (210) 805-0744
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/14/2018 License Exp Dt: 11/14/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007478 License No.: 148650
REGENCY COMMUNITY SERVICES INC PINETREE
2002 PINETREE LN
SAN ANTONIO TX 78232
Phone (210) 403-9372 Fax (210) 495-1538
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DARIAN S WEST
Mgmt Co.:

Owner Information
REGENCY COMMUNITY SERVICES INC
2391 NE LOOP 410STE 403
SAN ANTONIO TX 78217
PHONE: (210) 403-9372 FAX: (210) 495-1538
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2017 License Exp Dt: 10/30/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 107228 License No.: 307573
REGENCY COVE
6402 REGENCY COVE
SAN ANTONIO TX 78249
Phone Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN WIRTH
Mgmt Co.:

Owner Information
PREMIEANT INCORPORATED
1110 W WILLIAM CANNON BLDG 2
AUSTIN TX 78745
PHONE: (512) 916-1632 FAX: (512) 916-1639
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/25/2019 License Exp Dt: 11/25/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 104052 License No.: 148142
ROLLING MEADOWS GROUP HOME
7419 OBBLIGATO
SAN ANTONIO TX 78266
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Owner Information
UCG CENTRAL TEXAS HOLDING, LLC
P.O. BOX 310695
NEW BRAUNFELS TX 78131-0695
PHONE: (830) 372-2920 FAX: (214) 723-5331
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007362 License No.: 148674
RUSTLING WAY
6342 RUSTLING WAY
SAN ANTONIO TX 78249
Phone (210) 697-9511 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KATHY TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/27/2020 License Exp Dt: 01/27/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007287 License No.: 146332
SAGE TRAIL
14231 SAGE TRL
SAN ANTONIO TX 78231
Phone (210) 493-8809 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONJI JOINER
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2018 License Exp Dt: 12/01/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007114 License No.:
SAN ANTONIO STATE SUPPORTED LIVING CENTER
6711 S NEW BRAUNFELS AVE
SAN ANTONIO TX 78223
Phone (210) 532-9610 Fax (210) 531-5183
TOTAL Lic Capacity: 339 ICF/IID Beds: 339
Administrator:
Mgmt Co.:

Owner Information
DADS
PO BOX 12668
AUSTIN TX 78711
PHONE: (512) 454-3761 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: STATE SCHOOL/STATE CENTER
License Eff Dt: License Exp Dt:

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007811 License No.: 149087
SHADYWOOD
215 SHADYWOOD
SAN ANTONIO TX 78216
Phone (210) 829-0024 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2017 License Exp Dt: 11/01/2019

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007603 License No.: 148384
SILVER QUAIL
8706 SILVER QUAIL
SAN ANTONIO TX 78250
Phone (210) 509-3548 Fax (210) 509-0586
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MARC F F MUCKLEROY
Mgmt Co.:

Owner Information
HOME AT SILVER QUAIL, INC
8706 SILVER QUAIL
SAN ANTONIO TX 78250
PHONE: (210) 509-0114 FAX: (210) 509-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2019 License Exp Dt: 10/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007481 License No.: 148763
SPRING DOVE
5822 SPRING DOVE
SAN ANTONIO TX 78247
Phone (210) 590-1346 Fax (210) 494-7228
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
SOUTH TEXAS COMMUNITY LIVING CORP
18 AUGUSTA PINES DRSTE 140 E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (210) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003681 License No.: 149534
SPRING HARVEST HOUSE
9714 SPRING HARVEST
SAN ANTONIO TX 78254
Phone (210) 681-8776 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TAMARA RAINES
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/20/2020 License Exp Dt: 06/20/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 110135 License No.: 307872
STORMY SKIES
5239 STORMY SKIES
SAN ANTONIO TX 78247
Phone (210) 314-8987 Fax (210) 656-6674
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TERRI MAURER
Mgmt Co.: REACHING MAXIMUM INDEPENDENCE, INC

Owner Information
CEN-TEX ASSOCIATION FOR RETARDED CHILDREN
PO DRAWER 750
MEXIA TX 76667
PHONE: (254) 562-2891 FAX: (254) 562-7656
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/14/2020 License Exp Dt: 04/14/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 101810 License No.: 143884
STORMY SUNSET
5223 STORMY SUNSET
SAN ANTONIO TX 78247
Phone (210) 590-6745 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003633 License No.: 148185
SUNNY GROVE
4706 SUNNY GROVE
SAN ANTONIO TX 78217
Phone (210) 655-9353 Fax (210) 656-0199
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SARA RIDEOUT
Mgmt Co.:

Owner Information
REACHING MAXIMUM INDEPENDENCE, INC
6336 MONTGOMERY DR
SAN ANTONIO TX 78239
PHONE: (210) 656-6674 FAX: (210) 656-0199
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/18/2019 License Exp Dt: 12/18/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007520 License No.: 148865
SWANDALE
3242 SWANDALE
SAN ANTONIO TX 78230
Phone (210) 979-6420 Fax (210) 308-7411
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED KELLEY
Mgmt Co.:

Owner Information
DREAMS COME TRUE INC
3242 SWANDALE ST
SAN ANTONIO TX 78230
PHONE: (210) 979-6420 FAX: (210) 308-7411
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/25/2020 License Exp Dt: 03/25/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007639 License No.: 145953
THATCH
8820 THATCH
SAN ANTONIO TX 78240
Phone (210) 509-8189 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONJI JOINER
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2018 License Exp Dt: 12/01/2020

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003696 License No.: 150201
TIMBER MEADOW
5401 TIMBER MEADOW
SAN ANTONIO TX 78250
Phone (210) 680-1818 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONJI JOINER
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/29/2020 License Exp Dt: 08/29/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 101823 License No.: 148443
VISTA BRIAR
17002 VISTA BRIAR DR
SAN ANTONIO TX 78247
Phone (210) 599-4030 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007488 License No.: 149194
VISTA CREEK COMMUNITY HOME
5403 VISTA CREEK
SAN ANTONIO TX 78247
Phone (210) 599-3624 Fax (210) 494-7228
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LONNIE WELCH
Mgmt Co.:

Owner Information
SOUTH TEXAS COMMUNITY LIVING CORP
18 AUGUSTA PINES DRSTE 140 E
SPRING TX 77389
PHONE: (281) 351-1758 FAX: (210) 255-4500
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 102604 License No.: 148698
VISTA RUN
5303 VISTA RUN
SAN ANTONIO TX 78247
Phone (210) 653-8261 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2022

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007291 License No.: 149650
WELLES HARBOR
8730 WELLES HARBOR
SAN ANTONIO TX 78240
Phone (210) 558-6998 Fax (210) 656-0199
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SARA RIDEOUT
Mgmt Co.:

Owner Information
REACHING MAXIMUM INDEPENDENCE, INC
6336 MONTGOMERY DR
SAN ANTONIO TX 78239
PHONE: (210) 656-6674 FAX: (210) 656-0199
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/09/2020 License Exp Dt: 07/09/2023

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007420 License No.: 148487
WHISPER VALLEY
10934 WHISPER VALLEY
SAN ANTONIO TX 78230
Phone (210) 492-3727 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007250 License No.: 148180
COUNCIL OAKS AT PHOENIX
8418 PHOENIX
SELMA TX 78154
Phone (210) 945-8038 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM E LEE
Mgmt Co.:

Owner Information
COUNCIL OAKS COMMUNITY OPTIONS LTD
11901 TOEPPERWEIN RD., STE 1001
SAN ANTONIO TEXAS 78233
PHONE: (210) 646-0717 FAX: (210) 599-9789
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **BEXAR** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003948 License No.: 146334
GUILFORD FORGE COMMUNITY HOME
250 GUILFORD FORGE
UNIVERSAL CITY TX 78148-3615
Phone (210) 658-0412 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VIRGINIA K TERRY
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003645 License No.: 149037
EVERGREEN NORTHWOOD COMMUNITY HOME
113 NORTHWOOD
NASH TX 75569
Phone (903) 831-4239 Fax (903) 792-1861
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/23/2020 License Exp Dt: 02/23/2022

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003628 License No.: 149130
EVERGREEN COOPER LANE COMMUNITY HOME
3312 COOPER LN
TEXARKANA TX 75503
Phone (903) 831-4632 Fax (903) 792-1861
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/21/2019 License Exp Dt: 11/21/2021

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007248 License No.: 149075
EVERGREEN FORTUNE COMMUNITY HOME
3002 FORTUNE AVE
TEXARKANA TX 75503
Phone (903) 838-5625 Fax (903) 792-1861
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/20/2020 License Exp Dt: 03/20/2023

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003637 License No.: 148774
EVERGREEN MARYLAND COMMUNITY HOME
106 MARYLAND
TEXARKANA TX 75501
Phone (903) 831-4967 Fax (903) 792-1861
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/31/2020 License Exp Dt: 01/31/2023

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003638 License No.: 146602
EVERGREEN MEADOW LANE COMMUNITY HOME
#20 MEADOW LN
TEXARKANA TX 75503
Phone (903) 792-2529 Fax (903) 792-1861
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/22/2018 License Exp Dt: 12/22/2020

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007203 License No.: 148386
EVERGREEN MOORES LANE COMMUNITY HOME
3611 MOORES LN
TEXARKANA TX 75503
Phone (903) 832-2682 Fax (903) 792-1861
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/10/2019 License Exp Dt: 10/10/2021

County **BOWIE** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007403 License No.: 149260
EVERGREEN PINE KNOLL COMMUNITY HOME
3603 PINE KNOLL
TEXARKANA TX 75503
Phone (903) 793-0193 Fax (903) 793-3129
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Region 04
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/05/2020 License Exp Dt: 03/05/2023

County **BOWIE** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007617 License No.: 150066
NEW HORIZONS ELIZABETH
4820 ELIZABETH ST
TEXARKANA TX 75503
Phone (903) 794-0509 Fax (903) 793-6460
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN D MOORE
Mgmt Co.:

Region 04
Owner Information
HORIZONS GENERAL PARTNERSHIP
4904 ELIZABETH STREET
TEXARKANA TEXAS 75503
PHONE: (903) 794-0509 FAX: (903) 793-6460
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/22/2020 License Exp Dt: 07/22/2023

County **BOWIE** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007408 License No.: 149228
NEW HORIZONS MAGNOLIA
4125 MAGNOLIA ST
TEXARKANA TX 75503
Phone (903) 794-0509 Fax (903) 793-6460
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN D MOORE
Mgmt Co.:

Region 04
Owner Information
HORIZONS GENERAL PARTNERSHIP
4904 ELIZABETH STREET
TEXARKANA TEXAS 75503
PHONE: (903) 794-0509 FAX: (903) 793-6460
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/15/2020 License Exp Dt: 05/15/2023

County **BOWIE** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007569 License No.: 148465
NEW HORIZONS STILLWELL
2611 STILLWELL DR
TEXARKANA TX 75503
Phone (903) 794-0509 Fax (903) 793-6460
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN D MOORE
Mgmt Co.:

Region 04
Owner Information
HORIZONS GENERAL PARTNERSHIP
4904 ELIZABETH STREET
TEXARKANA TEXAS 75503
PHONE: (903) 794-0509 FAX: (903) 793-6460
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/23/2019 License Exp Dt: 11/23/2021

County **BOWIE** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007407 License No.: 149876
NEW HORIZONS WEST 27TH ST
404 W 27TH ST
TEXARKANA TX 75503
Phone (903) 794-0509 Fax (903) 793-6460
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN D MOORE
Mgmt Co.:

Region 04
Owner Information
HORIZONS GENERAL PARTNERSHIP
4904 ELIZABETH STREET
TEXARKANA TEXAS 75503
PHONE: (903) 794-0509 FAX: (903) 793-6460
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/13/2018 License Exp Dt: 07/30/2020

County BRAZORIA Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003925 License No.: 149305
HIGHLAND GROUP HOME
1304 HIGHLAND
ALVIN TX 77512
Phone (281) 388-2726 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2022

County BRAZORIA Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003618 License No.: 149815
TOVREA
802 TOVREA
ALVIN TX 77512
Phone (281) 331-7413 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/20/2020 License Exp Dt: 07/20/2023

County BRAZORIA Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 105082 License No.: 147752
ARCOLA
800 N ARCOLA
ANGLETON TX 77515
Phone (979) 848-8600 Fax (979) 345-4969
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/01/2019 License Exp Dt: 08/01/2021

County BRAZORIA Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007626 License No.: 145711
OAK TREE
1811 OAKTREE CIR
PEARLAND TX 77581
Phone (281) 992-8176 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/07/2020 License Exp Dt: 09/07/2022

County BRAZORIA Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003963 License No.: 149091
SOMERSET GROUP HOME
1117 CHESTERWOOD
PEARLAND TX 77581
Phone (281) 992-8510 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/28/2020 License Exp Dt: 02/28/2023

County **BRAZOS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007561 License No.: 307871 Owner Information
 3706 CARTER CREEK PKWY DAYBREAK, INC.
 3706 CARTER CREEK PKWY 4100 INTERNATIONAL PLAZASTE 800
 BRYAN TX 77802 FORT WORTH TX 76109
Phone (888) 775-5135 **Fax** (979) 695-7063 **PHONE:** (972) 223-6259 **FAX:** (972) 224-0904
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JO L DUNN **License Eff Dt:** 02/10/2020 **License Exp Dt:** 02/10/2023
Mgmt Co.:

County **BRAZOS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007662 License No.: Owner Information
 FAMILY TREE THE MHMR AUTHORITY OF BRAZOS VALLEY
 408 N WASHINGTON AVE P.O. BOX 4588
 BRYAN TX 77803 BRYAN TX 77805
Phone (979) 361-9875 **Fax** **PHONE:** (979) 361-9800 **FAX:**
TOTAL Lic Capacity: 8 **ICF/IID Beds:** 8 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **BROWN** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007325 License No.: Owner Information
 CENTRAL TEXAS MHMR CENTER CENTRAL TEXAS MHMR CENTER
 2209 ELEVENTH ST 408 MULBERRY DR
 BROWNWOOD TX 76801 **PHONE:** (325) 646-9574 **FAX:** (325) 646-7911
Phone (325) 646-6952 **Fax** **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **License Eff Dt:** **License Exp Dt:**
 Administrator: **Mgmt Co.:**

County **BROWN** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003734 License No.: Owner Information
 OPPORTUNITY DEVELOPMENT CENTER 1 CENTRAL TEXAS MHMR CENTER
 1600 STEWART ST 408 MULBERRY DR
 BROWNWOOD TX 76801 **PHONE:** (325) 646-9574 **FAX:** (325) 646-7911
Phone (325) 643-5565 **Fax** (325) 643-3966 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13 **License Eff Dt:** **License Exp Dt:**
 Administrator: **Mgmt Co.:**

County **BROWN** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003840 License No.: Owner Information
 OPPORTUNITY DEVELOPMENT CENTER 2 CENTRAL TEXAS MHMR CENTER
 403 MULBERRY DR 408 MULBERRY DR
 BROWNWOOD TX 76801 **PHONE:** (325) 646-9574 **FAX:** (325) 646-7911
Phone (325) 643-1336 **Fax** (325) 643-3966 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13 **License Eff Dt:** **License Exp Dt:**
 Administrator: **Mgmt Co.:**

County **BURNET** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003675 License No.: 148700 Owner Information
BERTRAM COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
648 W CEDAR ST 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
BERTRAM TX 78605 AUSTIN TX 78759
Phone (512) 355-3005 Fax (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2022
Mgmt Co.:

County **BURNET** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007505 License No.: 149004 Owner Information
BLUEBONNET COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
1260 HWY 29 W 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
BERTRAM TX 78605 AUSTIN TX 78759
Phone (512) 355-3012 Fax (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2022
Mgmt Co.:

County **BURNET** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007450 License No.: 149681 Owner Information
WOODVIEW COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
407 CR 320 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
BERTRAM TX 78605 AUSTIN TX 78759
Phone (512) 355-3213 Fax (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **BURNET** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003879 License No.: 148728 Owner Information
HIGHLAND LAKES COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
705 KINCHELOE 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
BURNET TX 78611 AUSTIN TX 78759
Phone (512) 756-4404 Fax (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **BURNET** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007221 License No.: 149089 Owner Information
SUNSET COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
313 SUNSET DR 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
BURNET TX 78611 AUSTIN TX 78759
Phone (512) 756-6782 Fax (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **BURNET** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003763 License No.: 148232 Owner Information
 BURNET COUNTY COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 1513 BLUEBONNET DR 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 MARBLE FALLS TX 78654 AUSTIN TX 78759
Phone (830) 693-3449 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 8 **ICF/IID Beds:** 8 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **CALDWELL** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007624 License No.: 148094 Owner Information
 CENTURY HOUSE UCG CENTRAL TEXAS HOLDING, LLC
 1604 CENTURY OAKS P.O. BOX 310695
 LOCKHART TX 78644 NEW BRAUNFELS TX 78131-0695
Phone (800) 299-5161 **Fax** (817) 447-3033 **PHONE:** (830) 372-2920 **FAX:** (214) 723-5331
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JOHN DAMON WOOTEN **License Eff Dt:** 09/01/2019 **License Exp Dt:** 09/01/2021
Mgmt Co.:

County **CALDWELL** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003949 License No.: 146310 Owner Information
 LOCKHART COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 1501 SUNRISE TER DR 3255 EXECUTIVE BLVD
 LOCKHART TX 78644 BEAUMONT TEXAS 77705
Phone (512) 376-6550 **Fax** (512) 302-3978 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CHANDY NILES **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **CALHOUN** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003955 License No.: 150095 Owner Information
 CALHOUN HOME UCG CENTRAL TEXAS HOLDING, LLC
 102 BURNET RD P.O. BOX 310695
 PORT LAVACA TX 77979 NEW BRAUNFELS TX 78131-0695
Phone (512) 552-4316 **Fax** (512) 575-0611 **PHONE:** (830) 372-2920 **FAX:** (214) 723-5331
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: KATHY GRIFFITH **License Eff Dt:** 03/01/2020 **License Exp Dt:** 03/01/2022
Mgmt Co.:

County **CAMERON** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003744 License No.: 149236 Owner Information
 CARING PALMS HEALTH CARE CENTER CARING PALMS HEALTH CARE CENTER INC
 1415 W WASHINGTON ST 1415 W. WASHINGTON STREET
 BROWNSVILLE TX 78520 BROWNSVILLE TX 78520
Phone (956) 546-3714 **Fax** **PHONE:** (817) 992-2028 **FAX:**
TOTAL Lic Capacity: 72 **ICF/IID Beds:** 72 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: GERI OSTLUND **License Eff Dt:** 04/01/2018 **License Exp Dt:** 11/30/2020
Mgmt Co.: H&M HEALTHCARE INC

County **CAMERON** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007559 License No.: 307774 Owner Information
 CASA LINDA GROUP HOME EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 8 CASA LINDA 9901 LINN STATION ROAD
 BROWNSVILLE TX 78521 LOUISVILLE KY 40223
Phone (956) 371-0244 **Fax** (956) 546-1636 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JULIE PURCELL **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2022
Mgmt Co.:

County **CAMERON** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007244 License No.: 146564 Owner Information
 ADRIAN COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 2214 ADRIAN ST 3255 EXECUTIVE BLVD
 HARLINGEN TX 78550-7411 BEAUMONT TEXAS 77705
Phone (956) 428-3874 **Fax** **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: RICHARD PRO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2022
Mgmt Co.:

County **CAMERON** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003954 License No.: 146198 Owner Information
 DOMINION COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 133 W DOMINION 3255 EXECUTIVE BLVD
 HARLINGEN TX 78550-3825 BEAUMONT TEXAS 77705
Phone (956) 421-4035 **Fax** **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: RICHARD PRO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2022
Mgmt Co.:

County **CAMERON** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003983 License No.: 146455 Owner Information
 EAST WASHINGTON COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 1907 E WASHINGTON AVE 3255 EXECUTIVE BLVD
 HARLINGEN TX 78550-5744 BEAUMONT TEXAS 77705
Phone (956) 423-1942 **Fax** **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: RICHARD PRO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **CAMERON** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007236 License No.: 146380 Owner Information
 MARIPOSA COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 2505 MARIPOSA 9901 LINN STATION ROAD
 HARLINGEN TX 78550-7853 LOUISVILLE KY 40223-3808
Phone (956) 428-1666 **Fax** **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: RICHARD PRO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **CAMERON** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007112 License No.: Owner Information
 RIO GRANDE STATE CENTER DADS
 1401 S RANGERVILLE RD PO BOX 12668
 HARLINGEN TX 78550 AUSTIN TX 78711
Phone (956) 364-8000 **Fax** (956) 364-8487 **PHONE:** (512) 454-3761 **FAX:**
TOTAL Lic Capacity: 110 **ICF/IID Beds:** 110 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
 Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **CAMERON** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003979 License No.: 146459 Owner Information
 SAM HOUSTON COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 580 N SAM HOUSTON BLVD 3255 EXECUTIVE BLVD
 SAN BENITO TX 78586-4669 BEAUMONT TEXAS 77705
Phone (956) 399-1020 **Fax** (512) 328-8211 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: RICHARD PRO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **CASS** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003699 License No.: 148079 Owner Information
 EVERGREEN CHOCTAW COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 1313 CHOCTAW 10810
 ATLANTA TX 75551 DALLAS TX 75238
Phone (903) 796-9619 **Fax** (903) 792-1861 **PHONE:** (972) 386-4834 **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LINDA L BAILEY **License Eff Dt:** 09/18/2019 **License Exp Dt:** 09/18/2021
Mgmt Co.:

County **CASS** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007432 License No.: 149918 Owner Information
 EVERGREEN CLEARVIEW COMMUNITY HOME EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 101 CLEARVIEW 10810
 ATLANTA TX 75551 DALLAS TX 75238
Phone (903) 796-5552 **Fax** (903) 792-1861 **PHONE:** (972) 386-4834 **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LINDA L BAILEY **License Eff Dt:** 07/09/2020 **License Exp Dt:** 07/09/2023
Mgmt Co.:

County **CHEROKEE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 010279 License No.: 146291 Owner Information
 ATCHISON GROUP HOME BLUEBONNET HOMES INC
 RR 2 BOX 796514 CR 4204 128 S MAGDALEN
 JACKSONVILLE TX 75766 SAN ANGELO TX 76903
Phone (903) 586-3419 **Fax** (903) 589-2638 **PHONE:** (325) 658-6664 **FAX:** (325) 659-3769
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JERI SLONE **License Eff Dt:** 11/01/2018 **License Exp Dt:** 11/01/2020
Mgmt Co.:

County **CHEROKEE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 010278 License No.: 146096
DOGWOOD GROUP HOME
432 DOGWOOD ST
JACKSONVILLE TX 75766
Phone (903) 586-8556 Fax (325) 659-2070
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JERI SLONE
Mgmt Co.:

Owner Information
BLUEBONNET HOMES INC
128 S MAGDALEN
SAN ANGELO TX 76903
PHONE: (325) 658-6664 FAX: (325) 659-3769
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2018 License Exp Dt: 11/01/2020

County **CHEROKEE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 010355 License No.: 145971
SAN ANTONIO GROUP HOME
602 DALLAS STREET
JACKSONVILLE TX 75766
Phone (903) 541-4919 Fax (903) 586-9120
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JERI SLONE
Mgmt Co.:

Owner Information
BLUEBONNET HOMES INC
128 S MAGDALEN
SAN ANGELO TX 76903
PHONE: (325) 658-6664 FAX: (325) 659-3769
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2018 License Exp Dt: 11/01/2020

County **CHEROKEE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007648 License No.:
FOREST HILLS GROUP HOME
803 SHARON ST
RUSK TX 75785
Phone (903) 683-6151 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Owner Information
ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES
913 N JACKSON
JACKSONVILLE TX 75766
PHONE: (903) 586-5507 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **CHEROKEE** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007649 License No.:
PECAN GROVE HOME
619 E FOURTH ST
RUSK TX 75785
Phone (903) 683-6547 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Owner Information
ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES
913 N JACKSON
JACKSONVILLE TX 75766
PHONE: (903) 586-5507 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **COLLIN** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 007421 License No.: 148935
CHERRYWOOD COMMUNITY HOME
2900 PORT O CALL
PLANO TX 75075
Phone (972) 867-4159 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: GREGORY BASHAM
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/05/2019 License Exp Dt: 12/05/2021

County **COLLIN** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 007306 License No.: Owner Information
COLLIN COUNTY MHMR AT MULLINS LIFEPATH SYSTEMS
1313 MULLINS 1111
PLANO TX 75025 TX
Phone (214) 424-4814 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:
Administrator:
Mgmt Co.:

County **COLLIN** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 007269 License No.: Owner Information
CROSS BEND HOUSE LIFEPATH SYSTEMS
3019 CROSS BEND 1111
PLANO TX 75023 TX
Phone (214) 596-8916 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:
Administrator: JOSEPH E JOHNSON
Mgmt Co.:

County **COLLIN** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 007493 License No.: 146847 Owner Information
LONGHORN COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
957 LONGHORN DR 9901 LINN STATION ROAD
PLANO TX 75023 LOUISVILLE KY 40223-3808
Phone (972) 517-3762 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021
Administrator: CONNIE CAMPBELL
Mgmt Co.:

County **COLLIN** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 007402 License No.: 146082 Owner Information
RIVERBEND COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3700 GRIFBRICK 3255 EXECUTIVE BLVD
PLANO TX 75075-1514 BEAUMONT TEXAS 77705
Phone (972) 612-0394 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021
Administrator: CONNIE CAMPBELL
Mgmt Co.:

County **COLORADO** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003993 License No.: 149361 Owner Information
WEIMAR COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
104 W. ST. CHARLES 33 CYPRESS BLVDSUITE 100
WEIMAR TX 78962 ROUND ROCK TX 78665
Phone (979) 725-8826 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PHONE: (512) 336-0800 FAX: (512) 336-0812
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023
Administrator: WILLIAM K GRAY II
Mgmt Co.:

County **COMAL** Reg Svcs: TEAM ICF-IID
Facility Information: Facility ID: 003611 License No.: 148280
BESS HOUSE
157 BESS
NEW BRAUNFELS TX 78130
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Region 07
Owner Information
ANIOL III, LLC
PO BOX 310695
NEW BRAUNFELS TX 78131
PHONE: (713) 271-7777 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/19/2019 License Exp Dt: 09/01/2021

County **COMAL** Reg Svcs: TEAM ICF-IID
Facility Information: Facility ID: 003997 License No.: 149680
EARL HOUSE
926 EARL DR
NEW BRAUNFELS TX 78130
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Region 07
Owner Information
ANIOL III, LLC
PO BOX 310695
NEW BRAUNFELS TX 78131
PHONE: (713) 271-7777 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **COMAL** Reg Svcs: TEAM ICF-IID
Facility Information: Facility ID: 007260 License No.: 148158
GRANADA HOUSE
457 GRANADA
NEW BRAUNFELS TX 78130
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Region 07
Owner Information
ANIOL III, LLC
PO BOX 310695
NEW BRAUNFELS TX 78131
PHONE: (713) 271-7777 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **COMAL** Reg Svcs: TEAM ICF-IID
Facility Information: Facility ID: 007233 License No.: 148113
MARIGOLD HOUSE
1639 MARIGOLD
NEW BRAUNFELS TX 78130
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Region 07
Owner Information
ANIOL III, LLC
PO BOX 310695
NEW BRAUNFELS TX 78131
PHONE: (713) 271-7777 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **COMAL** Reg Svcs: TEAM ICF-IID
Facility Information: Facility ID: 007232 License No.: 148544
RAPIDS HOUSE
1220 RAPIDS RD
NEW BRAUNFELS TX 78130
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN WOOTEN
Mgmt Co.:

Region 07
Owner Information
ANIOL III, LLC
PO BOX 310695
NEW BRAUNFELS TX 78131
PHONE: (713) 271-7777 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **COMAL** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003811 License No.: 150291
RIVER GARDENS
750 RUSK AVE
NEW BRAUNFELS TX 78130
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 160 ICF/IID Beds: 160
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Owner Information
ANIOL III, LLC
PO BOX 310695
NEW BRAUNFELS TX 78131
PHONE: (713) 271-7777 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **COMAL** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007241 License No.: 148157
SPRINGHILL HOUSE
984 SPRINGHILL DR
NEW BRAUNFELS TX 78130
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Owner Information
ANIOL III, LLC
PO BOX 310695
NEW BRAUNFELS TX 78131
PHONE: (713) 271-7777 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **COMAL** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003617 License No.: 148006
TIMBERHILL HOUSE
1374 TIMBERHILL
NEW BRAUNFELS TX 78130
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN WOOTEN
Mgmt Co.:

Owner Information
ANIOL III, LLC
PO BOX 310695
NEW BRAUNFELS TX 78131
PHONE: (713) 271-7777 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **DALLAS** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 003950 License No.: 307736
1515 NORTHLAND
1515 NORTHLAND ST.
CARROLLTON TX 75006
Phone (972) 224-3554 Fax (972) 224-0904
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **DALLAS** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 003968 License No.: 307743
2100 CEDAR
2100 CEDAR CIR
CARROLLTON TX 75006
Phone (972) 224-3554 Fax (972) 224-0904
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003902 License No.: 307727
2321 GREENMEADOW
2321 GREENMEADOW DR.
CARROLLTON TX 75006
Phone (972) 224-3554 Fax (972) 224-0904
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 100368 License No.: 147114
14 FERRIS CREEK
9814 FERRIS CREEK
DALLAS TX 75243
Phone (972) 644-7521 Fax (972) 644-5650
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNA P HUNDLEY
Mgmt Co.:

Region 03
Owner Information
AUTISTIC TREATMENT CENTER INC
10503 METRIC DR
DALLAS TX 75243
PHONE: (972) 644-2076 FAX: (972) 644-5650
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/07/2019 License Exp Dt: 05/07/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 100939 License No.: 149524
23 FERRIS CREEK
12323 FERRIS CREEK
DALLAS TX 75243
Phone (972) 644-2079 Fax (972) 644-5650
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNA P HUNDLEY
Mgmt Co.:

Region 03
Owner Information
AUTISTIC TREATMENT CENTER INC
10503 METRIC DR
DALLAS TX 75243
PHONE: (972) 644-2076 FAX: (972) 644-5650
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/01/2018 License Exp Dt: 07/01/2020

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 010175 License No.: 148173
27 FERRIS CREEK
12327 FERRIS CREEK
DALLAS TX 75243
Phone (972) 644-1064 Fax (972) 644-5650
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNA P HUNDLEY
Mgmt Co.:

Region 03
Owner Information
AUTISTIC TREATMENT CENTER INC
10503 METRIC DR
DALLAS TX 75243
PHONE: (972) 644-2076 FAX: (972) 644-5650
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/23/2019 License Exp Dt: 07/23/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 100362 License No.: 146409
ABILITY CONNECTION TEXAS JUBILEE HOUSE
3108 JUBILEE TR
DALLAS TX 75229
Phone (214) 351-2500 Fax (972) 476-1256
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TROY GREISEN
Mgmt Co.:

Region 03
Owner Information
ABILITY CONNECTION TEXAS
8802 HARRY HINES BLVD.
DALLAS TX 75081
PHONE: (214) 351-2500 FAX: (972) 476-1256
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2018 License Exp Dt: 12/01/2020

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007321 License No.: 147788
BRADDOCK HOUSE
6520 BRADDOCK PL
DALLAS TX 75232
Phone (214) 339-1914 Fax (903) 454-3363
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 03
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2019 License Exp Dt: 06/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003835 License No.: 144609
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
14255 HAYMEADOW DR
DALLAS TX 75240
Phone (972) 239-6643 Fax (972) 239-7421
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: GREGORY BASHAM
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003796 License No.: 144613
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
14163 HAYMEADOW DR
DALLAS TX 75240
Phone (972) 386-0402 Fax (972) 239-7420
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2016 License Exp Dt: 04/01/2018

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007374 License No.: 149400
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
3111 LEHARVE
DALLAS TX 75211
Phone (214) 467-9462 Fax (214) 333-2010
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/01/2020 License Exp Dt: 05/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003756 License No.: 149371
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
5922 LEWISBURG
DALLAS TX 75237
Phone (972) 283-9057 Fax (972) 929-1145
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: GREGORY BASHAM
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003783 License No.: 148263
HENRY HOUSE
7153 PINEBERRY
DALLAS TX 75249
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
MONARCH HOLDING INC.
812 LIVE OAK
DE SOTO TX 75115
PHONE: (972) 224-8530 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 104764 License No.: 150288
ST. NICHOLAS OPERATIONS LLC
4612 HEATHERBROOK DR
DALLAS TX 75244
Phone (792) 239-0121 Fax (214) 723-5331
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.: DAYBREAK, INC.

Region 03
Owner Information
ST. NICHOLAS OPERATIONS, LLC
4612 HEATHERBROOK DR
DALLAS TX 75244
PHONE: (972) 233-4366 FAX: (214) 922-4144
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/22/2020 License Exp Dt: 02/22/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 104131 License No.: 148175
DEVONSHIRE HOME
1225 DEVONSHIRE
DESOTO TX 75115
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007252 License No.: 148005
LIVE OAK
812 LIVE OAK
DESOTO TX 75115
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
MONARCH HOLDING INC.
812 LIVE OAK
DE SOTO TX 75115
PHONE: (972) 224-8530 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 104122 License No.: 148115
MEADOW HILL HOME
517 MEADOW HILL
DESOTO TX 75115
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007651 License No.: 148912
PRAIRIE CREEK
920 PRAIRIE CREEK DR
DESOTO TX 75115
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007652 License No.: 148429
TATE
525 TATE DR
DESOTO TX 75115
Phone (972) 223-6259 Fax (972) 224-0904
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003890 License No.: 147972
VALLEY GLEN
219 VALLEY GLEN
DESOTO TX 75115
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
GREENBREAK, INC.
3901 N. DALLAS AVE
LANCASTER TX 75146
PHONE: (972) 230-4643 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003846 License No.: 149370
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
402 W VINYARD
DUNCANVILLE TX 75137
Phone (972) 296-7278 Fax (972) 286-9057
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007644 License No.: 145241
EVERGREEN HIDDEN COURT COMMUNITY HOME
5322 HIDDEN CT
GARLAND TX 75043
Phone (972) 226-8129 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/01/2020 License Exp Dt: 07/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007812 License No.: 147387
EVERGREEN LIGHTHOUSE COMMUNITY HOME
1205 WENDELL WAY
GARLAND TX 75043
Phone (972) 303-0198 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/11/2019 License Exp Dt: 06/11/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007640 License No.: 150011
EVERGREEN PEBBLECREEK COMMUNITY HOME
530 PEBBLECREEK DR
GARLAND TX 75041
Phone (972) 496-9243 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/01/2020 License Exp Dt: 07/01/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007813 License No.: 149953
EVERGREEN PYRAMID COMMUNITY HOME
706 PYRAMID
GARLAND TX 75040
Phone (972) 495-0077 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/05/2020 License Exp Dt: 08/05/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007621 License No.: 149874
KNOLL POINT PLACE LLC
3446 KNOLL POINT DR
GARLAND TX 75043
Phone (972) 226-2620 Fax (972) 226-2620
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEPHANIE G PALMER
Mgmt Co.:

Region 03
Owner Information
KNOLL POINT PLACE LLC
3446 KNOLL POINT DR
GARLAND TX 75043
PHONE: (214) 384-9775 FAX: (972) 226-2620
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/01/2020 License Exp Dt: 08/01/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007404 License No.: 146581
TRINITY MANOR
2813 COUNTRY VALLEY RD
GARLAND TX 75043
Phone (972) 202-9700 Fax (469) 298-3736
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CAROLYN J SHANNON
Mgmt Co.:

Region 03
Owner Information
TRINITY ICF MR INC
2813 COUNTRY VALLEY RD
GARLAND TX 75043
PHONE: (972) 412-4990 FAX: (972) 412-4402
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/28/2019 License Exp Dt: 02/28/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007333 License No.: 148604
1102 FORT SCOTT TRAIL
1102 FORT SCOTT TRAIL
GRAND PRAIRIE TX 75052
Phone (972) 647-9103 Fax (972) 606-4792
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: FOY E ANDERSON III
Mgmt Co.:

Region 03
Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007266 License No.: 148427
3502 GLENDA
3502 GLENDA
GRAND PRAIRIE TX 75051
Phone (972) 263-6621 Fax (972) 606-4792
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: FOY E ANDERSON III
Mgmt Co.:

Region 03
Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007531 License No.: 307232
AMICUS AT WOODSIDE
2213 WOODSIDE DR
GRAND PRAIRIE TX 75051
Phone 972 9889336 Fax 817 5637906
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/11/2019 License Exp Dt: 02/11/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007615 License No.: 149112
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
4925 EMBERS TRAIL
GRAND PRAIRIE TX 75052
Phone (972) 647-0517 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: GARY SMITH
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007642 License No.: 148919
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
1829 ANNA DR
IRVING TX 75061
Phone (972) 445-2250 Fax (972) 445-1695
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007641 License No.: 150060
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
917 APPLE TREE CT
IRVING TX 75061
Phone (972) 445-1856 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003736 License No.: 149073
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
2616 ALAN A DALE
IRVING TX 75061
Phone (972) 600-9535 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ROVELIN CUMMINGS
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007810 License No.: 148019
FULTON COMMUNITY HOME
2501 CRESTVIEW
IRVING TX 75062
Phone (972) 252-1087 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/13/2019 License Exp Dt: 10/13/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007497 License No.: 146307
MAYKUS COMMUNITY HOME
600 MAYKUS CT
IRVING TX 75061
Phone (972) 251-4252 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007503 License No.: 146305
RINDIE COMMUNITY HOME
1701 RINDIE ST
IRVING TX 75060
Phone (972) 254-1332 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003947 License No.: 148471
BARRY LANE
234 BARRY LANE
LANCASTER TX 75146
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
GREENBREAK, INC.
3901 N. DALLAS AVE
LANCASTER TX 75146
PHONE: (972) 230-4643 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003666 License No.: 148940
WILLOWOOD
731 WILLOWOOD
LANCASTER TX 75146
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
MONARCH HOLDING INC.
812 LIVE OAK
DE SOTO TX 75115
PHONE: (972) 224-8530 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003620 License No.: 150019
EASTBROOK HOUSE
3313 EASTBROOK DR
MESQUITE TX 75150
Phone (972) 686-9478 Fax (972) 606-4792
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: FOY E ANDERSON III
Mgmt Co.:

Region 03
Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2020 License Exp Dt: 09/01/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007645 License No.: 144999
EVERGREEN ISLANDVIEW COMMUNITY HOME
1901 ISLAND VIEW
MESQUITE TX 75149
Phone (972) 285-1061 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/01/2020 License Exp Dt: 07/01/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007647 License No.: 149865
EVERGREEN VALLEY CREEK COMMUNITY HOME
907 VALLEYCREEK DR
MESQUITE TX 75181
Phone (972) 222-6622 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/01/2020 License Exp Dt: 07/01/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003987 License No.: 145702
HARMAN HOUSE
4237 ASHWOOD DR
MESQUITE TX 75150
Phone (972) 613-7635 Fax (972) 606-4792
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: FOY E ANDERSON III
Mgmt Co.:

Region 03
Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2020 License Exp Dt: 09/01/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007280 License No.: 307765
1509 VERSAILLES
1509 VERSAILLES
RICHARDSON TX 75081
Phone (972) 224-3554 Fax (972) 224-0904
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003901 License No.: 307726
1809 AUBURN
1809 AUBURN
RICHARDSON TX 75081
Phone (972) 224-3554 Fax (972) 224-0904
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007800 License No.: 149568
ABILITY CONNECTION TEXAS ABILITY HOUSE
615-617 WOODHAVEN PL.
RICHARDSON TX 75080
Phone (214) 351-2500 Fax (972) 476-1256
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JIM HANOPHY
Mgmt Co.:

Region 03
Owner Information
ABILITY CONNECTION TEXAS
8802 HARRY HINES BLVD.
DALLAS TX 75081
PHONE: (214) 351-2500 FAX: (972) 476-1256
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/30/2020 License Exp Dt: 04/30/2023

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003994 License No.: 145107
ABILITY CONNECTION TEXAS WENTWORTH HOUSE
642 WENTWORTH DR
RICHARDSON TX 75081
Phone 2143512500 ext2201 Fax (972) 476-1256
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JIM HANOPHY
Mgmt Co.:

Region 03
Owner Information
ABILITY CONNECTION TEXAS
8802 HARRY HINES BLVD.
DALLAS TX 75081
PHONE: (214) 351-2500 FAX: (972) 476-1256
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/29/2020 License Exp Dt: 03/29/2022

County **DALLAS** Reg Svcs: IID TEAM
Facility Information: Facility ID: 110326 License No.: 307802
AUTISTIC TREATMENT CENTER, INC
406 FIELDWOOD CIRCLE
RICHARDSON TX 75080
Phone (972) 690-4011 Fax (972) 644-5650
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNA P HUNDLEY
Mgmt Co.:

Region 03
Owner Information
AUTISTIC TREATMENT CENTER INC
10503 METRIC DR
DALLAS TX 75243
PHONE: (972) 644-2076 FAX: (972) 644-5650
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/16/2020 License Exp Dt: 03/16/2023

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007667 License No.: 148791
BELL COMMUNITY RESIDENCE
2402 BERNARD
DENTON TX 76205
Phone (940) 387-1314 Fax (940) 566-2371
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM K GRAY II II
Mgmt Co.:

Region 03
Owner Information
KENMAR RESIDENTIAL SERVICES INCORPORATED
33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665
PHONE: (512) 336-0800 FAX: (512) 336-0812
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003922 License No.: 148104
CANDLEBERRY
2721 THUNDERBIRD ST
DENTON TX 76201
Phone (940) 566-1079 Fax (940) 382-9521
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2019 License Exp Dt: 10/01/2021

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007668 License No.: 149201
CARTER COMMUNITY RESIDENCE
3805 CAMELOT
DENTON TX 76205
Phone (940) 382-4216 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM K GRAY II II
Mgmt Co.:

Region 03
Owner Information
KENMAR RESIDENTIAL SERVICES INCORPORATED
33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665
PHONE: (512) 336-0800 FAX: (512) 336-0812
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007670 License No.: 149154
DAVIS COMMUNITY RESIDENCE
1426 RUDELL
DENTON TX 76201
Phone (940) 566-8631 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM K GRAY II II
Mgmt Co.:

Region 03
Owner Information
KENMAR RESIDENTIAL SERVICES INCORPORATED
33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665
PHONE: (512) 336-0800 FAX: (512) 336-0812
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023

County DENTON Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 007102 License No.:

Owner Information

DENTON STATE SUPPORTED LIVING CENTER
3980 STATE SCHOOL RD
DENTON TX 76210
Phone (940) 891-0342 Fax (940) 591-3300

DADS
PO BOX 12668
AUSTIN TX 78711

TOTAL Lic Capacity: 716 ICF/IID Beds: 716

PHONE: (512) 454-3761 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: STATE SCHOOL/STATE CENTER

Administrator:

License Eff Dt: License Exp Dt:

Mgmt Co.:

County DENTON Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 007206 License No.: 144541

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
7501 RIVERCHASE TRL
DENTON TX 76210
Phone (940) 382-7900 Fax

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PHONE: (502) 394-2100 FAX: (502) 394-2369

Administrator: CONNIE CAMPBELL

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2022

Mgmt Co.:

County DENTON Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 007247 License No.: 148794

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION-TEXAS
3612 BIG HORN TRL
DENTON TX 76210
Phone (940) 383-1520 Fax

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PHONE: (502) 394-2100 FAX: (502) 394-2369

Administrator: CONNIE CAMPBELL

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/18/2020 License Exp Dt: 03/18/2023

Mgmt Co.:

County DENTON Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 007669 License No.: 148833

Owner Information

NEWTON COMMUNITY RESIDENCE
3112 CEDAR HILL
DENTON TX 76205
Phone (940) 566-6746 Fax

KENMAR RESIDENTIAL SERVICES INCORPORATED
33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PHONE: (512) 336-0800 FAX: (512) 336-0812

Administrator: WILLIAM K GRAY II

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023

Mgmt Co.:

County DENTON Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 007671 License No.: 149360

Owner Information

OAKBEND COMMUNITY RESIDENCE
1430 N RUDELL
DENTON TX 76201
Phone (940) 387-0831 Fax

KENMAR RESIDENTIAL SERVICES INCORPORATED
33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PHONE: (512) 336-0800 FAX: (512) 336-0812

Administrator: WILLIAM K GRAY II

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023

Mgmt Co.:

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007442 License No.: 146287
OAKRIDGE GROUP HOME
2421 OAKRIDGE
DENTON TX 76201
Phone (940) 387-9710 Fax (940) 387-7508
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SARAH D MOORE
Mgmt Co.:

Region 03
Owner Information
INNOVATIVE OUTCOMES INC
2100 PARKSIDE DR
DENTON TX 76201
PHONE: (940) 383-8367 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003805 License No.: 146281
SANDY OAKS I
1475 S TRINITY RD
DENTON TX 76208
Phone (940) 383-1907 Fax (940) 381-0854
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: KAYE D SIMMS
Mgmt Co.:

Region 03
Owner Information
INNOVATIVE OUTCOMES INC
2100 PARKSIDE DR
DENTON TX 76201
PHONE: (940) 383-8367 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003837 License No.: 146260
SANDY OAKS II
1475 S TRINITY RD
DENTON TX 76208
Phone (940) 387-1508 Fax (940) 381-0854
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: PETER DE PUTRON
Mgmt Co.:

Region 03
Owner Information
INNOVATIVE OUTCOMES INC
2100 PARKSIDE DR
DENTON TX 76201
PHONE: (940) 383-8367 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/03/2019 License Exp Dt: 01/03/2021

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007489 License No.: 148371
COUNTRY HOME
901 CROSS TIMBERS DR
DOUBLE OAK TX 75077
Phone (972) 539-2557 Fax (877) 203-9287
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WANDA D DENT
Mgmt Co.:

Region 03
Owner Information
WANDA D DENT
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/18/2019 License Exp Dt: 12/18/2021

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003886 License No.: 148226
LAUREL HOUSE
50 N SHARON DR
KRUM TX 76249
Phone (817) 482-6400 Fax (940) 382-9521
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2019 License Exp Dt: 10/01/2022

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003894 License No.: 148321
 PINON HOUSE
 4520 MILLER ROAD
 KRUM TX 76249
Phone (940) 380-0113 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 9901 LINN STATION ROAD
 LOUISVILLE KY 40223
PHONE: (502) 394-2100 **FAX:** (502) 394-2369
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 10/01/2019 **License Exp Dt:** 10/01/2022

County **DENTON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003640 License No.: 149183
 PONDEROSA
 9554 RECTOR ROAD
 SANGER TX 76266
Phone (940) 458-4684 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 9901 LINN STATION ROAD
 LOUISVILLE KY 40223
PHONE: (502) 394-2100 **FAX:** (502) 394-2369
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 01/23/2020 **License Exp Dt:** 01/23/2023

County **EASTLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003814 License No.: 149517
 ROCK HOUSE SPRINGS
 1105 LAGO VISTA
 EASTLAND TX 76448
Phone (254) 629-8671 **Fax** (254) 629-8610
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13
 Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
 ROCK HOUSE SUPPORT SERVICES INC
 P.O. BOX 953
 STEPHENVILLE TX 76401
PHONE: (254) 968-4004 **FAX:** (254) 965-8653
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 08/01/2020 **License Exp Dt:** 08/01/2022

County **EASTLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007650 License No.: 149798
 ROCK HOUSE SPRINGS II
 401 LENS
 EASTLAND TX 76448
Phone (254) 629-8689 **Fax** (254) 629-8610
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
 ROCK HOUSE SUPPORT SERVICES INC
 P.O. BOX 953
 STEPHENVILLE TX 76401
PHONE: (254) 968-4004 **FAX:** (254) 965-8653
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 08/01/2020 **License Exp Dt:** 08/01/2023

County **ECTOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003757 License No.: 148179
 MARIAH FLATS
 10036 W WESTLAND DR
 ODESSA TX 79764
Phone (432) 381-0741 **Fax** (512) 327-5355
TOTAL Lic Capacity: 10 **ICF/IID Beds:** 10
 Administrator: MICKEY ATKINS
Mgmt Co.:

Region 02
Owner Information
 D & S RESIDENTIAL SERVICES LP
 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 AUSTIN TX 78759
PHONE: (512) 327-2325 **FAX:** (512) 327-5355
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 12/01/2019 **License Exp Dt:** 12/01/2021

County **ECTOR** Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 003616
MORRIS HOUSE
5256 MORRIS ST
ODESSA TX 79764
Phone (432) 530-2267 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6

License No.:

Owner Information
PERMIAN BASIN MHMR
401 E ILLINOIS AVESTE 401
MIDLAND TX 79701
PHONE: (432) 570-3385 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

Administrator: CLYDE MCLEAN

Mgmt Co.:

County **EL PASO** Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 003834
CASA DE LA PROMESA
5310 BLANCO AVE
EL PASO TX 79905
Phone (915) 747-3695 Fax
TOTAL Lic Capacity: 8 ICF/IID Beds: 8

License No.:

Owner Information
EL PASO COMMUNITY MHMR CENTER
PO BOX 9997
EL PASO TX 79990
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

Administrator: MARCO A RETANA JR

Mgmt Co.:

County **EL PASO** Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 003918
CASA NORTON
8824 NORTON
EL PASO TX 79904
Phone (915) 759-2867 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6

License No.:

Owner Information
EL PASO COMMUNITY MHMR CENTER
PO BOX 9997
EL PASO TX 79990
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

Administrator: MARCO A RETANA JR

Mgmt Co.:

County **EL PASO** Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 007116
EL PASO STATE SUPPORTED LIVING CENTER
6700 DELTA DRIVE
EL PASO TX 79905
Phone (915) 782-6300 Fax (915) 782-6336
TOTAL Lic Capacity: 155 ICF/IID Beds: 155

License No.:

Owner Information
DADS
PO BOX 12668
AUSTIN TX 78711
PHONE: (512) 454-3761 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: STATE SCHOOL/STATE CENTER
License Eff Dt: License Exp Dt:

Administrator:

Mgmt Co.:

County **EL PASO** Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 003873 License No.: 149259
NEW HOPE COMMUNITY LIVING III
3204 DUNDEE ST
EL PASO TX 79925
Phone (915) 843-7783 Fax (915) 843-7784
TOTAL Lic Capacity: 6 ICF/IID Beds: 6

Owner Information
DECEMBER NINE COMPANY LTD
20 FOUNDERS BLVD
EL PASO TX 79906
PHONE: (915) 843-7773 FAX: (915) 843-7784
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

Administrator: TONY BULLARD

Mgmt Co.:

County **EL PASO** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003876 License No.: 147867
NEW HOPE COMMUNITY LIVING IV
11608 BLUEBONNET CT
EL PASO TX 79936
Phone (915) 581-3515 Fax (915) 843-7784
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONY BULLARD
Mgmt Co.:

Region 02
Owner Information
DECEMBER NINE COMPANY LTD
20 FOUNDERS BLVD
EL PASO TX 79906
PHONE: (915) 843-7773 FAX: (915) 843-7784
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/29/2019 License Exp Dt: 09/29/2022

County **EL PASO** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007299 License No.: 146407
NEW HOPE COMMUNITY LIVING IX
4740 ROUND ROCK
EL PASO TX 79924
Phone (915) 843-7773 Fax (915) 843-7784
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONY BULLARD
Mgmt Co.:

Region 02
Owner Information
DECEMBER NINE COMPANY LTD
20 FOUNDERS BLVD
EL PASO TX 79906
PHONE: (915) 843-7773 FAX: (915) 843-7784
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/24/2019 License Exp Dt: 02/24/2021

County **EL PASO** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003877 License No.: 149100
NEW HOPE COMMUNITY LIVING V
7721 INCA AVE
EL PASO TX 79912
Phone (915) 843-7783 Fax (915) 843-7784
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONY BULLARD
Mgmt Co.:

Region 02
Owner Information
DECEMBER NINE COMPANY LTD
20 FOUNDERS BLVD
EL PASO TX 79906
PHONE: (915) 843-7773 FAX: (915) 843-7784
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **EL PASO** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003932 License No.: 147888
NEW HOPE COMMUNITY LIVING VI
10520 SPRINGWOOD
EL PASO TX 79936
Phone (915) 843-7773 Fax (915) 843-7784
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONY BULLARD
Mgmt Co.:

Region 02
Owner Information
DECEMBER NINE COMPANY LTD
20 FOUNDERS BLVD
EL PASO TX 79906
PHONE: (915) 843-7773 FAX: (915) 843-7784
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/25/2019 License Exp Dt: 09/25/2022

County **EL PASO** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003958 License No.: 149115
NEW HOPE COMMUNITY LIVING VII
4216 LA ADELITA DR
EL PASO TX 79922
Phone (915) 843-7783 Fax (915) 843-7784
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONY BULLARD
Mgmt Co.:

Region 02
Owner Information
DECEMBER NINE COMPANY LTD
20 FOUNDERS BLVD
EL PASO TX 79906
PHONE: (915) 843-7773 FAX: (915) 843-7784
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **EL PASO** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003614 License No.: 148967
NEW HOPE COMMUNITY LIVING VIII
7850 PECAN COURT
EL PASO TX 79915
Phone (915) 843-7773 Fax (915) 843-7784
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TONY BULLARD
Mgmt Co.:

Region 02
Owner Information
DECEMBER NINE COMPANY LTD
20 FOUNDERS BLVD
EL PASO TX 79906
PHONE: (915) 843-7773 FAX: (915) 843-7784
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2022

County **EL PASO** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003726 License No.:
SU CASA
5314 BLANCO
EL PASO TX 79905
Phone (915) 778-0935 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MARCO A RETANA JR
Mgmt Co.:

Region 02
Owner Information
EL PASO COMMUNITY MHMR CENTER
PO BOX 9997
EL PASO TX 79990
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **ELLIS** Reg Svcs: ICF-IID (AUSTIN REGION)
Facility Information: Facility ID: 007514 License No.: 307876
AUBURN HOUSE
115 AUBURN ST
WAXAHACHIE TX 75165
Phone 254 5622891 Fax (972) 937-5190
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMANDA PEAKES-TAYLOR
Mgmt Co.:

Region 05
Owner Information
AVID CENTRAL TEXAS LLC
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2020 License Exp Dt: 02/01/2023

County **ELLIS** Reg Svcs: ICF-IID (AUSTIN REGION)
Facility Information: Facility ID: 007588 License No.: 307892
BRANDON WAY HOUSE
209 BRANDON WAY
WAXAHACHIE TX 75165
Phone 254 5622891 Fax (972) 923-1472
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMANDA PEAKES-TAYLOR
Mgmt Co.:

Region 05
Owner Information
AVID CENTRAL TEXAS LLC
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2020 License Exp Dt: 02/01/2023

County **ELLIS** Reg Svcs: ICF-IID (AUSTIN REGION)
Facility Information: Facility ID: 007532 License No.: 307882
BRYN MAWR HOUSE
109 BRYN MAWR
WAXAHACHIE TX 75165
Phone 254 5622891 Fax (972) 923-1472
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMANDA PEAKES-TAYLOR
Mgmt Co.:

Region 05
Owner Information
AVID CENTRAL TEXAS LLC
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2020 License Exp Dt: 02/01/2023

County **ELLIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007592 License No.: 307879 Owner Information
 ROCK SPRINGS HOUSE AVID CENTRAL TEXAS LLC
 206 ROCK SPRINGS
 WAXAHACHIE TX 75165
 Phone 254 5622891 Fax (972) 923-1472
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: AMANDA PEAKES-TAYLOR
Mgmt Co.:

PHONE: **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 02/01/2020 **License Exp Dt:** 02/01/2023

County **ERATH** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007373 License No.: 145751 Owner Information
 EAST ROCK ROCK HOUSE SUPPORT SERVICES INC
 1485 BLACKJACK P.O. BOX 953
 STEPHENVILLE TX 76401
 Phone (254) 968-6119 Fax (254) 968-6033
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: J B ALLEN
Mgmt Co.:

PHONE: (254) 968-4004 **FAX:** (254) 965-8653
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 11/01/2018 **License Exp Dt:** 11/01/2020

County **ERATH** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007552 License No.: 145680 Owner Information
 HARBIN HOUSE ROCK HOUSE SUPPORT SERVICES INC
 909 HARBIN DR P.O. BOX 953
 STEPHENVILLE TX 76401
 Phone (254) 965-7016 Fax (254) 968-6033
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: JOHN ALLEN
Mgmt Co.:

PHONE: (254) 968-4004 **FAX:** (254) 965-8653
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 11/01/2018 **License Exp Dt:** 11/01/2020

County **ERATH** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003788 License No.: 145890 Owner Information
 NORTH ROCK 1 ROCK HOUSE SUPPORT SERVICES INC
 2250 LINGLEVILLE RD P.O. BOX 953
 STEPHENVILLE TX 76401
 Phone (254) 965-6936 Fax (254) 968-6033
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13
 Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

PHONE: (254) 968-4004 **FAX:** (254) 965-8653
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 11/01/2020 **License Exp Dt:** 11/01/2023

County **ERATH** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003824 License No.: 145721 Owner Information
 NORTH ROCK 2 ROCK HOUSE SUPPORT SERVICES INC
 2248 LINGLEVILLE RD P.O. BOX 953
 STEPHENVILLE TX 76401
 Phone (254) 965-6922 Fax (254) 968-6033
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13
 Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

PHONE: (254) 968-4004 **FAX:** (254) 965-8653
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 11/01/2018 **License Exp Dt:** 11/01/2020

County **ERATH** Reg Svcs: ICF/IID
Facility Information: Facility ID: 110358 License No.: 145521
PARKER HOUSE
911 HARBIN DRIVE
STEPHENVILLE TX 76401
Phone 254 9657104 Fax (254) 965-8653
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: J BRAD B ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/25/2020 License Exp Dt: 10/01/2020

County **ERATH** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003761 License No.: 145750
ROCK HOUSE
2254 LINGLEVILLE RD
STEPHENVILLE TX 76401
Phone (254) 965-6915 Fax (254) 968-6033
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: JOHN ALLEN
Mgmt Co.:

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2018 License Exp Dt: 11/01/2020

County **ERATH** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003766 License No.: 145722
ROCK HOUSE 2
2326 DENMAN ST
STEPHENVILLE TX 76401
Phone (254) 968-6357 Fax (254) 968-6033
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2020 License Exp Dt: 11/01/2022

County **ERATH** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007423 License No.: 145817
WARM SPRINGS
788 N NEBLETT
STEPHENVILLE TX 76401
Phone (254) 965-2659 Fax (254) 968-6033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: J BRAD B ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2018 License Exp Dt: 11/01/2020

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION)
Facility Information: Facility ID: 007632 License No.: 146060
GUY HOUSE
169 GUY STREET
LA GRANGE TX 78945
Phone (979) 968-8068 Fax (979) 968-5210
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JESSICA E JAMES
Mgmt Co.:

Region 05
Owner Information
JAMES-LEACH INC
339 W COLORADO
LA GRANGE TX 78945
PHONE: (979) 968-8502 FAX: (979) 968-5210
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/07/2018 License Exp Dt: 11/07/2020

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003682 License No.: 149200 Owner Information
MAIN STREET COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
520 N. MAIN 33 CYPRESS BLVDSUITE 100
LA GRANGE TX 78945 ROUND ROCK TX 78665
Phone (409) 968-6188 Fax PHONE: (512) 336-0800 FAX: (512) 336-0812
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: WILLIAM K GRAY II II License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023
Mgmt Co.:

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007227 License No.: 149566 Owner Information
MONROE COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
842 N. MONROE 33 CYPRESS BLVDSUITE 100
LA GRANGE TX 78945 ROUND ROCK TX 78665
Phone (979) 968-8821 Fax (979) 968-8821 PHONE: (512) 336-0800 FAX: (512) 336-0812
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: WILLIAM K GRAY II II License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023
Mgmt Co.:

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003678 License No.: 148671 Owner Information
SHADY LANE COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
542 EAST PECAN STREET 33 CYPRESS BLVDSUITE 100
LA GRANGE TX 78945 ROUND ROCK TX 78665
Phone (512) 336-0800 Fax (512) 336-0812 PHONE: (512) 336-0800 FAX: (512) 336-0812
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: WILLIAM K GRAY II II License Eff Dt: 12/18/2019 License Exp Dt: 12/18/2021
Mgmt Co.:

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007672 License No.: Owner Information
FELICE SCHWARTZ COMMUNITY RESIDENCE BLUEBONNET TRAILS COMMUNITY MHMR
2011 W US HWY 90 1111
SCHULENBURG TX 78956 TX
Phone (409) 743-4490 Fax PHONE: FAX:
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
Administrator: License Eff Dt: License Exp Dt:
Mgmt Co.:

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007673 License No.: Owner Information
HIRSCH SCHWARTZ COMMUNITY RESIDENCE BLUEBONNET TRAILS COMMUNITY MHMR
2021 W US HWY 90 1111
SCHULENBURG TX 78956 TX
Phone (979) 743-4488 Fax PHONE: FAX:
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
Administrator: License Eff Dt: License Exp Dt:
Mgmt Co.:

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007630 License No.: 145655 Owner Information
 JUSTICE HOUSE JAMES-LEACH INC
 706 JUSTICE RD 339 W COLORADO
 WEST POINT TX 78963 LA GRANGE TX 78945
Phone (979) 242-3613 **Fax** (979) 968-5210 **PHONE:** (979) 968-8502 **FAX:** (979) 968-5210
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JESSICA E JAMES **License Eff Dt:** 10/07/2020 **License Exp Dt:** 10/07/2023
Mgmt Co.:

County **FISHER** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007267 License No.: 149061 Owner Information
 ANGEL HOUSE I ANGEL CARE INC
 410 RICHARD PO BOX 310
 ROTAN TX 79546 ROTAN TX 79546
Phone (325) 735-2049 **Fax** (325) 735-3357 **PHONE:** (325) 735-2512 **FAX:** (325) 735-3357
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: SUE SHIPP **License Eff Dt:** 05/31/2020 **License Exp Dt:** 05/31/2023
Mgmt Co.:

County **FISHER** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007463 License No.: 148267 Owner Information
 ANGEL HOUSE II ANGEL CARE INC
 712 E 6TH ST PO BOX 310
 ROTAN TX 79546 ROTAN TX 79546
Phone (325) 735-2099 **Fax** (325) 735-3357 **PHONE:** (325) 735-2512 **FAX:** (325) 735-3357
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: SUE SHIPP **License Eff Dt:** 09/17/2019 **License Exp Dt:** 09/17/2021
Mgmt Co.:

County **FORT BEND** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003656 License No.: 148639 Owner Information
 UCG - SOUTHMEADOW HOUSE FORSTVIEW LANE, LLC
 2814 WHISPERING CREEK 820 PARK TWO
 FRESNO TX 77545 SUGAR LAND TX 77478
Phone (713) 776-0805 **Fax** (713) 271-7777 **PHONE:** (713) 835-0527 **FAX:** (713) 271-8585
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JULIE KELLY **License Eff Dt:** 09/01/2017 **License Exp Dt:** 06/30/2020
Mgmt Co.:

County **FORT BEND** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 007521 License No.: 148391 Owner Information
 HOUSTON IN A VISION II HOUSTON-IN-A-VISION, INC.
 3203 CYPRESS POINT DRIVE 820 PARK TWO
 MISSOURI CITY TX 77459 SUGAR LAND TX 77478
Phone (800) 299-5161 **Fax** (817) 447-3033 **PHONE:** (281) 495-7509 **FAX:** (713) 271-8585
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LATRANDA THURMOND **License Eff Dt:** 09/01/2019 **License Exp Dt:** 09/01/2021
Mgmt Co.:

County **FORT BEND** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 100346 License No.:
BTTIC PIN OAK HOUSE
1818 COLLINS RD BLDG A
RICHMOND TX 77469
Phone (281) 239-1122 Fax (281) 239-1144
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.: TEXANA COMMUNITY MHMR CENTER

Owner Information
DADS
PO BOX 12668
AUSTIN TX 78711
PHONE: (512) 454-3761 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **FORT BEND** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 100373 License No.:
BTTIC WILLOW GLEN HOUSE
1818 COLLINS RD BLDG B
RICHMOND TX 77469
Phone (281) 239-1122 Fax (281) 239-1144
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.: TEXANA COMMUNITY MHMR CENTER

Owner Information
DADS
PO BOX 12668
AUSTIN TX 78711
PHONE: (512) 454-3761 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **FORT BEND** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007106 License No.:
RICHMOND STATE SUPPORTED LIVING CENTER
2100 PRESTON ROAD
RICHMOND TX 77469
Phone (281) 232-2075 Fax (281) 344-4587
TOTAL Lic Capacity: 664 ICF/IID Beds: 664
Administrator:
Mgmt Co.:

Owner Information
DADS
PO BOX 12668
AUSTIN TX 78711
PHONE: (512) 454-3761 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: STATE SCHOOL/STATE CENTER
License Eff Dt: License Exp Dt:

County **GALVESTON** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003921 License No.: 149505
VALERO
1813 VALERO
FRIENDSWOOD TX 77546
Phone (281) 996-8808 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/16/2020 License Exp Dt: 05/16/2023

County **GONZALES** Reg Svcs: TEAM ICF-IID
Facility Information: Facility ID: 003781 License No.: 146460
GONZALES COMMUNITY HOME
310 DEWITT ST
GONZALES TX 78629-4210
Phone (830) 672-7421 Fax
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: CHANDY NILES
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **GONZALES** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007653 License No.: 149092
GONZALES COUNTY COMMUNITY RESIDENCE
3221 HWY 87 WEST
SMILEY TX 78159
Phone (830) 587-6157 Fax (830) 587-6408
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM K GRAY II II
Mgmt Co.:

Owner Information
KENMAR RESIDENTIAL SERVICES INCORPORATED
33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665
PHONE: (512) 336-0800 FAX: (512) 336-0812
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023

County **GONZALES** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007268 License No.: 148843
SMILEY COMMUNITY RESIDENCE
282 FM 3234
SMILEY TX 78159
Phone (830) 587-6253 Fax (830) 587-6237
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WILLIAM K GRAY II II
Mgmt Co.:

Owner Information
KENMAR RESIDENTIAL SERVICES INCORPORATED
33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665
PHONE: (512) 336-0800 FAX: (512) 336-0812
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023

County **GRAYSON** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 003738 License No.:
ALTERNATE LIVING FACILITY I
1101 S MIRICK AVE
DENISON TX 75020
Phone (903) 465-7383 Fax
TOTAL Lic Capacity: 10 ICF/IID Beds: 10
Administrator: JUDY CODER
Mgmt Co.:

Owner Information
MHMR SERVICES OF TEXOMA
315 W MCLAINPO BOX 1087 (ZIP 75091)
SHERMAN TX 75092
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **GRAYSON** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 007314 License No.: 148202
EDWARDS STREET HOUSE
603 EDWARDS ST
DENISON TX 75020
Phone (903) 463-6811 Fax (903) 465-8799
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JAMES R HARROD
Mgmt Co.:

Owner Information
EXCEPTIONALCARE INC
2402 W MORTON ST STE 140
DENISON TX 75020
PHONE: (903) 465-8766 FAX: (903) 465-8799
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **GRAYSON** Reg Svcs: IID TEAM Region 03
Facility Information: Facility ID: 007638 License No.: 146353
HYDE PARK HOUSE
1507 HYDE PARK AVE
DENISON TX 75020
Phone (903) 463-6922 Fax (903) 465-8799
TOTAL Lic Capacity: 12 ICF/IID Beds: 12
Administrator: JAMES R HARROD
Mgmt Co.:

Owner Information
EXCEPTIONALCARE INC
2402 W MORTON ST STE 140
DENISON TX 75020
PHONE: (903) 465-8766 FAX: (903) 465-8799
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/30/2019 License Exp Dt: 07/30/2021

County **GRAYSON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007446 License No.: 150097
LYNN STREET HOUSE
108 S LYNN ST
DENISON TX 75020
Phone (903) 465-2655 Fax (903) 465-8799
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JAMES R HARROD
Mgmt Co.:

Region 03
Owner Information
EXCEPTIONALCARE INC
2402 W MORTON ST STE 140
DENISON TX 75020
PHONE: (903) 465-8766 FAX: (903) 465-8799
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/04/2020 License Exp Dt: 08/04/2022

County **GRAYSON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003769 License No.:
MHMR SVCS OF TEXOMA ALTERNATE LIVING FACILITY II
1217 DESVOIGNES RD
DENISON TX 75021
Phone (903) 463-5210 Fax
TOTAL Lic Capacity: 10 ICF/IID Beds: 10
Administrator:
Mgmt Co.:

Region 03
Owner Information
MHMR SERVICES OF TEXOMA
315 W MCLAINPO BOX 1087 (ZIP 75091)
SHERMAN TX 75092
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **GRAYSON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 101455 License No.: 147621
EVERGREEN CARRIAGE ESTATES COMMUNITY HOME
2304 CARRIAGE ESTATES ROAD
SHERMAN TX 75092
Phone (903) 813-3278 Fax (903) 893-6637
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/03/2019 License Exp Dt: 07/03/2022

County **GRAYSON** Reg Svcs: IID TEAM
Facility Information: Facility ID: 101453 License No.: 147671
EVERGREEN NORTHBROOK COMMUNITY HOME
1732 NORTHBROOK
SHERMAN TX 75092
Phone (903) 870-2113 Fax (903) 893-6637
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/02/2019 License Exp Dt: 07/02/2021

County **GREGG** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007492 License No.: 149159
MONTE CARLO COMMUNITY HOME
12 MONTE CARLO
GLADEWATER TX 75647
Phone (903) 845-6662 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: HOWARD W PECOT
Mgmt Co.: HARMONY LIVING CENTERS, INC

Region 04
Owner Information
H M S INVESTMENTS INC
112 S WARD DR
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/22/2019 License Exp Dt: 12/22/2021

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007572 License No.: 148704
TENERY STREET COMMUNITY HOME
502 TENERY ST
GLADEWATER TX 75647
Phone (903) 845-4275 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: HOWARD W PECOT
Mgmt Co.: HARMONY LIVING CENTERS, INC

Owner Information
L M R HEALTHCARE SERVICES INC
112 S WARD
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/03/2019 License Exp Dt: 12/03/2021

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007224 License No.: 150099
EVERGREEN DANVILLE ROAD COMMUNITY HOME
1104 DANVILLE RD
KILGORE TX 75662
Phone (903) 984-9370 Fax (903) 792-1861
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/14/2020 License Exp Dt: 08/14/2022

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007431 License No.: 149881
ROYAL DRIVE COMMUNITY HOME
3009 ROYAL DR
KILGORE TX 75662
Phone (903) 984-0486 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CLAYTON M PECOT
Mgmt Co.: HARMONY LIVING CENTERS, INC

Owner Information
S & H HOMES INC
112 S WARD DR
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/10/2020 License Exp Dt: 07/10/2023

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007541 License No.: 149477
SCEYNE COMMUNITY HOME
805 SCEYNE
KILGORE TX 75662
Phone (903) 983-3679 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CLAYTON M PECOT
Mgmt Co.: HARMONY LIVING CENTERS, INC

Owner Information
R & K BARBER INC
112 S WARD
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/11/2020 License Exp Dt: 06/11/2023

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007608 License No.: 148801
CHAD COMMUNITY HOME
1202 CHAD
LONGVIEW TX 75604
Phone (903) 759-5744 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **GREGG** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 003714 License No.:
CONCORD MANOR
414 S CENTER
LONGVIEW TX 75601
Phone (903) 757-6040 Fax
TOTAL Lic Capacity: 12 ICF/IID Beds: 12
Administrator:
Mgmt Co.:

Region 04
Owner Information
SABINE VALLEY CENTER
PO BOX 6800
LONGVIEW TX 75608
PHONE:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **GREGG** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007229 License No.: 146402
EVERGREEN SPRING HILL COMMUNITY HOME
225 SYBLE LN
LONGVIEW TX 75605
Phone (903) 297-4422 Fax (903) 295-9993
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Region 04
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/29/2018 License Exp Dt: 12/29/2020

County **GREGG** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007359 License No.: 149129
EVERGREEN STONE TRAIL COMMUNITY HOME
1205 STONE TRAIL
LONGVIEW TX 75604
Phone (903) 295-1277 Fax (903) 295-9993
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Region 04
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/23/2020 License Exp Dt: 01/23/2023

County **GREGG** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007261 License No.: 146436
HARMONY HOUSE I I
1012 EAGLE HILL TRAIL
LONGVIEW TX 75601
Phone (903) 758-2439 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: HOWARD W PECOT
Mgmt Co.:

Region 04
Owner Information
HARMONY LIVING CENTERS, INC
112 S WARD DR
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/27/2019 License Exp Dt: 02/27/2021

County **GREGG** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007255 License No.: 148809
HONEYSUCKLE COMMUNITY HOME
9 HONEYSUCKLE
LONGVIEW TX 75604
Phone (903) 297-3056 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 04
Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2022

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007587 License No.: 148225
MARTIN COMMUNITY HOME
2809 CLENDENEN
LONGVIEW TX 75601
Phone (903) 758-6801 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: HOWARD W PECOT
Mgmt Co.: HARMONY LIVING CENTERS, INC

Owner Information
L M R HEALTHCARE SERVICES INC
112 S WARD
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/24/2019 License Exp Dt: 09/24/2021

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007495 License No.: 150159
MELTON HOUSE
517 MELTON
LONGVIEW TX 75602
Phone (903) 753-4685 Fax (903) 238-9528
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RENE SARTAIN
Mgmt Co.:

Owner Information
PACE OPPORTUNITY CENTERS INC
1101 JAYCEE DR
LONGVIEW TX 75604
PHONE: (903) 238-9523 FAX: (903) 238-9528
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2018 License Exp Dt: 09/01/2020

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003624 License No.:
PINETREE RESIDENCE
303 EVERGREEN
LONGVIEW TX 75604
Phone (903) 753-9804 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RON COOKSTON
Mgmt Co.:

Owner Information
SABINE VALLEY CENTER
PO BOX 6800
LONGVIEW TX 75608
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007246 License No.: 150214
PURDUE HOUSE
1307 PURDUE DR
LONGVIEW TX 75601
Phone (903) 553-0637 Fax (903) 238-9528
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RENE SARTAIN
Mgmt Co.:

Owner Information
PACE OPPORTUNITY CENTERS INC
1101 JAYCEE DR
LONGVIEW TX 75604
PHONE: (903) 238-9523 FAX: (903) 238-9528
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2018 License Exp Dt: 09/01/2020

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003623 License No.:
TERI LYN
3704 TERI LYN
LONGVIEW TX 75604
Phone (903) 753-9804 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RON COOKSTON
Mgmt Co.:

Owner Information
SABINE VALLEY CENTER
PO BOX 6800
LONGVIEW TX 75608
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007297 License No.: 147977
THELMA COMMUNITY HOME
1009 THELMA
LONGVIEW TX 75604
Phone (903) 759-3890 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003765 License No.: 150021
TUPELO HOUSE
511 TUPELO
LONGVIEW TX 75601
Phone (903) 238-9593 Fax (903) 238-9528
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: RENE SARTAIN
Mgmt Co.:

Owner Information
PACE OPPORTUNITY CENTERS INC
1101 JAYCEE DR
LONGVIEW TX 75604
PHONE: (903) 238-9523 FAX: (903) 238-9528
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2018 License Exp Dt: 09/01/2020

County **GUADALUPE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003943 License No.: 307702
1622 WILLOW
1622 WILLOW LANE
SEGUIN TX 78155
Phone (830) 629-4400 Fax (830) 609-0208
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KATHY GRIFFITH
Mgmt Co.:

Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **GUADALUPE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003999 License No.: 307703
974 E CEDAR
974 E CEDAR
SEGUIN TX 78155
Phone (830) 629-4400 Fax (830) 609-0208
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KATHY GRIFFITH
Mgmt Co.:

Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **GUADALUPE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003786 License No.: 148093
CASA GUADALUPE I
957 KUNKEL ST
SEGUIN TX 78155
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Owner Information
UCG CENTRAL TEXAS HOLDING, LLC
P.O. BOX 310695
NEW BRAUNFELS TX 78131-0695
PHONE: (830) 372-2920 FAX: (214) 723-5331
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/17/2019 License Exp Dt: 09/17/2021

County **GUADALUPE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003830 License No.: 148007
CASA GUADALUPE II
936 ZUNKER
SEGUIN TX 78155
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: JOHN DAMON WOOTEN
Mgmt Co.:

Owner Information
UCG CENTRAL TEXAS HOLDING, LLC
P.O. BOX 310695
NEW BRAUNFELS TX 78131-0695
PHONE: (830) 372-2920 FAX: (214) 723-5331
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **GUADALUPE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007394 License No.: 150133
DOVE LANE
1427 DOVE LN
SEGUIN TX 78155
Phone (830) 303-6830 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JESSICA MORENO
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2020 License Exp Dt: 09/01/2022

County **GUADALUPE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003627 License No.: 147680
RIVER OAK
1005 RIVER OAK DR
SEGUIN TX 78155
Phone (830) 303-6835 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOAN O'CONNOR
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/20/2019 License Exp Dt: 05/20/2021

County **HALE** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003939 License No.:
RILEY ARMSTRONG RESIDENTIAL FACILITY
2911 W 21ST ST
PLAINVIEW TX 79072
Phone (806) 291-4455 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ERIC STOCKLEY
Mgmt Co.:

Owner Information
CENTRAL PLAINS CENTER
2700 YONKERS ST
PLAINVIEW TX 79072
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **HARDIN** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003809 License No.: 148542
FRIES HOUSE
190 E AVE J
SILSBEE TX 77656
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: CARRIE FRANKS
Mgmt Co.:

Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **HARDIN** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007413 License No.: 146244
WOODLEA COMMUNITY HOME
101 OGLESBEE RD
SILSBEE TX 77656
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: PETER DE PUTRON
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04

Owner Information

DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: (713) 475-2220 FAX: (713) 475-2212
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007570 License No.: 146418
BURNING TREE LIVING CENTER
4902 BURNING TREE
BAYTOWN TX 77521
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06

Owner Information

DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003605 License No.: 149131
KILGORE HOUSE
2203 KILGORE RD
BAYTOWN TX 77520
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06

Owner Information

ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/30/2020 License Exp Dt: 06/30/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007411 License No.: 146189
MAPLEWOOD LIVING CENTER
706 MAPLEWOOD ST
BAYTOWN TX 77520
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06

Owner Information

DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003671 License No.: 148281
MCFARLAND HOUSE
1706 MCFARLAND
BAYTOWN TX 77520
Phone (281) 837-8686 Fax (713) 271-8585
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06

Owner Information

ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007381 License No.: 149145
NORTH SHEPHERD HOUSE
1112 N SHEPHERD
BAYTOWN TX 77520
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06
Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007565 License No.: 146416
OLIVE LIVING CENTER
2301 OLIVE CIRCLE
BAYTOWN TX 77522
Phone (713) 475-2228 Fax (713) 472-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007560 License No.: 147975
CLASSIC GROUP HOME
1454 SOMERCOTES LANE
CHANNELVIEW TX 77530
Phone (281) 452-4661 Fax (281) 452-4639
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: SHIRLEY A SHAW
Mgmt Co.:

Region 06
Owner Information
SHIRLEY SHAW
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/23/2019 License Exp Dt: 09/23/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003654 License No.: 147406
ARMADILLO TRAILS GROUP HOME
16723 HUFFMEISTER ROAD
CYPRESS TX 77429
Phone (281) 516-4000 Fax (281) 351-5897
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: TAMICO MELVN
Mgmt Co.:

Region 06
Owner Information
BETHESDA LUTHERAN COMMUNITIES INC
18937 K Z RD
CYPRESS TX 77433
PHONE: (281) 516-4000 FAX: (281) 351-5897
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/05/2020 License Exp Dt: 03/10/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003608 License No.: 149664
CYPRESS COTTAGE
11914 MUELLER CEMETERY RD
CYPRESS TX 77429
Phone (281) 373-9404 Fax (281) 373-3820
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KRIS LUSEBRINK
Mgmt Co.:

Region 06
Owner Information
REACH UNLIMITED INC
11832 MUELLER CEMETERY RDSTE 200
CYPRESS TX 77429
PHONE: (281) 213-2582 FAX: (281) 213-4545
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/14/2020 License Exp Dt: 06/14/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003615 License No.: 149860
KINGS COURT GROUP HOME
17626 KINGS CT
CYPRESS TX 77429
Phone (281) 576-4000 Fax (281) 351-5897
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TAMICO MELVN
Mgmt Co.:

Region 06
Owner Information
BETHESDA LUTHERAN COMMUNITIES INC
18937 K Z RD
CYPRESS TX 77433
PHONE: (281) 516-4000 FAX: (281) 351-5897
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/14/2018 License Exp Dt: 11/30/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003619 License No.: 149950
MAVERICK VALLEY GROUP HOME
14802 MAVERICK VALLEY LANE
CYPRESS TX 77429
Phone (281) 758-4865 Fax (281) 351-5897
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TAMICO MELVN
Mgmt Co.:

Region 06
Owner Information
BETHESDA LUTHERAN COMMUNITIES INC
18937 K Z RD
CYPRESS TX 77433
PHONE: (281) 516-4000 FAX: (281) 351-5897
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/31/2018 License Exp Dt: 11/30/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 010197 License No.: 148320
MUELLER HOUSE
11910 MUELLER CEMETERY RD
CYPRESS TX 77429
Phone (281) 373-9406 Fax (281) 373-9406
TOTAL Lic Capacity: 9 ICF/IID Beds: 9
Administrator: KRIS LUSEBRINK
Mgmt Co.:

Region 06
Owner Information
REACH UNLIMITED INC
11832 MUELLER CEMETERY RDSTE 200
CYPRESS TX 77429
PHONE: (281) 213-2582 FAX: (281) 213-4545
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/24/2019 License Exp Dt: 09/24/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 110270 License No.: 147837
SHADY VILLA PLACE
13919 JARVIS ROAD
CYPRESS TX 77429
Phone (281) 536-0009 Fax (281) 213-4545
TOTAL Lic Capacity: 9 ICF/IID Beds: 9
Administrator: KRIS LUSEBRINK
Mgmt Co.:

Region 06
Owner Information
REACH UNLIMITED INC
11832 MUELLER CEMETERY RDSTE 200
CYPRESS TX 77429
PHONE: (281) 213-2582 FAX: (281) 213-4545
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/19/2019 License Exp Dt: 09/27/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007283 License No.: 146264
GARDEN LIVING CENTER
913 E X STREET
DEER PARK TX 77536
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007424 License No.: 146869
HENDERSON LIVING CENTER
2601 HENDERSON LN
DEER PARK TX 77536
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007284 License No.: 146415
WINDSOR LIVING CENTER
3602 WINDSOR LN
DEER PARK TX 77536
Phone (713) 475-2228 Fax (713) 472-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007661 License No.: 149029
1801 BRANARD
1801 BRANARD ST
HOUSTON TX 77098
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06
Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007660 License No.: 148512
616 WEST BELL
616 W BELL ST
HOUSTON TX 77019
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06
Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007548 License No.: 149071
APRIL WIND HOUSE
3015 APRIL WIND
HOUSTON TX 77014
Phone (281) 893-9090 Fax (281) 893-0707
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHRISTIAN C ULASI
Mgmt Co.:

Region 06
Owner Information
COMMUNITY HEALTHCARE SERVICES INC
3015 APRIL WIND DR
HOUSTON TX 77014
PHONE: (281) 893-9090 FAX: (281) 893-0707
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 102827 License No.: 145891
AVONDALE HOUSE
5614 BENNING
HOUSTON TX 77096
Phone (713) 726-1239 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVE VETRANO
Mgmt Co.:

Region 06
Owner Information
AVONDALE HOUSE
3737 OMEARA DR
HOUSTON TX 77025
PHONE: (713) 993-9589 FAX: (713) 993-0751
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/29/2018 License Exp Dt: 11/29/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 010183 License No.: 148742
AVONDALE HOUSE I I I
4826 MCDERMED
HOUSTON TX 77035
Phone (713) 993-9544 Fax (713) 993-0751
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVE VETRANO
Mgmt Co.:

Region 06
Owner Information
AVONDALE HOUSE
3737 OMEARA DR
HOUSTON TX 77025
PHONE: (713) 993-9589 FAX: (713) 993-0751
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/07/2020 License Exp Dt: 02/07/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 010182 License No.: 148076
AVONDALE HOUSE II
8515 BLUEGATE
HOUSTON TX 77025
Phone (713) 993-9544 Fax (713) 993-0751
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVE VETRANO
Mgmt Co.:

Region 06
Owner Information
AVONDALE HOUSE
3737 OMEARA DR
HOUSTON TX 77025
PHONE: (713) 993-9589 FAX: (713) 993-0751
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/08/2019 License Exp Dt: 10/08/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003914 License No.: 149958
BEARCREEK
5006 STANHOPE DR
HOUSTON TX 77084
Phone (281) 463-2227 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/02/2020 License Exp Dt: 05/02/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003859 License No.: 149381
BEECHNUT HOUSE
8114 BEECHNUT
HOUSTON TX 77036
Phone (713) 779-2684 Fax (713) 981-4512
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOSEPH M COOPER
Mgmt Co.:

Region 06
Owner Information
VITA-LIVING INC
3300 S GESSNERSTE 150
HOUSTON TX 77063
PHONE: (713) 292-1880 FAX: (713) 981-4512
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/26/2018 License Exp Dt: 07/08/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007486 License No.: 146343
BOSWORTH LIVING CENTER
5126 BOSWORTH ST
HOUSTON TX 77017
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003915 License No.: 149231
BRIAR GROVE PARK
10038 BRIAR FOREST DR
HOUSTON TX 77042
Phone (713) 782-5454 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003895 License No.: 150163
CAMPBELL HOUSE
1825 CAMPBELL
HOUSTON TX 77080
Phone (713) 827-1159 Fax (713) 827-1159
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOSEPH M COOPER
Mgmt Co.:

Region 06
Owner Information
VITA-LIVING INC
3300 S GESSNERSTE 150
HOUSTON TX 77063
PHONE: (713) 292-1880 FAX: (713) 981-4512
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/21/2018 License Exp Dt: 08/21/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003684 License No.: 149151
CAREW HOUSE
7410 CAREW STREET
HOUSTON TX 77074
Phone (713) 271-9851 Fax (713) 952-3241
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOSEPH M COOPER
Mgmt Co.:

Region 06
Owner Information
VITA-LIVING INC
3300 S GESSNERSTE 150
HOUSTON TX 77063
PHONE: (713) 292-1880 FAX: (713) 981-4512
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/23/2020 License Exp Dt: 02/23/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003930 License No.: 149059
COPPERFIELD
15311 FOREST TRAILS
HOUSTON TX 77095
Phone (281) 855-0857 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003643 License No.: 148810
CUTTEN GREEN
11519 COLONIAL TRAIL
HOUSTON TX 77066
Phone (281) 537-1679 Fax (281) 580-2951
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KRIS LUSEBRINK
Mgmt Co.:

Owner Information
REACH UNLIMITED INC
11832 MUELLER CEMETERY RDSTE 200
CYPRESS TX 77429
PHONE: (281) 213-2582 FAX: (281) 213-4545
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2020 License Exp Dt: 02/01/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003960 License No.: 150074
DEERFIELD
18006 LONGCLIFFE
HOUSTON TX 77084
Phone (281) 550-8604 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 007616 License No.: 149947
DESTINY HOUSE
8002 FAWN TERRACE
HOUSTON TX 77071
Phone (713) 283-0711 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/31/2020 License Exp Dt: 07/31/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003910 License No.:
DONSKY HOUSE
11511 BOB WHITE ST
HOUSTON TX 77035
Phone (713) 728-4956 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHNNIE STANFORD
Mgmt Co.:

Owner Information
MHMR AUTHORITY OF HARRIS COUNTY
2850 FANNIN
HOUSTON TX 77265-5381
PHONE: (713) 750-5600 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003980 License No.: 146079
EBONY COMMUNITY HOME
2519 LOWER VALLEY DRIVE
HOUSTON TX 77067
Phone (281) 586-7067 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN M CORDER
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 007585 License No.: 148204
FROSTVIEW HOUSE II
15331 E ANTONE
HOUSTON TX 77071
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Owner Information
D & D CARE HOMES INC
4100 INTERNATIONAL PLAZASUITE 800
FT. WORTH TX 76109
PHONE: (817) 447-2700 FAX: (817) 447-3033
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/30/2020 License Exp Dt: 06/30/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 007437 License No.: 149358
GREAT HOME CARE INC
12502 LIMA DRIVE
HOUSTON TX 77099
Phone (281) 530-8710 Fax (281) 568-5828
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RODOLFO D VELASCO
Mgmt Co.:

Owner Information
GREAT HOME CARE INC
PO BOX 1254
ALIEF TX 77411
PHONE: (281) 568-3532 FAX: (281) 568-5828
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/10/2018 License Exp Dt: 09/30/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003913 License No.: 149353
HEARTHSTONE
7206 BENWICH CIRCLE
HOUSTON TX 77095
Phone (281) 463-1034 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2018 License Exp Dt: 03/01/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003978 License No.: 145438
HOPE HOUSE
9107 SPELLMAN
HOUSTON TX 77031
Phone (713) 988-1461 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER SMITH
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/31/2018 License Exp Dt: 07/31/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 007317 License No.: 148319
HOUSTON IN A VISION
6442 GLADEWELL
HOUSTON TX 77072
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Owner Information
HOUSTON-IN-A-VISION, INC.
820 PARK TWO
SUGAR LAND TX 77478
PHONE: (281) 495-7509 FAX: (713) 271-8585
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003907 License No.: 149127
JERSEY VILLAGE
16130 ACAPULCO
HOUSTON TX 77040
Phone (713) 896-8355 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 007597 License No.: 149448
K AND K LIVING CENTER 2
16602 GAELDOM LN
HOUSTON TX 77084
Phone (281) 859-9474 Fax (281) 859-8037
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DONNIE H MCGRAW
Mgmt Co.:

Owner Information
K & K LIVING CENTER INC
PO BOX 842679
HOUSTON TX 77284
PHONE: (281) 859-9474 FAX: (281) 859-8037
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/07/2020 License Exp Dt: 04/07/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 007387 License No.: 149688
K AND K LIVING CENTER INC
16802 JUDY LEIGH DR
HOUSTON TX 77084
Phone (281) 859-9474 Fax (281) 859-8037
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DONNIE H MCGRAW
Mgmt Co.:

Owner Information
K & K LIVING CENTER INC
PO BOX 842679
HOUSTON TX 77284
PHONE: (281) 859-9474 FAX: (281) 859-8037
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/30/2020 License Exp Dt: 03/30/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003746 License No.: 148431
LAKELAND
5706 PINEWILDE
HOUSTON TX 77066
Phone (281) 580-4103 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/09/2019 License Exp Dt: 10/09/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003729 License No.: 145767
MAPLEWOOD SOUTH
8111 BURNING HILLS
HOUSTON TX 77071
Phone (713) 271-2534 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/10/2018 License Exp Dt: 10/10/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003897 License No.: 146306
MEMORIAL COMMUNITY HOME
17115 CAMBERWELL GREEN LANE
HOUSTON TX 77070
Phone (281) 370-5702 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LORRIE CHRETIEN
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007239 License No.: 149147
MERIDIAN LIVING CENTER
7231 AUGUSTINE DR
HOUSTON TX 77036
Phone (713) 272-9707 Fax (713) 778-9313
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ZENOBIA O ANEKWE
Mgmt Co.:

Region 06
Owner Information
MERIDIAN LIVING CENTER INC
#4 MOCKINGBIRD
HOUSTON TX 77074
PHONE: (713) 778-9300 FAX: (713) 778-9313
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/15/2018 License Exp Dt: 11/30/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007428 License No.: 149523
MERIDIAN LIVING CENTER I I
10610 ODYSSEY CT
HOUSTON TX 77099
Phone (281) 568-1338 Fax (713) 778-9300
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ZENOBIA O ANEKWE
Mgmt Co.:

Region 06
Owner Information
MERIDIAN LIVING CENTER INC
#4 MOCKINGBIRD
HOUSTON TX 77074
PHONE: (713) 778-9300 FAX: (713) 778-9313
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/01/2018 License Exp Dt: 11/30/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007595 License No.: 149070
PACE OPPORTUNITY CENTERS INC.
4002 WYNE STREET
HOUSTON TX 77017
Phone (903) 238-9523 Fax (903) 238-9528
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RENE A SARTAIN
Mgmt Co.:

Region 06
Owner Information
PACE OPPORTUNITY CENTERS INC
1101 JAYCEE DR
LONGVIEW TX 75604
PHONE: (903) 238-9523 FAX: (903) 238-9528
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/08/2020 License Exp Dt: 04/08/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007275 License No.: 149169
PEBBLESHIRE HOUSE
7865 PECAN VILLAS
HOUSTON TX 77061
Phone (713) 640-1044 Fax (281) 334-7850
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVE A MULKEY
Mgmt Co.:

Region 06
Owner Information
S&G COMMUNITY LIVING CENTER INC
P. O. BOX 686
LEAGUE CITY TX 77574
PHONE: (713) 598-1471 FAX: (281) 334-7850
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/01/2020 License Exp Dt: 05/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007296 License No.: 145828
PERIWINKLE HOUSE
1638 PERIWINKLE ST
HOUSTON TX 77038
Phone (281) 448-9005 Fax (281) 379-6068
TOTAL Lic Capacity: 4 ICF/IID Beds: 4
Administrator: MARTHA LUGAY
Mgmt Co.:

Region 06
Owner Information
IN THE ESTATE OF MILBERT JOHN LUGAY
17126 WUNDER HILL DR
SPRING TX 77379
PHONE: (281) 379-4833 FAX: (281) 379-6068
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/09/2018 License Exp Dt: 11/30/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007384 License No.: 146378
RAVENHEAD LIVING CENTER
314 RAVENHEAD ST
HOUSTON TX 77034
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003828 License No.: 150256
ROSE HOUSE
12711 SHANNON HILLS
HOUSTON TX 77099
Phone (281) 564-4256 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/31/2018 License Exp Dt: 07/31/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003888 License No.: 147180
SABLE LANE COMMUNITY HOME
13403 SABLE LN
HOUSTON TX 77014-2113
Phone (281) 444-4120 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TY JELINEK
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003971 License No.: 149193
SPRING SHADOWS
2803 QUINCANNON
HOUSTON TX 77043
Phone (713) 690-3127 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/14/2020 License Exp Dt: 02/14/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007472 License No.: 148083
UCG - ALBURY HOUSE
11019 ALBURY HOUSTON TX 77096
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06
Owner Information
FORSTVIEW LANE, LLC
820 PARK TWO
SUGAR LAND TX 77478
PHONE: (713) 835-0527 FAX: (713) 271-8585
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007263 License No.: 149140
UCG - HUMMINGBIRD HOUSE
9726 S. HANWORTH DR. HOUSTON TX 77031
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06
Owner Information
FORSTVIEW LANE, LLC
820 PARK TWO
SUGAR LAND TX 77478
PHONE: (713) 835-0527 FAX: (713) 271-8585
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007801 License No.: 148262
UCG NIGHTINGALE I
13927 MAGNUS LANE HOUSTON TX 77083
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06
Owner Information
FORSTVIEW LANE, LLC
820 PARK TWO
SUGAR LAND TX 77478
PHONE: (713) 835-0527 FAX: (713) 271-8585
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007806 License No.: 148318
UCG NIGHTINGALE I I
7327 BEECHNUT ST HOUSTON TX 77074
Phone (713) 541-2667 Fax (713) 271-8585
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JULIE KELLY
Mgmt Co.:

Region 06
Owner Information
FORSTVIEW LANE, LLC
820 PARK TWO
SUGAR LAND TX 77478
PHONE: (713) 835-0527 FAX: (713) 271-8585
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2017 License Exp Dt: 06/30/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007604 License No.: 150120
UNITY HOUSE
10507 OFFER ST HOUSTON TX 77031
Phone (713) 776-0072 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/31/2020 License Exp Dt: 07/31/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007369 License No.: 146835
WEST ROAD HOUSE
7811 WEST ROAD
HOUSTON TX 77064
Phone (713) 937-6908 Fax 18005841472
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: WANDA K WEATHERS
Mgmt Co.:

Region 06
Owner Information
DIVERSITY GROUP LC
P.O. BOX 431427
HOUSTON TX 77243
PHONE: (281) 888-2490 FAX: (281) 888-2785
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2019 License Exp Dt: 03/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003721 License No.:
WESTBURY HOUSE
5707 WARM SPRINGS
HOUSTON TX 77035
Phone (713) 723-5589 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 06
Owner Information
MHMR AUTHORITY OF HARRIS COUNTY
2850 FANNIN
HOUSTON TX 77265-5381
PHONE: (713) 750-5600 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003941 License No.: 149173
WESTLAKE FOREST
2422 HEATHERGOLD
HOUSTON TX 77084
Phone (281) 578-7050 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN M CORDER
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007571 License No.: 148331
WESTVIEW I
10018 WESTVIEW DR
HOUSTON TX 77055
Phone (713) 722-7102 Fax (713) 722-7155
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: IMMANUEL V PRASAD
Mgmt Co.:

Region 06
Owner Information
QHS ENTERPRISES INC
2926 COLONEL COURT DRIVE
RICHMOND TX 77406
PHONE: (281) 375-5507 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/19/2019 License Exp Dt: 11/19/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003940 License No.: 144321
WOODEDGE
11914 GREEN CREEK CIRCLE
HOUSTON TX 77070
Phone (281) 469-8589 Fax (512) 498-2777
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/25/2020 License Exp Dt: 01/25/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007328 License No.: 146401
TARA COMMUNITY HOME
13515 TARA OAK DRIVE
JERSEY VILLAGE TX 77065
Phone (281) 894-2822 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN M CORDER
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003688 License No.:
APPLEWHITE
526 APPLEWHITE DRIVE
KATY TX 77450
Phone (713) 392-4482 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNETTE ZHRATKA
Mgmt Co.:

Region 06
Owner Information
MHMR AUTHORITY OF HARRIS COUNTY
2850 FANNIN
HOUSTON TX 77265-5381
PHONE: (713) 750-5600 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007540 License No.: 146530
MEADOWPLACE LIVING CENTER
5205 MEADOW PLACE
LA PORTE TX 77571
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007462 License No.: 146417
SHELL ROCK LIVING CENTER
9734 SHELL ROCK
LA PORTE TX 77571
Phone (713) 475-2228 Fax (713) 472-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003694 License No.: 150259
FELLOWS BLOCK
3419 BOCA RATON DRIVE
MISSOURI CITY TX 77459
Phone (281) 835-9303 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/31/2020 License Exp Dt: 07/31/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007218 License No.: 148939
FROSTVIEW HOUSE
7310 FROSTVIEW LN
MISSOURI CITY TX 77489
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 06
Owner Information
FORSTVIEW LANE, LLC
820 PARK TWO
SUGAR LAND TX 77478
PHONE: (713) 835-0527 FAX: (713) 271-8585
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007346 License No.: 146448
JUDY LIVING CENTER
2012 JUDY LN
PASADENA TX 77502
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007807 License No.:
PASADENA COTTAGE
2122 WICHITA
PASADENA TX 77502
Phone (713) 472-3470 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 06
Owner Information
MHMR AUTHORITY OF HARRIS COUNTY
2850 FANNIN
HOUSTON TX 77265-5381
PHONE: (713) 750-5600 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007818 License No.:
PASADENA COTTAGE B
2122 WICHITA
PASADENA TX 77502
Phone (713) 472-3470 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 06
Owner Information
MHMR AUTHORITY OF HARRIS COUNTY
2850 FANNIN
HOUSTON TX 77265-5381
PHONE: (713) 750-5600 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007322 License No.: 146223
PONCA LIVING CENTER
4314 PONCA STREET
PASADENA TX 77504
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007336 License No.: 146392
SAN JACINTO LIVING CENTER
2406 SAN JACINTO DR
PASADENA TX 77502
Phone (713) 475-2228 Fax (713) 475-2212
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 06
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
468 HALLE PARK DR
COLLIERVILLE TN 38017
PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007378 License No.: 145400
GREEN VALLEY HOUSE
5202 ALAMOSA LN
SPRING TX 77379
Phone (832) 717-0065 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/31/2020 License Exp Dt: 07/31/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003847 License No.: 149991
PASSION HOUSE
19110 CANDLETRAIL DRIVE
SPRING TX 77388
Phone (281) 528-9570 Fax (713) 434-5041
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JENNIFER L. SMITH
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2249
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/31/2020 License Exp Dt: 07/31/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003990 License No.: 148582
SPRING GROUP HOME
17403 DEER CREEK
SPRING TX 77379
Phone (281) 576-4000 Fax (281) 351-5897
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TAMICO MELVN
Mgmt Co.:

Region 06
Owner Information
BETHESDA LUTHERAN COMMUNITIES INC
18937 K Z RD
CYPRESS TX 77433
PHONE: (281) 516-4000 FAX: (281) 351-5897
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/25/2020 License Exp Dt: 01/25/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003892 License No.: 146218
VERDECOVE COMMUNITY HOME
21023 VERDECOVE LANE
SPRING TX 77388
Phone (281) 350-2836 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEBRA WATSON
Mgmt Co.:

Region 06
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 105856 License No.: 148002
CHOCTAW GROUP HOME
11719 COCONINO LANE
TOMBALL TX 77377
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: LATRANDA THURMOND
Mgmt Co.:

Owner Information
UCG CENTRAL TEXAS HOLDING, LLC
P.O. BOX 310695
NEW BRAUNFELS TX 78131-0695
PHONE: (830) 372-2920 FAX: (214) 723-5331
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003607 License No.: 150085
LIMERICK LANE
14119 LIMERICK LN
TOMBALL TX 77375
Phone (281) 351-6612 Fax (281) 357-4680
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KRIS LUSEBRINK
Mgmt Co.:

Owner Information
REACH UNLIMITED INC
11832 MUELLER CEMETERY RDSTE 200
CYPRESS TX 77429
PHONE: (281) 213-2582 FAX: (281) 213-4545
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/13/2020 License Exp Dt: 06/13/2023

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003986 License No.: 150247
TOMBALL HILLS HOME
31111 STELLA LN
TOMBALL TX 77375
Phone (281) 516-4000 Fax (281) 351-5897
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TAMICO MELVN
Mgmt Co.:

Owner Information
BETHESDA LUTHERAN COMMUNITIES INC
18937 K Z RD
CYPRESS TX 77433
PHONE: (281) 516-4000 FAX: (281) 351-5897
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/02/2018 License Exp Dt: 11/30/2020

County **HARRIS** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 003989 License No.: 148904
WHITE RIVER
12335 WHITE RIVER
TOMBALL TX 77375
Phone (281) 351-9735 Fax (281) 351-9735
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KRIS LUSEBRINK
Mgmt Co.:

Owner Information
REACH UNLIMITED INC
11832 MUELLER CEMETERY RDSTE 200
CYPRESS TX 77429
PHONE: (281) 213-2582 FAX: (281) 213-4545
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/18/2020 License Exp Dt: 01/18/2023

County **HARRISON** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007427 License No.: 146055
PINE HAVEN
2402 PALATO DR
MARSHALL TX 75670
Phone (903) 935-0468 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CLAYTON M PECOT
Mgmt Co.:

Owner Information
HARMONY LIVING CENTERS, INC
112 S WARD DR
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2020 License Exp Dt: 10/01/2023

County **HARRISON** Reg Svcs: ICF/IID TEAM

Region 04

Facility Information: Facility ID: 007440 License No.: 146024

Owner Information

SUGAR CREEK
101 ROSEBUD DRIVE
MARSHALL TX 75672
Phone (903) 935-0263 Fax (903) 295-7394

HARMONY LIVING CENTERS, INC
112 S WARD DR
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394

TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED

Administrator: CLAYTON M PECOT

License Eff Dt: 10/01/2020 **License Exp Dt:** 10/01/2023

Mgmt Co.:

County **HAYS** Reg Svcs: ICF-IID (AUSTIN REGION)

Region 05

Facility Information: Facility ID: 007542 License No.: 148114

Owner Information

CEDAR VALLEY COMMUNITY RESIDENCE
12800 DANIEL BOONE DR
AUSTIN TX 78737
Phone (512) 288-4259 Fax (512) 327-5355

D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355

TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED

Administrator: MICKEY ATKINS

License Eff Dt: 07/01/2019 **License Exp Dt:** 07/01/2021

Mgmt Co.:

County **HAYS** Reg Svcs: ICF-IID (AUSTIN REGION)

Region 05

Facility Information: Facility ID: 104575 License No.: 148468

Owner Information

SUN BONNET COMMUNITY RESIDENCE
500 REBEL DRIVE
BUDA TX 78610
Phone (512) 312-2228 Fax (512) 504-9639

D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355

TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED

Administrator: MICKEY ATKINS

License Eff Dt: 12/01/2019 **License Exp Dt:** 12/01/2022

Mgmt Co.:

County **HAYS** Reg Svcs: ICF-IID (AUSTIN REGION)

Region 05

Facility Information: Facility ID: 007300 License No.: 148363

Owner Information

PEACHTREE COMMUNITY RESIDENCE
101 SPRINGLAKE DR
DRIPPING SPRINGS TX 78620
Phone (512) 894-4230 Fax (512) 327-7181

D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355

TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED

Administrator: MICKEY ATKINS

License Eff Dt: 12/01/2019 **License Exp Dt:** 12/01/2021

Mgmt Co.:

County **HAYS** Reg Svcs: ICF-IID (AUSTIN REGION)

Region 05

Facility Information: Facility ID: 007278 License No.: 148249

Owner Information

LAGO VISTA
1129 LAGO VISTA
SAN MARCOS TX 78666
Phone (800) 299-5161 Fax (817) 447-3033

UCG CENTRAL TEXAS HOLDING, LLC
P.O. BOX 310695
NEW BRAUNFELS TX 78131-0695
PHONE: (830) 372-2920 FAX: (214) 723-5331

TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED

Administrator: JOHN DAMON WOOTEN

License Eff Dt: 09/01/2019 **License Exp Dt:** 09/01/2021

Mgmt Co.:

County **HAYS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003919 License No.: 148260 Owner Information
 MOCKINGBIRD VILLA UCG CENTRAL TEXAS HOLDING, LLC
 1502 MOCKINGBIRD LN P.O. BOX 310695
 SAN MARCOS TX 78666 NEW BRAUNFELS TX 78131-0695
Phone (800) 299-5161 **Fax** (817) 447-3033 **PHONE:** (830) 372-2920 **FAX:** (214) 723-5331
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JOHN DAMON WOOTEN **License Eff Dt:** 09/01/2019 **License Exp Dt:** 09/01/2021
Mgmt Co.:

County **HAYS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003874 License No.: 148970 Owner Information
 RIO BLANCO UCG CENTRAL TEXAS HOLDING, LLC
 1010 E UHLAND RD P.O. BOX 310695
 SAN MARCOS TX 78666 NEW BRAUNFELS TX 78131-0695
Phone (800) 299-5161 **Fax** (817) 447-3033 **PHONE:** (830) 372-2920 **FAX:** (214) 723-5331
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JOHN DAMON WOOTEN **License Eff Dt:** 09/19/2019 **License Exp Dt:** 09/19/2022
Mgmt Co.:

County **HAYS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 106850 License No.: 149451 Owner Information
 UCG - HARWOOD HOUSE D & D CARE HOMES INC
 718 HARWOOD DR. 4100 INTERNATIONAL PLAZASUITE 800
 SAN MARCOS TX 78666 FT. WORTH TX 76109
Phone (800) 299-5161 **Fax** (817) 447-3033 **PHONE:** (817) 447-2700 **FAX:** (817) 447-3033
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: ALAN CONAT **License Eff Dt:** 05/02/2020 **License Exp Dt:** 05/02/2023
Mgmt Co.:

County **HENDERSON** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 010354 License No.: Owner Information
 ATHENS PLACE GROUP HOME ANDREWS CENTER
 4875 FM 2709 2323 W FRONT ST
 ATHENS TX 75751 TYLER TX 75702
Phone (903) 675-6784 **Fax** **PHONE:** (903) 567-1351 **FAX:** (903) 535-7384
TOTAL Lic Capacity: 8 **ICF/IID Beds:** 8 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003602 License No.: 150096 Owner Information
 207 ENFIELD SOUTH TEXAS COMMUNITY LIVING CORP
 207 W ENFIELD RD 18 AUGUSTA PINES DRSTE 140 E
 EDINBURG TX 78539 SPRING TX 77389
Phone (956) 380-3337 **Fax** (956) 631-6156 **PHONE:** (281) 351-1758 **FAX:** (210) 255-4500
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LONNIE WELCH **License Eff Dt:** 03/01/2020 **License Exp Dt:** 03/01/2023
Mgmt Co.:

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003956 License No.: 149172 Owner Information
 922 DIANA DRIVE SOUTH TEXAS COMMUNITY LIVING CORP
 922 DIANA DRIVE 18 AUGUSTA PINES DRSTE 140 E
 EDINBURG TX 78542 SPRING TX 77389
Phone (956) 381-0026 **Fax** (956) 631-6156 **PHONE:** (281) 351-1758 **FAX:** (210) 255-4500
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LONNIE WELCH **License Eff Dt:** 03/01/2020 **License Exp Dt:** 03/01/2022
Mgmt Co.:

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007470 License No.: 149192 Owner Information
 32ND STREET NORTH GROUP HOME SOUTH TEXAS COMMUNITY LIVING CORP
 5313 N 32ND ST 18 AUGUSTA PINES DRSTE 140 E
 MCALLEN TX 78504 SPRING TX 77389
Phone (956) 618-5745 **Fax** (956) 631-6156 **PHONE:** (281) 351-1758 **FAX:** (210) 255-4500
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LONNIE WELCH **License Eff Dt:** 03/01/2020 **License Exp Dt:** 03/01/2023
Mgmt Co.:

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007525 License No.: 149555 Owner Information
 6000 NORTH 26TH STREET SOUTH TEXAS COMMUNITY LIVING CORP
 6000 N 26TH ST 18 AUGUSTA PINES DRSTE 140 E
 MCALLEN TX 78504 SPRING TX 77389
Phone (956) 631-3070 **Fax** (956) 631-6156 **PHONE:** (281) 351-1758 **FAX:** (210) 255-4500
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LONNIE WELCH **License Eff Dt:** 03/01/2020 **License Exp Dt:** 03/01/2022
Mgmt Co.:

County **HIDALGO** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007507 License No.: 148762 Owner Information
 BRIARWOOD HOME SOUTH TEXAS COMMUNITY LIVING CORP
 2406 BRIARWOOD MISSION TX 78574 18 AUGUSTA PINES DRSTE 140 E
 SPRING TX 77389
Phone (956) 585-7192 **Fax** (956) 631-6156 **PHONE:** (281) 351-1758 **FAX:** (210) 255-4500
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LONNIE WELCH **License Eff Dt:** 03/01/2020 **License Exp Dt:** 03/01/2023
Mgmt Co.:

County **HOCKLEY** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007455 License No.: 148040 Owner Information
 SUNRISE GROUP HOME EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 308 W 7TH STREET 9901 LINN STATION ROAD
 SUNDOWN TX 79372 LOUISVILLE KY 40223
Phone (806) 229-2153 **Fax** (806) 894-9605 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LYNN PEREZ **License Eff Dt:** 08/01/2019 **License Exp Dt:** 08/01/2022
Mgmt Co.:

County HOOD Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 003779 License No.: 149585

Owner Information

GRANBURY HOUSE
826 N. THORP SPRINGS ROAD
GRANBURY TX 76049
Phone (817) 573-1559 Fax (817) 579-6611

SOUTHERN CONCEPTS INC
PO BOX 758
GRANBURY TX 76048
PHONE: (817) 573-6922 FAX: (817) 579-6611

TOTAL Lic Capacity: 8 ICF/IID Beds: 8

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED

Administrator: JOSHUA THICKLIN

License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2023

Mgmt Co.:

County HOOD Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 007382 License No.: 150079

Owner Information

6TH AND MESQUITE
407 E SIXTH ST
TOLAR TX 76476
Phone (800) 299-5161 Fax (817) 447-3033

SOUTHERN CONCEPTS INC
PO BOX 758
GRANBURY TX 76048
PHONE: (817) 573-6922 FAX: (817) 579-6611

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED

Administrator: JOSHUA THICKLIN

License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2023

Mgmt Co.:

County HOWARD Reg Svcs: HIGH PLAINS ICF/MR

Region 01

Facility Information: Facility ID: 003792 License No.: 149252

Owner Information

COMANCHE FLATS
1315 BAYLOR
BIG SPRING TX 79720
Phone (432) 263-1408 Fax (512) 327-5355

D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355

TOTAL Lic Capacity: 13 ICF/IID Beds: 13

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED

Administrator: MICKEY ATKINS

License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

Mgmt Co.:

County HUNT Reg Svcs: ICF/IID TEAM

Region 04

Facility Information: Facility ID: 003937 License No.:

Owner Information

BONNIE LEA GROUP HOME
3408 BONNIE LEA
GREENVILLE TX 75402
Phone (903) 455-4476 Fax

LAKES REGIONAL MHMR CENTER
PO BOX 747
TERRELL TX 75160
PHONE: (972) 388-2000 FAX: (972) 563-5322

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED

Administrator: LILA SPARKMAN

License Eff Dt: License Exp Dt:

Mgmt Co.:

County HUNT Reg Svcs: ICF/IID TEAM

Region 04

Facility Information: Facility ID: 003669 License No.: 147645

Owner Information

GARBER HOUSE
3506 GARBER CIR
GREENVILLE TX 75402
Phone (903) 454-3387 Fax (903) 450-4201

COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED

Administrator: ED E NOXON

License Eff Dt: 04/01/2019 License Exp Dt: 04/01/2021

Mgmt Co.:

County HUNT Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007205 License No.: 146822
PATTI J HOUSE
100 PATTI J GREENVILLE TX 75402
Phone (903) 454-2568 Fax (903) 450-4201
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2019 License Exp Dt: 04/01/2022

County HUNT Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007549 License No.:
SAYLE STREET GROUP HOME
6518 SAYLE ST GREENVILLE TX 75402
Phone (903) 455-7270 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 04
Owner Information
LAKES REGIONAL MHMR CENTER
PO BOX 747
TERRELL TX 75160
PHONE: (972) 388-2000 FAX: (972) 563-5322
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County HUNT Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007282 License No.: 147854
TERRY PLACE
2500 TERRY PL GREENVILLE TX 75402
Phone (903) 455-4472 Fax (903) 454-3363
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2019 License Exp Dt: 04/01/2021

County HUNT Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007460 License No.:
TURTLE CREEK FAMILY LIVING
505 ERMINE GREENVILLE TX 75401
Phone (903) 455-3987 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 04
Owner Information
LAKES REGIONAL MHMR CENTER
PO BOX 747
TERRELL TX 75160
PHONE: (972) 388-2000 FAX: (972) 563-5322
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County HUNT Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007543 License No.:
WINDY HILL GROUP HOME
5307 WINDY HILL RD GREENVILLE TX 75402
Phone (903) 454-7238 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MARIE H AUGHTRY
Mgmt Co.:

Region 04
Owner Information
LAKES REGIONAL MHMR CENTER
PO BOX 747
TERRELL TX 75160
PHONE: (972) 388-2000 FAX: (972) 563-5322
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **JASPER** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007643 License No.: Owner Information
WEST BAY HOUSE THE BURKE CENTER
46 WEST BAY 1111
JASPER TX 75951 TX
Phone (409) 384-2832 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
PHONE: **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
License Eff Dt: **License Exp Dt:**
Administrator:
Mgmt Co.:

County **JASPER** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003906 License No.: 00811 Owner Information
KIRBYVILLE GROUP HOME THE BURKE CENTER
703 W MARTIN LUTHER KING BLVD 4101 SOUTH MEDFORD DR
KIRBYVILLE TX 75956 LUFKIN TX 75901
Phone (409) 787-4132 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
PHONE: **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
License Eff Dt: **License Exp Dt:**
Administrator:
Mgmt Co.:

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007457 License No.: 146501 Owner Information
ADA LIVING CENTER DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
5010 ADA 4115 GALVESTON ROAD
BEAUMONT TX 77706 HOUSTON TX 77017
Phone (409) 832-4112 **Fax** (409) 832-6974 **PHONE:** (713) 475-2220 **FAX:** (713) 475-2212
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 01/01/2019 **License Exp Dt:** 01/01/2021
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003965 License No.: 149258 Owner Information
BUCKINGHAM GROUP HOME EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
3550 AUSTIN ST 9901 LINN STATION ROAD
BEAUMONT TX 77706 LOUISVILLE KY 40223
Phone (409) 892-6455 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 12/17/2019 **License Exp Dt:** 12/17/2022
Administrator: JULIE PURCELL
Mgmt Co.:

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003964 License No.: 144750 Owner Information
CAMBRIDGE GROUP HOME EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
5155 CAMBRIDGE 9901 LINN STATION ROAD
BEAUMONT TX 77707 LOUISVILLE KY 40223
Phone (409) 838-4231 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 03/02/2020 **License Exp Dt:** 03/02/2022
Administrator: JULIE PURCELL
Mgmt Co.:

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003673 License No.: 146324
CARNATION LIVING CENTER
6270 CARNATION
BEAUMONT TX 77703
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007528 License No.: 148264
CENTRAL HOUSE
4655 HOLST ST
BEAUMONT TX 77708
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATRANDA THURMOND
Mgmt Co.:

Region 04
Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003672 License No.: 146391
CHERYL LIVING CENTER
3895 CHERYL DR
BEAUMONT TX 77706
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003754 License No.: 148003
COLE ROAD HOUSE
5820 COLE RD
BEAUMONT TX 77706
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: CARRIE FRANKS
Mgmt Co.:

Region 04
Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003791 License No.: 148218
HORIZON HOUSE
4176 TREADWAY
BEAUMONT TX 77706
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: CARRIE FRANKS
Mgmt Co.:

Region 04
Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003689 License No.: 146265
HUNTSMAN LIVING CENTER
535 CARNAHAN PLACE
BEAUMONT TX 77707
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: (713) 475-2220 FAX: (713) 475-2212
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007307 License No.: 146390
JERRY LIVING CENTER
4415 JERRY DR
BEAUMONT TX 77703
Phone (409) 832-4112 Fax (409) 832-8044
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: PETER DE PUTRON
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: (713) 475-2220 FAX: (713) 475-2212
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003966 License No.: 149491
LANDIS GROUP HOME
9165 LANDIS
BEAUMONT TX 77707
Phone (409) 860-4337 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JULIE PURCELL
Mgmt Co.:

Region 04
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2022

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003674 License No.: 146210
MCANELLY COMMUNITY HOME
5125 MCANELLY
BEAUMONT TX 77708
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007405 License No.: 146199
MEADOWICK LIVING CENTER
9640 MEADOWICK
BEAUMONT TX 77706
Phone (409) 832-4112 Fax (409) 832-8044
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: (713) 475-2220 FAX: (713) 475-2212
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007326 License No.: 148510
NORTH HOUSE
8185 PARK N DR
BEAUMONT TX 77708
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CARRIE FRANKS
Mgmt Co.:

Region 04
Owner Information
ST. GILES-BAYTOWN, INC.
3010 S FIRST
LUFKIN TX 75901
PHONE: (281) 837-1942 FAX: (281) 427-0586
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003690 License No.: 146388
NOTTINGHAM LIVING CENTER
5965 NAVAJO TRAIL
BEAUMONT TX 77708
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: (713) 475-2220 FAX: (713) 475-2212
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003692 License No.: 146325
PINEHAVEN COMMUNITY HOME
10980 PINEHAVEN
BEAUMONT TX 77713
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: (713) 475-2220 FAX: (713) 475-2212
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003693 License No.: 146267
SAMS WAY LIVING CENTER
1760 SAMS WAY
BEAUMONT TX 77706
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: (713) 475-2220 FAX: (713) 475-2212
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003967 License No.: 149788
SAN DIEGO GROUP HOME
7585 SAN DIEGO
BEAUMONT TX 77708
Phone (409) 892-1784 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JULIE PURCELL
Mgmt Co.:

Region 04
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/28/2020 License Exp Dt: 02/28/2023

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 003677 License No.: 146272
THOUSAND OAKS LIVING CENTER
8255 SHILOH
BEAUMONT TX 77706
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007567 License No.: 146344
GRIFFIN LIVING CENTER
3905 28TH STREET
PORT ARTHUR TX 77642
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007574 License No.: 146236
MODEL LIVING CENTER
411 5TH AVE
PORT ARTHUR TX 77642
Phone (409) 832-4112 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICHEAL LONG
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE: (713) 475-2220 FAX: (713) 475-2212
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **JEFFERSON** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007530 License No.: 146273
SHERIDAN LIVING CENTER
2810 SHERIDAN
PORT ARTHUR TX 77640
Phone (409) 983-3512 Fax (409) 832-6974
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: PETER DE PUTRON
Mgmt Co.: DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N

Region 04
Owner Information
DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
4115 GALVESTON ROAD
HOUSTON TX 77017
PHONE:
FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **JIM WELLS** Reg Svcs: CORPUS CHRISTI 61
Facility Information: Facility ID: 007295 License No.: 149988
GREEN ACRES
5927 S HWY 281
ALICE TX 78332
Phone (361) 664-7508 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: BERTHA A AGUILAR
Mgmt Co.:

Region 07
Owner Information
ASSISTED HOME CARE INC
PO BOX 1849
ALICE TX 78333
PHONE: (888) 528-8750 FAX: (361) 881-4311
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/09/2018 License Exp Dt: 08/09/2020

County **JIM WELLS** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007309 License No.: 148266 Owner Information
 REYNOLDS HOME ASSISTED HOME CARE INC
 601 N REYNOLDS PO BOX 1849
 ALICE TX 78332 ALICE TX 78333
Phone (361) 668-0126 **Fax** **PHONE:** (888) 528-8750 **FAX:** (361) 881-4311
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: BERTHA A AGUILAR **License Eff Dt:** 09/04/2019 **License Exp Dt:** 09/04/2021
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003929 License No.: 149327 Owner Information
 OAK HOUSE EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 208 ALVARADO OAKS DR 9901 LINN STATION ROAD
 ALVARADO TX 76009 LOUISVILLE KY 40223
Phone (817) 790-3476 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: DARRON BREWER **License Eff Dt:** 10/01/2019 **License Exp Dt:** 10/01/2021
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003961 License No.: Owner Information
 TURKEY PEAK PECAN VALLEY MHMR REGION
 908 BROWNCREST PO BOX 973
 BURLESON TX 76028 STEPHENVILLE TX 76401
Phone (817) 447-9104 **Fax** (817) 641-3619 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: JOSEPH P MIRISCIOTTI **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003822 License No.: 146387 Owner Information
 COMMUNITY LIVING CONCEPTS INC COMMUNITY LIVING CONCEPTS INC
 2764 CO RD 310 110 E WALNUT ST
 CLEBURNE TX 76031 KEENE TX 76059
Phone (817) 774-3615 **Fax** (817) 558-9560 **PHONE:** (817) 558-9559 **FAX:** (817) 558-9560
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: DEBORAH K NORTHROP **License Eff Dt:** 01/09/2019 **License Exp Dt:** 01/09/2021
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007484 License No.: 145505 Owner Information
 FEATHERSTON ROCK HOUSE SUPPORT SERVICES INC
 402 FEATHERSTON ST P.O. BOX 953
 CLEBURNE TX 76033 STEPHENVILLE TX 76401
Phone (817) 645-4107 **Fax** (817) 556-3076 **PHONE:** (254) 968-4004 **FAX:** (254) 965-8653
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JOHN ALLEN **License Eff Dt:** 11/01/2020 **License Exp Dt:** 11/01/2022
Mgmt Co.: THE COMPANY OF ROCK HOUSE

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003969 License No.: Owner Information
 HIGHLAND ESTATES PECAN VALLEY MHMR REGION
 1018 HIGHLAND ROAD PO BOX 729
 CLEBURNE TX 76031 GRANBURY TX 76048
Phone (817) 556-3720 **Fax** (817) 641-3619 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: JOSEPH P MIRISCIOTTI **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003962 License No.: Owner Information
 QUAIL PARK PECAN VALLEY MHMR REGION
 805 QUAIL PARK LANE PO BOX 729
 CLEBURNE TX 76031 GRANBURY TX 76048
Phone (817) 556-3720 **Fax** (817) 641-3619 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: NANCY ELAINE LEWIS **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003970 License No.: Owner Information
 ROLLING ACRES PECAN VALLEY MHMR REGION
 2901 FM 2280 PO BOX 729
 CLEBURNE TX 76031 GRANBURY TX 76048
Phone (817) 558-0642 **Fax** (817) 558-0952 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: SARA SWIFT **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003924 License No.: 143808 Owner Information
 SPRUCE HOUSE EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 802 BERKLEY 9901 LINN STATION ROAD
 CLEBURNE TX 76031 LOUISVILLE KY 40223
Phone (817) 517-5483 **Fax** (512) 338-4182 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CHYMEKA JOHNSON **License Eff Dt:** 12/03/2019 **License Exp Dt:** 12/03/2022
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003625 License No.: 149133 Owner Information
 BLUEBONNET RESIDENTIAL CENTER 1 SCP ACQUISITION PARTNERS LTD
 524 N PEARSON ST 4244 RIVER BIRCH RD
 GODLEY TX 76044 FORT WORTH TX 76137
Phone (817) 389-3442 **Fax** (817) 389-2354 **PHONE:** (817) 847-5741 **FAX:** (817) 847-5721
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: ALICIA G KIRKPATRICK **License Eff Dt:** 03/01/2018 **License Exp Dt:** 03/01/2020
Mgmt Co.: JACK JUDSON LLC

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003622 License No.: 146294 Owner Information
 COMMUNITY LIVING CONCEPTS INC COMMUNITY LIVING CONCEPTS INC
 802 DAVIS ST 110 E WALNUT ST
 GRANDVIEW TX 76050 KEENE TX 76059
Phone (817) 558-9559 **Fax** (817) 558-9560 **PHONE:** (817) 558-9559 **FAX:** (817) 558-9560
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: DEBORAH K NORTHROP **License Eff Dt:** 01/09/2019 **License Exp Dt:** 01/09/2021
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003820 License No.: 146097 Owner Information
 COMMUNITY LIVING CONCEPTS INC COMMUNITY LIVING CONCEPTS INC
 712 STADIUM DR 110 E WALNUT ST
 JOSHUA TX 76058 KEENE TX 76059
Phone (817) 774-3614 **Fax** (817) 558-9560 **PHONE:** (817) 558-9559 **FAX:** (817) 558-9560
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JOHN L AKERS **License Eff Dt:** 01/09/2019 **License Exp Dt:** 01/09/2021
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003972 License No.: Owner Information
 LITTLEBROOK ESTATES PECAN VALLEY MHMR REGION
 105 LITTLEBROOK ROAD PO BOX 729
 JOSHUA TX 76058 GRANBURY TX 76048
Phone (817) 645-0634 **Fax** (817) 641-3619 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: JOSEPH P MIRISCIOTTI **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **JOHNSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007366 License No.: 146153 Owner Information
 COMMUNITY LIVING CONCEPTS INC COMMUNITY LIVING CONCEPTS INC
 112 E WALNUT 110 E WALNUT ST
 KEENE TX 76059 KEENE TX 76059
Phone (817) 558-9559 **Fax** (817) 558-9560 **PHONE:** (817) 558-9559 **FAX:** (817) 558-9560
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: KIM AKERS **License Eff Dt:** 01/09/2019 **License Exp Dt:** 01/09/2022
Mgmt Co.:

County **JONES** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003705 License No.: 148254 Owner Information
 SAGEBRUSH LIVING CENTER SAGEBRUSH LIVING CENTER LTD
 1101 COLUMBIA ST 835 PROTON RD, STE 108
 STAMFORD TX 79553 SAN ANTONIO TX
Phone (325) 773-2791 **Fax** (325) 773-2448 **PHONE:** (210) 340-7155 **FAX:** (210) 340-4832
TOTAL Lic Capacity: 86 **ICF/IID Beds:** 86 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: DOUGLAS STANLEY **License Eff Dt:** 07/01/2019 **License Exp Dt:** 07/01/2022
Mgmt Co.:

County **LEE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007583 **License No.:** 148815 **Owner Information**
 COUNTRY CLUB HOUSE JAMES-LEACH INC
 1070 CR 227 339 W COLORADO
 GIDDINGS TX 78942 LA GRANGE TX 78945
Phone (979) 542-9315 **Fax** **PHONE:** (979) 968-8502 **FAX:** (979) 968-5210
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JESSICA E JAMES **License Eff Dt:** 01/26/2020 **License Exp Dt:** 01/26/2023
Mgmt Co.:

County **LEE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007523 **License No.:** 149053 **Owner Information**
 EDGEWOOD HOUSE JAMES-LEACH INC
 486 EDGEWOOD 339 W COLORADO
 GIDDINGS TX 78942 LA GRANGE TX 78945
Phone (979) 542-0360 **Fax** **PHONE:** (979) 968-8502 **FAX:** (979) 968-5210
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JESSICA E JAMES **License Eff Dt:** 04/08/2020 **License Exp Dt:** 04/08/2023
Mgmt Co.:

County **LEE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007471 **License No.:** 148209 **Owner Information**
 JOEKEL HOUSE JAMES-LEACH INC
 666 JOEKEL 339 W COLORADO
 GIDDINGS TX 78942 LA GRANGE TX 78945
Phone (979) 542-1877 **Fax** **PHONE:** (979) 968-8502 **FAX:** (979) 968-5210
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JESSICA E JAMES **License Eff Dt:** 10/08/2019 **License Exp Dt:** 10/08/2021
Mgmt Co.:

County **LEE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007610 **License No.:** 149362 **Owner Information**
 WASHINGTON HOUSE AUSTIN HEALTH RESOURCES INC
 259 CACTUS 9609 NEW FOUNDLAND CIRCLE
 GIDDINGS TX 78942 AUSTIN TX 78758
Phone (512) 835-8955 **Fax** (512) 835-8812 **PHONE:** (512) 835-8955 **FAX:** (512) 895-8812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: THOMAS P CONROY **License Eff Dt:** 06/01/2020 **License Exp Dt:** 06/01/2023
Mgmt Co.:

County **LIBERTY** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: **Facility ID:** 003904 **License No.:** 148314 **Owner Information**
 LEE ST. COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 802 LEE AVE 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 CLEVELAND TX 77327 AUSTIN TX 78759
Phone (281) 592-3634 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: MICKEY ATKINS **License Eff Dt:** 09/01/2019 **License Exp Dt:** 09/01/2022
Mgmt Co.:

County **LIBERTY** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003891 License No.: 148282
LEGION ST. COMMUNITY RESIDENCE
206 CHARLES BARKER
CLEVELAND TX 77327
Phone (281) 592-6371 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **LIBERTY** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003982 License No.: 148097
AVENUE B COMMUNITY RESIDENCE
201 AVENUE B
LIBERTY TX 77575
Phone (409) 336-2629 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **LIBERTY** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007566 License No.: 148117
HOLLY ST. COMMUNITY RESIDENCE
1420 HOLLY ST
LIBERTY TX 77575
Phone (936) 336-3445 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **LIMESTONE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007512 License No.: 307884
COMMERCE HOUSE
811 EAST COMMERCE
MEXIA TX 76667
Phone 254 5622891 Fax (254) 562-5924
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMANDA PEAKES-TAYLOR
Mgmt Co.:

Owner Information
AVID CENTRAL TEXAS LLC
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2020 License Exp Dt: 02/01/2023

County **LIMESTONE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007513 License No.: 307886
FAIRWAY HOUSE
1000 FAIRWAY
MEXIA TX 76667
Phone 254 5622891 Fax (254) 562-5924
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: AMANDA PEAKES-TAYLOR
Mgmt Co.:

Owner Information
AVID CENTRAL TEXAS LLC
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2020 License Exp Dt: 02/01/2023

County **LIMESTONE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007105 License No.: Owner Information
MEXIA STATE SUPPORTED LIVING CENTER DADS
540 CHAPEL DRIVE PO BOX 12668
MEXIA TX 76667 AUSTIN TX 78711
Phone (254) 562-2821 **Fax** (254) 562-1444 **PHONE:** (512) 454-3761 **FAX:**
TOTAL Lic Capacity: 616 **ICF/IID Beds:** 616 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **LIMESTONE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007586 License No.: 307889 Owner Information
TYLER HOUSE AVID CENTRAL TEXAS LLC
830 TYLER STREET
MEXIA TX 76667
Phone 254 5622891 **Fax** (254) 562-5924 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: AMANDA PEAKES-TAYLOR **License Eff Dt:** 02/01/2020 **License Exp Dt:** 02/01/2023
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003908 License No.: 146081 Owner Information
IDALOU COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
606 S MAIN 3255 EXECUTIVE BLVD
IDALOU TX 79329 BEAUMONT TEXAS 77705
Phone (806) 701-5488 **Fax** (806) 701-5843 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: TIMOTHY WESTON **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007330 License No.: 148130 Owner Information
23RD MANOR ANNADALE MANOR INC.
5423 23RD ST 7614 BAYLOR
LUBBOCK TX 79407 LUBBOCK TX 79416
Phone (806) 632-6588 **Fax** **PHONE:** (806) 632-6588 **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: COY PARIS **License Eff Dt:** 07/01/2019 **License Exp Dt:** 07/01/2021
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007591 License No.: 307691 Owner Information
3419 54TH ST DAYBREAK, INC.
3419 54TH ST 4100 INTERNATIONAL PLAZASTE 800
LUBBOCK TX 79413 FORT WORTH TX 76109
Phone (800) 289-7121 **Fax** (806) 784-0753 **PHONE:** (972) 223-6259 **FAX:** (972) 224-0904
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: CINDY DAVIS **License Eff Dt:** 02/10/2020 **License Exp Dt:** 02/10/2023
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003917 License No.: 307701 Owner Information
 3425 GRINNELL ST DAYBREAK, INC.
 3425 GRINNELL STREET 4100 INTERNATIONAL PLAZASTE 800
 LUBBOCK TX 79415 FORT WORTH TX 76109
Phone (800) 289-7121 **Fax** (806) 784-0753 **PHONE:** (972) 223-6259 **FAX:** (972) 224-0904
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CINDY DAVIS **License Eff Dt:** 02/10/2020 **License Exp Dt:** 02/10/2023
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003848 License No.: 146146 Owner Information
 41ST STREET COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 3615 41ST ST 3255 EXECUTIVE BLVD
 LUBBOCK TX 79413 BEAUMONT TEXAS 77705
Phone (806) 701-5488 **Fax** (806) 701-5643 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: TIMOTHY WESTON **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007344 License No.: 148210 Owner Information
 5735 DARTMOUTH DRIVE CALAB, INC.
 5735 DARTMOUTH DR 3803 S ROBINSON RD
 LUBBOCK TX 79416 GRAND PRAIRIE TX 75052-1239
Phone (806) 767-0685 **Fax** (806) 767-0687 **PHONE:** (972) 263-2112 **FAX:** (972) 263-2115
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: KARLA ROBERTS **License Eff Dt:** 09/01/2019 **License Exp Dt:** 09/01/2022
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003951 License No.: 307723 Owner Information
 5814 6TH STREET DAYBREAK, INC.
 5814 6TH ST 4100 INTERNATIONAL PLAZASTE 800
 LUBBOCK TX 79416 FORT WORTH TX 76109
Phone (800) 289-7121 **Fax** (806) 784-0753 **PHONE:** (972) 223-6259 **FAX:** (972) 224-0904
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CINDY DAVIS **License Eff Dt:** 02/10/2020 **License Exp Dt:** 02/10/2023
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003679 License No.: 146308 Owner Information
 5TH STREET COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 7423 5TH ST 3255 EXECUTIVE BLVD
 LUBBOCK TX 79416-6519 BEAUMONT TEXAS 77705
Phone (806) 701-5488 **Fax** (806) 701-5643 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: TIMOTHY WESTON **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007447 License No.: 148428 Owner Information
6603 DOVER AVENUE CALAB, INC.
6603 DOVER AVE 3803 S ROBINSON RD
LUBBOCK TX 79423 GRAND PRAIRIE TX 75052-1239
Phone (806) 767-0685 Fax (806) 767-0687 PHONE: (972) 263-2112 FAX: (972) 263-2115
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: KARLA ROBERTS License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007448 License No.: 148211 Owner Information
7409 RICHMOND AVENUE CALAB, INC.
7409 RICHMOND AVE 3803 S ROBINSON RD
LUBBOCK TX 79424 GRAND PRAIRIE TX 75052-1239
Phone (806) 767-0685 Fax (806) 767-0687 PHONE: (972) 263-2112 FAX: (972) 263-2115
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: KARLA ROBERTS License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003881 License No.: 146327 Owner Information
97TH STREET COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
2404 97TH ST 3255 EXECUTIVE BLVD
LUBBOCK TX 79423-4406 BEAUMONT TEXAS 77705
Phone (806) 701-5488 Fax (806) 701-5643 PHONE: (409) 840-9111 FAX: (502) 394-2285
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: TIMOTHY WESTON License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007201 License No.: 149553 Owner Information
AGNES DENT HOMES I CONNIE FULBRIGHT
4805 16TH ST 4805 16TH STREET
LUBBOCK TX 79416 LUBBOCK TX 79416
Phone (806) 797-3660 Fax (806) 797-6681 PHONE: (806) 797-3660 FAX: (806) 797-6681
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: CONNIE FULBRIGHT License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2023
Mgmt Co.: CONNIE FULBRIGHT

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007350 License No.: 146242 Owner Information
B & B SERVICES BRANDIE FULBRIGHT
5322 22ND ST 5322 22ND STREET
LUBBOCK TX 79407 LUBBOCK TX 79407
Phone (210) 268-7759 Fax (866) 419-7167 PHONE: (210) 268-1159 FAX: (361) 998-9748
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: BRIAN FULBRIGHT License Eff Dt: 10/01/2018 License Exp Dt: 10/01/2020
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007334 License No.: 145497 Owner Information
 CAPROCK ROCK HOUSE SUPPORT SERVICES INC
 6201 LYNNHAVEN DR P.O. BOX 953
 LUBBOCK TX 79413 STEPHENVILLE TX 76401
Phone (806) 799-1948 **Fax** (806) 785-7587 **PHONE:** (254) 968-4004 **FAX:** (254) 965-8653
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JOHN ALLEN **License Eff Dt:** 10/01/2020 **License Exp Dt:** 10/01/2022
Mgmt Co.: THE COMPANY OF ROCK HOUSE

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007443 License No.: 145522 Owner Information
 HOFFMAN HOUSE WESTVIEW RESIDENTIAL SERVICES INC
 3412 85TH ST 3104 43RD
 LUBBOCK TX 79423 LUBBOCK TX 79413
Phone (806) 795-9632 **Fax** (806) 771-7609 **PHONE:** (806) 781-1898 **FAX:** (806) 785-4684
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: KATHRYN S DAVIES **License Eff Dt:** 09/01/2018 **License Exp Dt:** 09/01/2020
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003872 License No.: 146568 Owner Information
 JUNEAU COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 2502 JUNEAU AVE 3255 EXECUTIVE BLVD
 LUBBOCK TX 79407 BEAUMONT TEXAS 77705
Phone (806) 701-5488 **Fax** (806) 701-5643 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: TIMOTHY WESTON **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003807 License No.: Owner Information
 LUBBOCK REGIONAL M H M R 2 EAST LUBBOCK REGIONAL MHMR CENTER
 8405 19TH STREET P.O. BOX 2828
 LUBBOCK TX 79407 LUBBOCK TEXAS 79408
Phone (806) 792-1359 **Fax** (806) 741-0913 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 003704 License No.: Owner Information
 LUBBOCK REGIONAL MHMR CENTER 1 30TH ST LUBBOCK REGIONAL MHMR CENTER
 1711 30TH ST P.O. BOX 2828
 LUBBOCK TX 79408 LUBBOCK TEXAS 79408
Phone (806) 799-1998 **Fax** **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
 Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007654 License No.: Owner Information
LUBBOCK REGIONAL MHMR CENTER 3 CENTRAL LUBBOCK REGIONAL MHMR CENTER
6302 34TH ST P.O. BOX 2828
LUBBOCK TX 79407 LUBBOCK TEXAS 79408
Phone (806) 791-5408 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
PHONE: **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007107 License No.: Owner Information
LUBBOCK STATE SUPPORTED LIVING CENTER DADS
3401 N UNIVERSITY AVE PO BOX 12668
LUBBOCK TX 79415 AUSTIN TX 78711
Phone (806) 763-7041 **Fax**
TOTAL Lic Capacity: 436 **ICF/IID Beds:** 436
PHONE: (512) 454-3761 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007491 License No.: 149239 Owner Information
ANNADALE MANOR INC. ANNADALE MANOR INC.
10702 COUNTY RD 1300 7614 BAYLOR
WOLFFORTH TX 79382 LUBBOCK TX 79416
Phone (806) 866-9186 **Fax** (806) 924-7773
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
PHONE: (806) 632-6588 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: COY PARIS **License Eff Dt:** 04/01/2018 **License Exp Dt:** 08/31/2020
Mgmt Co.:

County **MADISON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007557 License No.: 307873 Owner Information
103 E VISER ST DAYBREAK, INC.
103 E VISER STREET 4100 INTERNATIONAL PLAZASTE 800
MADISONVILLE TX 77864 FORT WORTH TX 76109
Phone (888) 775-5135 **Fax** (979) 695-7063
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
PHONE: (972) 223-6259 **FAX:** (972) 224-0904
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: JO L DUNN **License Eff Dt:** 02/10/2020 **License Exp Dt:** 02/10/2023
Mgmt Co.:

County **MCLENNAN** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003826 License No.: Owner Information
NORTHWEST WACO LIVING RESIDENCE HEART OF TEXAS REGIONAL MHMR CENTER
2323 N 39TH ST 110 S 12TH ST
WACO TX 76708 WACO TX 76703
Phone (254) 752-7230 **Fax** (254) 752-1931
TOTAL Lic Capacity: 8 **ICF/IID Beds:** 8
PHONE: **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **MCLENNAN** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007628 License No.: Owner Information
WEST WARD GROUP HOME HEART OF TEXAS REGIONAL MHMR CENTER
108 WEST WARD 110 S 12TH ST
WACO TX 76706 WACO TX 76703
Phone (254) 662-6144 **Fax** **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **MEDINA** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007327 License No.: 146103 Owner Information
28TH STREET COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
1506 28TH ST 3255 EXECUTIVE BLVD
HONDO TX 78861 BEAUMONT TEXAS 77705
Phone (830) 741-4624 **Fax** **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: DWAYNE THOMPSON **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **MIDLAND** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003959 License No.: 148546 Owner Information
BARNEY GREATHOUSE MEMORIAL HOME MARC INC
3005 W GOLFCOURSE RD 2701 NORTH A ST
MIDLAND TX 79701 MIDLAND TX 79705
Phone (432) 695-9028 **Fax** (432) 695-9909 **PHONE:** (432) 695-9901 **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: CHARLOTTE BOSECKER **License Eff Dt:** 01/23/2020 **License Exp Dt:** 01/23/2023
Mgmt Co.: MARC, INC.

County **MIDLAND** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007279 License No.: 149880 Owner Information
CAMARIE PLACE MARC INC
2302 CAMARIE 2701 NORTH A ST
MIDLAND TX 79705 MIDLAND TX 79705
Phone (432) 695-9919 **Fax** (432) 695-9909 **PHONE:** (432) 695-9901 **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: CHARLOTTE BOSECKER **License Eff Dt:** 06/25/2020 **License Exp Dt:** 06/25/2023
Mgmt Co.:

County **MIDLAND** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003984 License No.: 148950 Owner Information
LINDORA WAY MARC INC
2000 LINDORA WAY 2701 NORTH A ST
MIDLAND TX 79707 MIDLAND TX 79705
Phone (432) 695-9035 **Fax** (432) 695-9909 **PHONE:** (432) 695-9901 **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: CHARLOTTE BOSECKER **License Eff Dt:** 12/13/2019 **License Exp Dt:** 12/13/2022
Mgmt Co.: MARC, INC.

County **MIDLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003819 License No.: 148453
MARCWOOD ONE
2801 NORTH A ST
MIDLAND TX 79705
Phone (432) 695-9901 Fax (432) 695-9909
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: CHARLOTTE BOSECKER
Mgmt Co.: MARC, INC.

Region 02
Owner Information
MARC INC
2701 NORTH A ST
MIDLAND TX 79705
PHONE: (432) 695-9901 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **MIDLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003787 License No.: 148387
MARCWOOD TWO
2901 NORTH A ST
MIDLAND TX 79705
Phone (432) 695-9901 Fax (432) 695-9909
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: CHARLOTTE BOSECKER
Mgmt Co.: MARC, INC.

Region 02
Owner Information
MARC INC
2701 NORTH A ST
MIDLAND TX 79705
PHONE: (432) 695-9901 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **MIDLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007243 License No.: 146672
ROCK HOUSE MICHIGAN
811 W MICHIGAN
MIDLAND TX 79701
Phone (432) 682-1424 Fax (432) 685-6167
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2020 License Exp Dt: 10/01/2023

County **MIDLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007618 License No.: 145808
ROCK HOUSE SPENCE
4403 SPENCE
MIDLAND TX 79707
Phone (432) 699-4128 Fax (432) 682-6167
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2020 License Exp Dt: 10/01/2023

County **MIDLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003642 License No.: 145524
ROCK HOUSE TRAIL
2806 ARROWHEAD TRAILS
MIDLAND TX 79705
Phone (432) 694-8351 Fax (432) 682-6167
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2020 License Exp Dt: 10/01/2023

County **MIDLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003657 License No.: 145618
ROCK HOUSE TREVINO
4314 TREVINO
MIDLAND TX 79705
Phone (432) 685-5057 Fax (432) 682-6167
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2020 License Exp Dt: 10/01/2023

County **MIDLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003985 License No.: 148333
SAINT ANDREWS
4512 SAINT ANDREWS
MIDLAND TX 79707
Phone (432) 695-9920 Fax (432) 695-9909
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHARLOTTE BOSECKER
Mgmt Co.: MARC, INC.

Region 02
Owner Information
MARC INC
2701 NORTH A ST
MIDLAND TX 79705
PHONE: (432) 695-9901 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/13/2019 License Exp Dt: 12/13/2022

County **MIDLAND** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007612 License No.: 148976
WEST ROCK
708 DEVONIAN
MIDLAND TX 79703
Phone (432) 697-8320 Fax (432) 682-6167
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN ALLEN
Mgmt Co.:

Region 02
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2020 License Exp Dt: 10/01/2023

County **MILLS** Reg Svcs: ICF-IID (AUSTIN REGION)
Facility Information: Facility ID: 007625 License No.: 149449
JOHNSON HOMES
210 CR 112
GOLDTHWAITE TX 76844
Phone (325) 985-3544 Fax (325) 985-3575
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DAVE A JOHNSON
Mgmt Co.:

Region 05
Owner Information
TDAF LLC
PO BOX 27
GOLDTHWAITE TX 76844
PHONE: (325) 985-3544 FAX: (325) 985-3575
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/10/2018 License Exp Dt: 04/10/2020

County **MONTGOMERY** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003882 License No.: 148447
NORTH THOMPSON COMMUNITY RESIDENCE
2223 N THOMPSON ST
CONROE TX 77303
Phone (936) 760-3659 Fax (512) 327-6355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 06
Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/30/2019 License Exp Dt: 11/30/2021

County **MONTGOMERY** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003905 License No.: 148271
PATRICIA ST COMMUNITY RESIDENCE
104 PATRICIA ST
CONROE TX 77301
Phone (936) 760-4074 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 06
Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **MONTGOMERY** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 003883 License No.: 148283
SHENANDOAH COMMUNITY RESIDENCE
28902 ENCHANTED DRIVE
SHENANDOAH TX 77381
Phone (281) 292-3712 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 06
Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/30/2019 License Exp Dt: 11/30/2021

County **NACOGDOCHES** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007658 License No.:
NACOGDOCHES HOUSE
2712 S E STALLINGS DR
NACOGDOCHES TX 75961
Phone (936) 564-3147 Fax
TOTAL Lic Capacity: 12 ICF/IID Beds: 12
Administrator:
Mgmt Co.:

Region 04
Owner Information
THE BURKE CENTER
4101 SOUTH MEDFORD DR
LUFKIN TX 75901
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION)
Facility Information: Facility ID: 003773 License No.: 146574
45TH STREET I COMMUNITY HOME
1348 N 45TH ST
CORSICANA TX 75110
Phone (903) 872-2200 Fax
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: REBEKAH ARREDONDO
Mgmt Co.:

Region 05
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION)
Facility Information: Facility ID: 003836 License No.: 146182
45TH STREET I I COMMUNITY HOME
1348 1/2 N 45TH ST
CORSICANA TX 75110-1733
Phone (903) 872-2200 Fax
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: REBEKAH ARREDONDO
Mgmt Co.:

Region 05
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007222 License No.: 146336 Owner Information
 BOYD COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 109 BOYD AVE 9901 LINN STATION ROAD
 CORSICANA TX 75110-1937 LOUISVILLE KY 40223-3808
Phone (903) 872-8074 **Fax** (817) 549-6505 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: REBEKAH ARREDONDO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007445 License No.: 146075 Owner Information
 DONAHO HOUSE EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 1516 W 5TH AVE 3255 EXECUTIVE BLVD
 CORSICANA TX 75110-4207 BEAUMONT TEXAS 77705
Phone (903) 872-9568 **Fax** **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: REBEKAH ARREDONDO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2022
Mgmt Co.:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007217 License No.: 147479 Owner Information
 EDWARDS COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 701 W 4TH AVE 9901 LINN STATION ROAD
 CORSICANA TX 75110 LOUISVILLE KY 40223-3808
Phone (903) 872-8006 **Fax** **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: REBEKAH ARREDONDO **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007335 License No.: 150128 Owner Information
 HARMONY HOUSE I V HARMONY LIVING CENTERS, INC
 720 SE CR 0025 112 S WARD DR
 CORSICANA TX 75110 LONGVIEW TX 75604
Phone (903) 872-2423 **Fax** (903) 295-7394 **PHONE:** (903) 295-7391 **FAX:** (903) 295-7394
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CAREN QUALLS **License Eff Dt:** 08/09/2020 **License Exp Dt:** 08/09/2022
Mgmt Co.:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007315 License No.: 147918 Owner Information
 HARMONY HOUSE III HARMONY LIVING CENTERS, INC
 509 LAKEWOOD 112 S WARD DR
 CORSICANA TX 75110 LONGVIEW TX 75604
Phone (903) 872-1234 **Fax** (903) 872-3864 **PHONE:** (903) 295-7391 **FAX:** (903) 295-7394
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CAREN QUALLS **License Eff Dt:** 09/11/2019 **License Exp Dt:** 09/11/2022
Mgmt Co.:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007454 License No.: 149983 Owner Information
HARMONY HOUSE V I HARMONY LIVING CENTERS, INC
430 MADISON AVE 112 S WARD DR
CORSICANA TX 75110 LONGVIEW TX 75604
Phone (903) 874-2661 **Fax** (903) 295-7394 **PHONE:** (903) 295-7391 **FAX:** (903) 295-7394
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: CAREN QUALLS **License Eff Dt:** 08/25/2020 **License Exp Dt:** 08/25/2022
Mgmt Co.:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007506 License No.: 307883 Owner Information
OAKLAWN HOUSE AVID CENTRAL TEXAS LLC
1102 OAKLAWN
CORSICANA TX 75110
Phone (254) 562-2891 **Fax** (903) 872-0895 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: AMANDA PEAKES-TAYLOR **License Eff Dt:** 02/01/2020 **License Exp Dt:** 02/01/2023
Mgmt Co.:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007577 License No.: 307885 Owner Information
SUNSET ACRES HOUSE AVID CENTRAL TEXAS LLC
5835 NW CR 2091
CORSICANA TX 75110
Phone 254 5622891 **Fax** (903) 872-0895 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: AMANDA PEAKES-TAYLOR **License Eff Dt:** 02/01/2020 **License Exp Dt:** 02/01/2023
Mgmt Co.:

County **NAVARRO** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007519 License No.: 307881 Owner Information
TAMMY HOUSE AVID CENTRAL TEXAS LLC
1312 TAMMY ST.
CORSICANA TX 75110
Phone 254 5622891 **Fax** (903) 872-0895 **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: AMANDA PEAKES-TAYLOR **License Eff Dt:** 02/01/2020 **License Exp Dt:** 02/01/2023
Mgmt Co.:

County **NEWTON** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 003996 License No.: Owner Information
NEWTON GROUP HOME THE BURKE CENTER
700 MCMAHON 4101 SOUTH MEDFORD DR
NEWTON TX 75966 LUFKIN TX 75901
Phone (409) 379-3335 **Fax** **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
Administrator: CAROLYN MCDONALD **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **NOLAN** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007225 License No.: 149038 Owner Information
 HACKBERRY HOUSE LIVING RESOURCES LLC
 1916 LAKEVIEW 3125 S 27TH ST
 SWEETWATER TX 79556 ABILENE TX 79605
Phone (325) 235-2568 **Fax** (325) 235-1364 **PHONE:** (325) 695-2112 **FAX:** (325) 794-0023
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LARRY L HILL **License Eff Dt:** 06/30/2020 **License Exp Dt:** 06/30/2022
Mgmt Co.:

County **NOLAN** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007657 License No.: 146386 Owner Information
 WALNUT CREEK HOME LIVING RESOURCES LLC
 301 W AVE D 3125 S 27TH ST
 SWEETWATER TX 79556 ABILENE TX 79605
Phone (325) 235-2568 **Fax** (325) 235-1364 **PHONE:** **FAX:**
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LARRY L HILL **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007511 License No.: 148778 Owner Information
 BROCKHAMPTON HOUSE LMS CONCEPTS INC
 6102 BROCKHAMPTON POB 270755
 CORPUS CHRISTI TX 78414 CORPUS CHRISTI TEXAS 78414
Phone (361) 992-7763 **Fax** (361) 852-2181 **PHONE:** (361) 854-9332 **FAX:** (361) 852-2181
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LOURDES L STOREY **License Eff Dt:** 02/12/2020 **License Exp Dt:** 02/12/2023
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007124 License No.: Owner Information
 CASTLE RIVER DADS
 4013 CASTLE RIDGE PO BOX 12668
 CORPUS CHRISTI TX 78410 AUSTIN TX 78711
Phone (361) 241-9526 **Fax** **PHONE:** (512) 454-3761 **FAX:**
TOTAL Lic Capacity: 5 **ICF/IID Beds:** 5 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
 Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007111 License No.: Owner Information
 CORPUS CHRISTI STATE SUPPORTED LIVING CENTER DADS
 902 AIRPORT RD PO BOX 12668
 CORPUS CHRISTI TX 78405 AUSTIN TX 78711
Phone (361) 888-5301 **Fax** (361) 844-7621 **PHONE:** (512) 454-3761 **FAX:**
TOTAL Lic Capacity: 432 **ICF/IID Beds:** 432 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
 Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007581 License No.: 145838 Owner Information
 CROSSGATE HOUSE ANCHOR HABILITATION SERVICES LLC
 5502 CROSSGATE N 9241 SPID
 CORPUS CHRISTI TX 78413 CORPUS CHRISTI TX 78418
Phone (361) 657-0247 **Fax** (361) 657-0250 **PHONE:** (361) 657-0247 **FAX:** (361) 657-0250
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: DEBBIE FLORES **License Eff Dt:** 09/01/2018 **License Exp Dt:** 09/01/2020
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007265 License No.: 147487 Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 409 SHERIDAN 9901 LINN STATION ROAD
 CORPUS CHRISTI TX 78412 LOUISVILLE KY 40223
Phone (361) 993-2950 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JULIE PURCELL **License Eff Dt:** 08/01/2019 **License Exp Dt:** 08/01/2022
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007258 License No.: 147636 Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 4913 EIDER 9901 LINN STATION ROAD
 CORPUS CHRISTI TX 78413 LOUISVILLE KY 40223
Phone (361) 994-9103 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JULIE PURCELL **License Eff Dt:** 08/01/2019 **License Exp Dt:** 08/01/2021
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003664 License No.: 147757 Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 9230 EVENING STAR 9901 LINN STATION ROAD
 CORPUS CHRISTI TX 78410 LOUISVILLE KY 40223
Phone (361) 241-0365 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JULIE PURCELL **License Eff Dt:** 08/01/2019 **License Exp Dt:** 08/01/2022
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003660 License No.: 147534 Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 5310 WENTWORTH 9901 LINN STATION ROAD
 CORPUS CHRISTI TX 78413 LOUISVILLE KY 40223
Phone (361) 906-1005 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JULIE PURCELL **License Eff Dt:** 08/01/2019 **License Exp Dt:** 08/01/2021
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003858 License No.: 148207 Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
4038 KILLARMET 9901 LINN STATION ROAD
CORPUS CHRISTI TX 78413 LOUISVILLE KY 40223
Phone (361) 852-3928 Fax (502) 394-2100 FAX: (502) 394-2369
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: JULIE PURCELL License Eff Dt: 08/01/2019 License Exp Dt: 08/01/2021
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 003659 License No.: 147792 Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
5502 BOWIE 9901 LINN STATION ROAD
CORPUS CHRISTI TX 78415 LOUISVILLE KY 40223
Phone (361) 854-7333 Fax (502) 394-2100 FAX: (502) 394-2369
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: JULIE PURCELL License Eff Dt: 08/27/2019 License Exp Dt: 08/27/2021
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007433 License No.: 147846 Owner Information
EDUCARE COMMUNITY LIVING CORPORATION-TEXAS
4053 MOUNTAIN VIEW 9901 LINN STATION ROAD
CORPUS CHRISTI TX 78410 LOUISVILLE KY 40223
Phone (361) 241-9921 Fax (502) 394-2100 FAX: (502) 394-2369
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: JULIE PURCELL License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 007363 License No.: 147692 Owner Information
EDUCARE COMMUNITY LIVING CORPORATION-TEXAS
9329 MOON LIGHT DR 9901 LINN STATION ROAD
CORPUS CHRISTI TX 78409 LOUISVILLE KY 40223
Phone (361) 242-1641 Fax (502) 394-2100 FAX: (502) 394-2369
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: JULIE PURCELL License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021
Mgmt Co.:

County **NUECES** Reg Svcs: CORPUS CHRISTI 61 Region 07
Facility Information: Facility ID: 105083 License No.: 147538 Owner Information
NELON EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
11730 NELON 9901 LINN STATION ROAD
CORPUS CHRISTI TX 78414 LOUISVILLE KY 40223
Phone (361) 241-7077 Fax (361) 854-7578 (502) 394-2100 FAX: (502) 394-2369
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: JULIE PURCELL License Eff Dt: 08/01/2019 License Exp Dt: 08/01/2021
Mgmt Co.:

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	07
Facility Information:	Facility ID: 007123	License No.:	<u>Owner Information</u>		
RIVER FOREST			DADS		
5021 CALALLEN DRIVE			PO BOX 12668		
CORPUS CHRISTI	TX 78410		AUSTIN	TX	78711
Phone (361) 241-5312		Fax	PHONE: (512) 454-3761 FAX:		
TOTAL Lic Capacity: 5	ICF/IID Beds: 5		PROGRAM TYPE: ICF/IID SERVICE TYPE: STATE SCHOOL/STATE CENTER		
Administrator:			License Eff Dt:		
Mgmt Co.:			License Exp Dt:		

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	07
Facility Information:	Facility ID: 007391	License No.: 145840	<u>Owner Information</u>		
WINTERPARK HOUSE			ANCHOR HABILITATION SERVICES LLC		
7022 WINTERPARK			9241 SPID		
CORPUS CHRISTI	TX 78413		CORPUS CHRISTI	TX	78418
Phone (361) 657-0247		Fax (361) 657-0250	PHONE: (361) 657-0247 FAX: (361) 657-0250		
TOTAL Lic Capacity: 6	ICF/IID Beds: 6		PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED		
Administrator:	DEBBIE FLORES		License Eff Dt: 09/01/2018 License Exp Dt: 09/01/2020		
Mgmt Co.:					

County	ORANGE	Reg Svcs:	REGION 5 ICF/IID	Region	04
Facility Information:	Facility ID: 003871	License No.: 148540	<u>Owner Information</u>		
CYPRESS STREET GROUP HOME			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
1302 W CYPRESS AVE			9901 LINN STATION ROAD		
ORANGE	TX 77630		LOUISVILLE	KY	40223
Phone (409) 882-9442		Fax (409) 882-9900	PHONE: (502) 394-2100 FAX: (502) 394-2369		
TOTAL Lic Capacity: 6	ICF/IID Beds: 6		PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED		
Administrator:	THOMAS W GOODIN		License Eff Dt: 08/01/2019 License Exp Dt: 08/01/2021		
Mgmt Co.:					

County	ORANGE	Reg Svcs:	REGION 5 ICF/IID	Region	04
Facility Information:	Facility ID: 007482	License No.: 146263	<u>Owner Information</u>		
WESTMONT COMMUNITY HOME			DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC		
2204 N 24TH STREET			4115 GALVESTON ROAD		
ORANGE	TX 77630		HOUSTON	TX	77017
Phone (409) 832-4112		Fax (409) 832-6974	PHONE: (713) 475-2220 FAX: (713) 475-2212		
TOTAL Lic Capacity: 6	ICF/IID Beds: 6		PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED		
Administrator:	MICHEAL LONG		License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021		
Mgmt Co.:	DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF TEXAS N				

County	PALO PINTO	Reg Svcs:	ICF/IID	Region	02
Facility Information:	Facility ID: 003946	License No.:	<u>Owner Information</u>		
NORTHWEST 23RD STREET			PECAN VALLEY MHMR REGION		
202 NW 23RD ST			PO BOX 973		
MINERAL WELLS	TX 76067		STEPHENVILLE	TX	76401
Phone (817) 328-1508		Fax (817) 965-7806	PHONE: FAX:		
TOTAL Lic Capacity: 6	ICF/IID Beds: 6		PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED		
Administrator:	SUZANNE L MILLER		License Eff Dt:		
Mgmt Co.:			License Exp Dt:		

County **PARKER** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007223 License No.: 147631
ELM COURT
928 ELM COURT
AZLE TX 76020
Phone (817) 270-2747 Fax (817) 270-1477
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CAROLE BOYD
Mgmt Co.:

Owner Information
MAINSTREAM HABILITATION SERVICES OF TEXAS INC
PO BOX 1035
AZLE TEXAS 76098
PHONE: (817) 270-2747 FAX: (817) 270-1477
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/11/2019 License Exp Dt: 07/11/2021

County **PARKER** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007209 License No.: 147934
TANGLEWOOD
1613 TANGLEWOOD
AZLE TX 76020
Phone (817) 270-2747 Fax (817) 270-1477
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CAROLE BOYD
Mgmt Co.:

Owner Information
MAINSTREAM HABILITATION SERVICES OF TEXAS INC
PO BOX 1035
AZLE TEXAS 76098
PHONE: (817) 270-2747 FAX: (817) 270-1477
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/11/2019 License Exp Dt: 07/11/2021

County **POLK** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 007537 License No.: 148814
NEW DAY HOUSE
4530 U.S. 190 EAST
LIVINGSTON TX 77351
Phone (936) 327-7075 Fax (936) 327-5143
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KERRY K HEINZER
Mgmt Co.:

Owner Information
NEW DAY INTERMEDIATE CARE LLC
21175 TOMBALL PARKWAY
HOUSTON TX 77070
PHONE: (832) 860-8417 FAX: (832) 559-8552
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **RANDALL** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007613 License No.: 139691
ANDOVER
7006 ANDOVER
AMARILLO TX 79109
Phone (806) 342-0600 Fax (806) 342-0900
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CARLA J HUGHES
Mgmt Co.:

Owner Information
ADVO COMPANIES INC
5241 S WASHINGTON ST
AMARILLO TX 79159
PHONE: (806) 342-0600 FAX: (806) 342-0900
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/29/2018 License Exp Dt: 06/29/2020

County **RANDALL** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007311 License No.: 148587
AVONDALE
6911 VISION
AMARILLO TX 79119
Phone (806) 342-0600 Fax (806) 342-0900
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CARLA J HUGHES
Mgmt Co.:

Owner Information
ADVO COMPANIES INC
5241 S WASHINGTON ST
AMARILLO TX 79159
PHONE: (806) 342-0600 FAX: (806) 342-0900
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/30/2018 License Exp Dt: 07/30/2020

County **RANDALL** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007619 License No.: 149840 Owner Information
EL PASO ADVO COMPANIES INC
8511 EL PASO DR 5241 S WASHINGTON ST
AMARILLO TX 79118 AMARILLO TX 79159
Phone (806) 342-0600 Fax (806) 342-0900 PHONE: (806) 342-0600 FAX: (806) 342-0900
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: CARLA J HUGHES License Eff Dt: 08/09/2018 License Exp Dt: 11/30/2020
Mgmt Co.:

County **RANDALL** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007273 License No.: 149879 Owner Information
HAMPTON ADVO COMPANIES INC
6004 HAMPTON 5241 S WASHINGTON ST
AMARILLO TX 79109 AMARILLO TX 79159
Phone (806) 342-0600 Fax (806) 342-0900 PHONE: (806) 342-0600 FAX: (806) 342-0900
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: CARLA J HUGHES License Eff Dt: 06/03/2020 License Exp Dt: 06/03/2023
Mgmt Co.:

County **RANDALL** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007271 License No.: 150083 Owner Information
MARY DELL ADVO COMPANIES INC
5718 MARY DELL 5241 S WASHINGTON ST
AMARILLO TX 79109 AMARILLO TX 79159
Phone (806) 342-0600 Fax (806) 342-0900 PHONE: (806) 342-0600 FAX: (806) 342-0900
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: CARLA J HUGHES License Eff Dt: 06/23/2020 License Exp Dt: 06/23/2023
Mgmt Co.:

County **RANDALL** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007490 License No.: 148495 Owner Information
SIMPSON ADVO COMPANIES INC
7800 SIMPSON 5241 S WASHINGTON ST
AMARILLO TX 79121 AMARILLO TX 79159
Phone (806) 342-0600 Fax (806) 342-0900 PHONE: (806) 342-0600 FAX: (806) 342-0900
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: CARLA J HUGHES License Eff Dt: 12/11/2019 License Exp Dt: 12/11/2021
Mgmt Co.:

County **RANDALL** Reg Svcs: HIGH PLAINS ICF/MR Region 01
Facility Information: Facility ID: 007518 License No.: 146304 Owner Information
IDLEWOOD COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
4 IDLEWOOD 3255 EXECUTIVE BLVD
CANYON TX 79015 BEAUMONT TEXAS 77705
Phone (806) 701-5488 Fax (806) 701-5643 PHONE: (409) 840-9111 FAX: (502) 394-2285
TOTAL Lic Capacity: 6 ICF/IID Beds: 6 PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
Administrator: TIMOTHY WESTON License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021
Mgmt Co.:

County **RUSK** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007539 License No.: 149531
CROSBY COMMUNITY HOME
102 CROSBY DR
HENDERSON TX 75652
Phone (903) 655-0118 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CLAYTON M PECOT
Mgmt Co.: HARMONY LIVING CENTERS, INC

Region 04

Owner Information
CROSBY COMMUNITY HOME INC
112 S WARD DR
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/08/2020 License Exp Dt: 06/08/2023

County **RUSK** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007331 License No.: 148823
PETERSON COMMUNITY HOME
1522 PETERSON
HENDERSON TX 75652
Phone (903) 657-3495 Fax (903) 295-7394
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: HOWARD W PECOT
Mgmt Co.: HARMONY LIVING CENTERS, INC

Region 04

Owner Information
S S L & H INC
112 S WARD
LONGVIEW TX 75604
PHONE: (903) 295-7391 FAX: (903) 295-7394
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/08/2019 License Exp Dt: 11/08/2021

County **RUSK** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007257 License No.: 148611
TRUMAN DRIVE COMMUNITY HOME
103 TRUMAN
HENDERSON TX 75652
Phone (903) 657-8923 Fax (903) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 04

Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **RUSK** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007579 License No.: 148737
EVERGREEN STEVENS COMMUNITY HOME
107 STEVENS RD
KILGORE TX 75662
Phone (903) 643-7022 Fax (903) 678-3508
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LINDA L BAILEY
Mgmt Co.:

Region 04

Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/20/2019 License Exp Dt: 12/20/2021

County **SABINE** Reg Svcs: REGION 5 ICF/IID
Facility Information: Facility ID: 007607 License No.:
PINELAND HOUSE
707 S TEMPLE AVENUE
PINELAND TX 75968
Phone (409) 584-2868 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 04

Owner Information
THE BURKE CENTER
1111
TX
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003687 License No.: 149772
CHAMPAGNE HOUSE
303 MOUNT SYLVAN RD
LINDALE TX 75771
Phone (903) 882-8045 Fax (903) 882-1627
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOY B CHAMPAGNE
Mgmt Co.: CHAMPAGNE INCORPORATED

Owner Information
JOY B CHAMPAGNE
P O BOX 1749
LINDALE TX 75771
PHONE: (903) 882-8337 FAX: (903) 882-1627
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/02/2020 License Exp Dt: 08/02/2023

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007547 License No.: 149651
JEFFRIES HOUSE
314 JEFFRIES
LINDALE TX 75771
Phone (903) 882-8337 Fax (903) 882-1627
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOY B CHAMPAGNE
Mgmt Co.:

Owner Information
CHAMPAGNE INC
P O BOX 1749
LINDALE TX 75771
PHONE: (903) 882-8337 FAX: (903) 882-1627
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/09/2018 License Exp Dt: 07/09/2020

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007372 License No.: 148444
BRECKENRIDGE VILLAGE OF TYLER - BLUEBONNET HOUSE
15062 CR 1145
TYLER TX 75704
Phone (903) 596-8100 Fax (903) 596-8104
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN CAMPBELL
Mgmt Co.:

Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **SMITH** Reg Svcs: REGION 5 ICF/IID Region 04
Facility Information: Facility ID: 110226 License No.: 146741
BRECKENRIDGE VILLAGE OF TYLER - DE WET HOUSE
15062 CR 1145
TYLER TX 75704
Phone (502) 630-7438 Fax (502) 394-2159
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEPHEN KOONCE
Mgmt Co.:

Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/16/2019 License Exp Dt: 09/16/2022

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007213 License No.: 146433
BRECKENRIDGE VILLAGE OF TYLER - MAGNOLIA HOUSE
15062 CR 1145
TYLER TX 75704
Phone (903) 596-8100 Fax (903) 596-8104
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN CAMPBELL
Mgmt Co.:

Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2019 License Exp Dt: 02/01/2021

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007620 License No.: 148272
BRECKENRIDGE VILLAGE OF TYLER - MALLARD HOUSE
15062 CR 1145
TYLER TX 75704
Phone (903) 596-8100 Fax (903) 596-8104
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN CAMPBELL
Mgmt Co.:

Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 110294 License No.: 307713
BRECKENRIDGE VILLAGE OF TYLER - PIGOTT HOUSE
15062 CR 1145
TYLER TX 75704
Phone (903) 596-8100 Fax (903) 596-8104
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN CAMPBELL
Mgmt Co.:

Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/25/2020 License Exp Dt: 02/25/2023

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 106432 License No.: 148416
BRECKENRIDGE VILLAGE OF TYLER- ROSE HOUSE
15062 COUNTY ROAD 1145
TYLER TX 75704
Phone (903) 596-8100 Fax (903) 596-8104
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: STEVEN CAMPBELL
Mgmt Co.:

Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/10/2019 License Exp Dt: 11/10/2021

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 106368 License No.: 148268
BRECKENRIDGE VILLAGE OF TYLER-BARNABAS HOUSE
15062 COUNTY ROAD 1145
TYLER TX 75704
Phone (903) 596-8100 Fax (903) 596-8104
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: STEVEN CAMPBELL
Mgmt Co.:

Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/18/2019 License Exp Dt: 09/18/2021

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 105449 License No.: 146335
BRECKENRIDGE VILLAGE OF TYLER-EAGLES NEST HOUSE
15062 CR 1145
TYLER TX 75704
Phone (903) 596-8100 Fax (903) 596-8104
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN CAMPBELL
Mgmt Co.:

Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/08/2019 License Exp Dt: 02/08/2021

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 110103 License No.: 307235
BRECKENRIDGE VILLAGE OF TYLER-POWELL HOUSE
15062 CR 1145
TYLER TX 75704
Phone (903) 596-8100 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: STEVEN CAMPBELL
Mgmt Co.:

Region 04
Owner Information
BRECKENRIDGE VILLAGE
15062 CR 1145
TYLER TX 75704
PHONE: (903) 596-8100 FAX: (903) 596-8104
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2019 License Exp Dt: 03/01/2022

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007286 License No.: 146288
COPELAND HOUSE
3600 NEW COPELAND RD
TYLER TX 75701
Phone (903) 581-8812 Fax (903) 526-0881
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/28/2019 License Exp Dt: 02/28/2022

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007342 License No.: 149474
GAIL HOUSE
3323 GAIL LN
TYLER TX 75701
Phone (903) 566-1441 Fax (903) 526-0881
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/19/2020 License Exp Dt: 05/19/2023

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007593 License No.: 148835
MARTHA HOUSE
2616 POUNDS ST
TYLER TX 75701
Phone (903) 531-9960 Fax (903) 526-0881
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/18/2020 License Exp Dt: 03/18/2023

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 003634 License No.: 148423
PETTIT HOUSE
1519 PETTIT ST
TYLER TX 75701
Phone (903) 509-9932 Fax (903) 526-0881
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/31/2020 License Exp Dt: 01/31/2022

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 003776 License No.:
PHILLIPS GROUP HOME
210 WEST PHILLIPS
TYLER TX 75701
Phone (903) 593-7191 Fax
TOTAL Lic Capacity: 12 ICF/IID Beds: 12
Administrator:
Mgmt Co.:

Region 04
Owner Information
ANDREWS CENTER
2323 W FRONT ST
TYLER TX 75702
PHONE: (903) 567-1351 FAX: (903) 535-7384
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007345 License No.: 148396
PRESTON HOUSE
2525 PRESTON
TYLER TX 75701
Phone (903) 595-4430 Fax (903) 526-0881
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/31/2020 License Exp Dt: 01/31/2022

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007496 License No.: 148872
SHAFFER HOUSE
2812 SHAFFER LN
TYLER TX 75702
Phone (903) 595-5392 Fax (903) 526-0881
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/08/2020 License Exp Dt: 01/08/2022

County **SMITH** Reg Svcs: ICF/IID TEAM
Facility Information: Facility ID: 007590 License No.: 149435
FOREST HOUSE
306 FOREST S
WHITEHOUSE TX 75791
Phone (903) 839-0881 Fax (903) 526-0881
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ED E NOXON
Mgmt Co.:

Region 04
Owner Information
COMMUNITY ACCESS INC
2040 SHILOH RD
TYLER TX 75703
PHONE: (903) 579-8527 FAX: (903) 526-0881
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/04/2020 License Exp Dt: 03/04/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007419 License No.: 148112
1501 LOVERS LN
1501 E LOVERS LN
ARLINGTON TX 76010
Phone (817) 226-5553 Fax (972) 606-4792
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: FOY E ANDERSON III
Mgmt Co.:

Region 03
Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007230 License No.: 147806
2309 CLEARWOOD COURT
2309 CLEARWOOD CT
ARLINGTON TX 76014
Phone (817) 226-1346 Fax (972) 606-4792
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: FOY E ANDERSON III
Mgmt Co.:

Region 03
Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007352 License No.: 148191
2410 EDINBURGH
2410 EDINBURGH
ARLINGTON TX 76018
Phone (817) 784-3626 Fax (972) 606-4792
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: FOY E ANDERSON III
Mgmt Co.:

Region 03
Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007245 License No.: 148049
4209 BLOSSOM TRAIL
4209 BLOSSOM TR
ARLINGTON TX 76016
Phone (817) 516-7577 Fax (972) 606-4792
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: FOY E ANDERSON III
Mgmt Co.:

Region 03
Owner Information
CALAB, INC.
3803 S ROBINSON RD
GRAND PRAIRIE TX 75052-1239
PHONE: (972) 263-2112 FAX: (972) 263-2115
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 104605 License No.: 148086
A & M CARE INC
2605 GLASSBORO CIR
ARLINGTON TX 76015
Phone (817) 795-7999 Fax (817) 548-0911
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN T MYATT
Mgmt Co.:

Region 03
Owner Information
A & M CARE INC
2605 GLASSBORO CIR
ARLINGTON TX 76015
PHONE: (817) 795-7999 FAX: (817) 548-0911
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/17/2019 License Exp Dt: 06/17/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007584 License No.: 307227
AMICUS AT RIFLEMAN
405 RIFLEMAN TRAIL
ARLINGTON TX 76018
Phone 817 4673626 Fax 817 5637906
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/11/2019 License Exp Dt: 02/11/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007526 License No.: 307243
AMICUS AT SHAWN
517 SHAWN COURT
ARLINGTON TX 76014
Phone 817 7841806 Fax 817 5637906
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/11/2019 License Exp Dt: 02/11/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007589 License No.: 307234
AMICUS AT XAVIER
817 XAVIER STREET
ARLINGTON TX 76001
Phone (817) 467-3721 Fax (817) 563-7906
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/11/2019 License Exp Dt: 02/11/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007473 License No.: 146240
BOSQUE COMMUNITY HOME
1919 BOSQUE LN
ARLINGTON TX 76006
Phone (817) 548-9444 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RODRICK CHARLES
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007817 License No.:
CALIFORNIA
2812 CALIFORNIA LN
ARLINGTON TX 76015
Phone (817) 860-6257 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007302 License No.: 147053
CEDAR OAKS COMMUNITY HOME
1000 COKE RD
ARLINGTON TX 76010
Phone (817) 459-3556 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RODRICK CHARLES
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003601 License No.: 149713
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
1824 S FIELDER
ARLINGTON TX 76013
Phone (817) 461-6234 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEBORAH HINTON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007281 License No.: 149160
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
4700 MANDALAY DR
ARLINGTON TX 76016
Phone (817) 572-7461 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CORRIE TARVER
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007277 License No.: 149042
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
2310 SHARPSHIRE LN
ARLINGTON TX 76014
Phone (817) 784-0406 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: GARY SMITH
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003676 License No.: 149348
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
5004 MISTY WOOD DR
ARLINGTON TX 76017
Phone (817) 516-7469 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: GARY SMITH
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 101452 License No.: 147199
EVERGREEN ECHO SUMMIT COMMUNITY HOME
6218 ECHO SUMMIT LN
ARLINGTON TX 76017
Phone (817) 478-0774 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/28/2019 License Exp Dt: 05/28/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007562 License No.: 148200
EVERGREEN ELMGROVE COMMUNITY HOME
4211 ELMGROVE
ARLINGTON TX 76015
Phone (817) 375-5033 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007563 License No.: 148947
EVERGREEN ENDICOTT COMMUNITY HOME
1502 ENDICOTT
ARLINGTON TX 76018
Phone (817) 375-5009 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/01/2019 License Exp Dt: 11/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 101525 License No.: 147603
EVERGREEN JEANNETTE EARLY COMMUNITY HOME
329 MONTANA DR
ARLINGTON TX 76002
Phone (817) 468-4471 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/12/2019 License Exp Dt: 08/12/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 101454 License No.: 148084
EVERGREEN SALIDA COMMUNITY HOME
911 SALIDA DR
ARLINGTON TX 76001
Phone (817) 477-9722 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.:

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/06/2019 License Exp Dt: 06/06/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 101819 License No.: 149415
EVERGREEN WAGNER COMMUNITY HOME
7905 PEREGRINE TRAIL
ARLINGTON TX 76001
Phone (817) 477-5600 Fax (972) 386-9509
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN TOWERY
Mgmt Co.: EVERGREEN PRESBYTERIAN MINISTRIES

Region 03
Owner Information
EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810
DALLAS TX 75238
PHONE: (972) 386-4834 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/18/2020 License Exp Dt: 05/18/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007301 License No.: 146840
FOX HILL COMMUNITY HOME
3202 FOX HILL DR
ARLINGTON TX 76015
Phone (817) 468-1444 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RODRICK CHARLES
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003952 License No.: 147164
MAGNOLIA COMMUNITY HOME
500 MAGNOLIA
ARLINGTON TX 76012
Phone (817) 543-0807 Fax (713) 622-9141
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RODRICK CHARLES
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003665 License No.: 146979
NEWSTART LIVING CENTER V
4503 PALOMINO CT
ARLINGTON TX 76017
Phone (817) 294-9675 Fax (817) 294-9907
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNE SETTLE
Mgmt Co.:

Region 03
Owner Information
NEWSTART INC
PO BOX 331629
FORT WORTH TX 76163
PHONE: (817) 294-9675 FAX: (817) 294-9907
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/01/2019 License Exp Dt: 05/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007524 License No.: 149350
QUINCY HOUSE
2004 QUINCY CT
ARLINGTON TX 76013
Phone (817) 548-0911 Fax (817) 459-4818
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JUDY E ABUNASSAR
Mgmt Co.:

Region 03
Owner Information
A & M CARE INC
2605 GLASSBORO CIR
ARLINGTON TX 76015
PHONE: (817) 795-7999 FAX: (817) 548-0911
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/08/2018 License Exp Dt: 11/30/2020

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007576 License No.:
RACQUET CLUB
4809 RACQUET CLUB DRIVE
ARLINGTON TX 76017
Phone (817) 569-5632 Fax (817) 569-4130
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator:
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007441 License No.: 146629
REVERCHON COMMUNITY HOME
2121 REVERCHON DR
ARLINGTON TX 76017
Phone (817) 557-5417 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RODRICK CHARLES
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003850 License No.: 146558
SPRING CREEK COMMUNITY HOME
4806 SPRING CREEK RD
ARLINGTON TX 76017-1228
Phone (817) 478-9801 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ROVELIN CUMMINGS
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007451 License No.: 147536
DENVER TRAIL
129 DENVER TRAIL
AZLE TX 76020
Phone (817) 270-2747 Fax (817) 270-1477
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CAROLE BOYD
Mgmt Co.:

Region 03
Owner Information
MAINSTREAM HABILITATION SERVICES OF TEXAS INC
PO BOX 1035
AZLE TEXAS 76098
PHONE: (817) 270-2747 FAX: (817) 270-1477
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/29/2019 License Exp Dt: 07/29/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003957 License No.: 147299
JAMES STREET COMMUNITY HOME
708 JAMES ST
AZLE TX 76020
Phone (817) 444-0095 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TARA L JACKSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007414 License No.: 146728
LAKEVIEW COMMUNITY HOME
1748 SPINNAKER LN
AZLE TX 76020
Phone (817) 444-7177 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEANNA BROWN
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007422 License No.: 146583
LAMPLIGHTER COMMUNITY HOME
104 LAMPLIGHTER CT
AZLE TX 76020
Phone (817) 237-0385 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TARA L JACKSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007395 License No.:
TRAINING RESIDENCE 6
1619 PIPELINE ROAD
BEDFORD TX 76022
Phone (817) 354-8340 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007809 License No.: 147230
WALNUT COMMUNITY HOME
3824 WALNUT DR
BEDFORD TX 76021
Phone (972) 929-1145 Fax (214) 251-1465
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEBORAH HINTON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003953 License No.: 146111
COZBY COMMUNITY HOME
106 COZBY ST S
BENBROOK TX 76126
Phone (817) 249-6269 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEANNA BROWN
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003635 License No.: 147434
STELLA MAE
716 STELLA MAE
BURLESON TX 76028
Phone (817) 293-4732 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/20/2019 License Exp Dt: 06/20/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007397 License No.:
BUILDER ROAD
2200 BUILDER ROAD
CROWLEY TX 76036
Phone (817) 332-4778 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003845 License No.: 149506
NEWSTART LIVING CENTER I
305 N BEVERLY ST
CROWLEY TX 76036
Phone (817) 297-1325 Fax (817) 294-9907
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNE SETTLE
Mgmt Co.:

Region 03
Owner Information
NEWSTART INC
PO BOX 331629
FORT WORTH TX 76163
PHONE: (817) 294-9675 FAX: (817) 294-9907
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2020 License Exp Dt: 06/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003670 License No.: 148340
SUMMER HOUSE
1925 CATTLE DRIVE CT
CROWLEY TX 76036
Phone (512) 863-5095 Fax (512) 869-2176
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 03
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/05/2019 License Exp Dt: 10/05/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007575 License No.: 307228
AMICUS AT MILLS
512 S MILLS DR
EULESS TX 76040
Phone 817 3559661 Fax 817 5637906
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LATARSHER ALLEN-SMITH
Mgmt Co.:

Region 03
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/11/2019 License Exp Dt: 02/11/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007262 License No.: 146228
CHAMBERS CREEK COMMUNITY HOME
613 CHAMBERS CRK
EVERMAN TX 76140
Phone (817) 551-7783 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEANNA BROWN
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003870 License No.: 148390
NEWSTART LIVING CENTER II
1000 COURY RD
EVERMAN TX 76140
Phone (817) 294-9675 Fax (817) 294-9907
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNE SETTLE
Mgmt Co.:

Region 03
Owner Information
NEWSTART INC
PO BOX 331629
FORT WORTH TX 76163
PHONE: (817) 294-9675 FAX: (817) 294-9907
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/02/2019 License Exp Dt: 11/02/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003931 License No.: 147151
NEWSTART LIVING CENTER I I I
5124 QUEEN ANN CT
FOREST HILL TX 76119
Phone (817) 294-9675 Fax (817) 294-9907
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNE SETTLE
Mgmt Co.:

Region 03
Owner Information
NEWSTART INC
PO BOX 331629
FORT WORTH TX 76163
PHONE: (817) 294-9675 FAX: (817) 294-9907
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/01/2019 License Exp Dt: 05/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 105597 License No.: 147530
2YORK
2 YORK DRIVE
FORT WORTH TX 76134
Phone (817) 615-8848 Fax (817) 294-4516
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 03
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/19/2019 License Exp Dt: 07/19/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003855 License No.: 147555
BARCELONA
4308 BARCELONA
FORT WORTH TX 76133
Phone (817) 292-0766 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: VENUS PARMES
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/12/2019 License Exp Dt: 08/12/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007802 License No.:
CIBOLO HOUSE
3704 CIBOLO
FORT WORTH TX 76133
Phone (817) 292-8505 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: EDITH BROWN MIDDLETON
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007544 License No.: 146366
COUNTRY MANOR COMMUNITY HOME
1812 COUNTRY MANOR RD
FORT WORTH TX 76133
Phone (817) 293-7046 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KATRINA BELT
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808
PHONE: FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003683 License No.: 149649
CRAIG STREET
7504 CRAIG ST
FORT WORTH TX 76112
Phone (817) 451-2228 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RODRICK CHARLES
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/16/2020 License Exp Dt: 07/16/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007226 License No.: 148963
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
1433 BARRON LN
FORT WORTH TX 76112
Phone (817) 654-1052 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEBORAH HINTON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007240 License No.: 148863
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
5009 MARBLE FALLS
FORT WORTH TX 76103
Phone (817) 429-0137 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEBORAH HINTON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007388 License No.: 147471
FAIRMEADOWS
3309 FAIRMEADOWS
FORT WORTH TX 76123
Phone (817) 292-7328 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/20/2019 License Exp Dt: 06/20/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007529 License No.: 147193
FOREST CREEK
2520 FOREST CREEK DR
FORT WORTH TX 76123
Phone (817) 294-4015 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/20/2019 License Exp Dt: 06/20/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003636 License No.: 147491
HASTINGS
5320 HASTINGS
FORT WORTH TX 76133
Phone (817) 370-1254 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/20/2019 License Exp Dt: 06/20/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007303 License No.: 150202
HUNTWICK
3744 HUNTWICK DR
FORT WORTH TX 76123
Phone (817) 370-2956 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/19/2020 License Exp Dt: 08/19/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003849 License No.: 147609
KINGSWOOD COMMUNITY HOME
6717 KINGSWOOD DR
FORT WORTH TX 76133
Phone (817) 294-9425 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEBORAH HINTON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/20/2019 License Exp Dt: 08/20/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007551 License No.: 148595
LONGMEADOW COMMUNITY HOME
4120 LONGMEADOW WAY
FORT WORTH TX 76134
Phone (817) 292-0533 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KATISHA THOMAS
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007329 License No.: 147737
MOUNTAIN RIDGE
717 MOUNTAIN RIDGE COURT WEST
FORT WORTH TX 76135
Phone (817) 270-2747 Fax (817) 270-1477
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CAROLE BOYD
Mgmt Co.:

Region 03
Owner Information
MAINSTREAM HABILITATION SERVICES OF TEXAS INC
PO BOX 1035
AZLE TEXAS 76098
PHONE: (817) 270-2747 FAX: (817) 270-1477
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 07/11/2019 License Exp Dt: 07/11/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003843 License No.: 149694
OAKLAND PARK
4613/15 MENZER
FORT WORTH TX 76103
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOSHUA THICKLIN
Mgmt Co.:

Region 03
Owner Information
SOUTHERN CONCEPTS INC
PO BOX 758
GRANBURY TX 76048
PHONE: (817) 573-6922 FAX: (817) 579-6611
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007285 License No.: 147710
OHARA
8321 OHARA
FORT WORTH TX 76123
Phone (817) 294-4945 Fax (817) 563-1575
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/20/2019 License Exp Dt: 06/20/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007815 License No.: 147778
POCO
6505 POCO COURT
FORT WORTH TX 76133
Phone (817) 294-9663 Fax (817) 663-5090
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CHYMEKA JOHNSON
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/13/2019 License Exp Dt: 09/13/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007476 License No.: 150207
SAFE CARE III
4244 RIVER BIRCH
FORT WORTH TX 76137
Phone (817) 847-5741 Fax (817) 847-5721
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ALICIA G KIRKPATRICK
Mgmt Co.: JACK JUDSON, LLC

Region 03
Owner Information
SCP ACQUISITION PARTNERS LTD
4244 RIVER BIRCH RD
FORT WORTH TX 76137
PHONE: (817) 847-5741 FAX: (817) 847-5721
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/01/2020 License Exp Dt: 08/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007464 License No.: 150049
SAFE CARE IV
7105 BENTLEY
FORT WORTH TX 76137
Phone (817) 577-2490 Fax (817) 847-5741
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ALICIA G KIRKPATRICK
Mgmt Co.: JACK JUDSON LLC

Region 03
Owner Information
SCP ACQUISITION PARTNERS LTD
4244 RIVER BIRCH RD
FORT WORTH TX 76137
PHONE: (817) 847-5741 FAX: (817) 847-5721
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/01/2020 License Exp Dt: 08/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007430 License No.: 150283
SUMMER HOUSE 2
4445 CARTAGENA DRIVE
FORT WORTH TX 76133
Phone (817) 882-6440 Fax (254) 965-8653
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JOHN ALLEN
Mgmt Co.: THE COMPANY OF ROCK HOUSE

Region 03
Owner Information
ROCK HOUSE SUPPORT SERVICES INC
P.O. BOX 953
STEPHENVILLE TX 76401
PHONE: (254) 968-4004 FAX: (254) 965-8653
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/17/2020 License Exp Dt: 08/17/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 106856 License No.:
TARRANT COUNTY DADS SERVICES WEST LANE
2620 MEADERS
FORT WORTH TX 76112
Phone Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LILA MCCRAY
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003829 License No.:
TARRANT COUNTY MHMR SERVICES TRAINING RESIDENCE 2
701 SANDY LN
FORT WORTH TX 76120
Phone (817) 446-8324 Fax
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator:
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003812 License No.:
TARRANT COUNTY MHMR SERVICES TRAINING RESIDENCE 5
4833 DIAZ
FORT WORTH TX 76107
Phone (817) 731-3522 Fax
TOTAL Lic Capacity: 8 ICF/IID Beds: 8
Administrator: EDITH BROWN MIDDLETON
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 007370
TRAINING RESIDENCE 7
6312 KINGSWOOD
FORT WORTH TX 76133
Phone (817) 370-9465 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

Administrator:

Mgmt Co.:

License No.:
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 **FAX:** (817) 569-4130
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
License Eff Dt: **License Exp Dt:**

County **TARRANT** Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 007351
TRAINING RESIDENCE 8 TARRANT COUNTY MHMR
6341 JUNEAU
FORT WORTH TX 76116
Phone (817) 737-2919 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

Administrator:

Mgmt Co.:

License No.:
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 **FAX:** (817) 569-4130
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
License Eff Dt: **License Exp Dt:**

County **TARRANT** Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 003648
VINEWOOD
1641 VINEWOOD
FORT WORTH TX 76112
Phone (817) 457-7095 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

Administrator: DEBORAH HINTON

Mgmt Co.:

License No.: 149345
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 **FAX:** (502) 394-2369
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 02/27/2020 **License Exp Dt:** 02/27/2023

County **TARRANT** Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 003641
WHITMAN
6524 WHITMAN
FORT WORTH TX 76133
Phone (817) 294-8229 **Fax**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6

Administrator: VENUS PARMES

Mgmt Co.:

License No.: 144225
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 **FAX:** (502) 394-2369
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 01/22/2020 **License Exp Dt:** 01/22/2023

County **TARRANT** Reg Svcs: IID TEAM

Region 03

Facility Information: Facility ID: 003739
WILLIAMS ROAD
1136 WILLIAMS ROAD
FORT WORTH TX 76120
Phone (817) 731-3985 **Fax**
TOTAL Lic Capacity: 8 **ICF/IID Beds:** 8

Administrator:

Mgmt Co.:

License No.:
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 **FAX:** (817) 569-4130
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
License Eff Dt: **License Exp Dt:**

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007477 License No.: 146092
WINIFRED COMMUNITY HOME
5724 WINIFRED DR
FORT WORTH TX 76133
Phone (817) 292-5398 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DEANNA BROWN
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007637 License No.: 103300
WORRELL
5682 WORRELL
FORT WORTH TX 76133
Phone (817) 569-5634 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: PETER TIERNEY
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt: 11/20/2003

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007614 License No.: 149111
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
4333 COVENTRY DR
GRAND PRAIRIE TX 75052
Phone (972) 647-2311 Fax (972) 606-1804
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: GARY SMITH
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
9901 LINN STATION ROAD
LOUISVILLE KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2020 License Exp Dt: 01/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007453 License No.: 146762
WALNUT CREEK RESIDENTIAL SERVICES INC.
4611 YALE DR.
GRAND PRAIRIE TX 75052
Phone (972) 641-7696 Fax (972) 641-7695
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE R LEEMAUK
Mgmt Co.:

Region 03
Owner Information
WALNUT CREEK RESIDENTIAL SERVICES INC
2846 BIRMINGHAM DR
GRAND PRAIRIE TX 75052
PHONE: (972) 641-7696 FAX: (972) 641-7695
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/29/2019 License Exp Dt: 01/29/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007417 License No.: 146940
BROOKWOOD II
649 CIRCLE VIEW S
HURST TX 76054
Phone (972) 641-7696 Fax (972) 641-7695
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE R LEEMAUK
Mgmt Co.:

Region 03
Owner Information
SOUTHLAKE EDUCATIONAL CENTER INC
2846 BIRMINGHAM DR
GRAND PRAIRIE TX 75052
PHONE: (972) 641-7696 FAX: (972) 641-7695
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2019 License Exp Dt: 03/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003942 License No.: 147572
HURSTVIEW COMMUNITY HOME
540 HURSTVIEW
HURST TX 76053
Phone (817) 282-6362 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE CAMPBELL
Mgmt Co.:

Region 03
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 003998 License No.: 144587
NEUWSTART, INC.
201 WISTERIA
MANSFIELD TX 76063
Phone (817) 294-9675 Fax (817) 294-9907
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ANNE SETTLE
Mgmt Co.:

Region 03
Owner Information
NEUWSTART INC
PO BOX 331629
FORT WORTH TX 76163
PHONE: (817) 294-9675 FAX: (817) 294-9907
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 05/01/2020 License Exp Dt: 05/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007276 License No.: 146557
BROOKWOOD I
2900 BROOKWOOD LN
SOUTHLAKE TX 76092
Phone (972) 641-7696 Fax (972) 641-7695
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE R LEEMAUK
Mgmt Co.:

Region 03
Owner Information
LANGUAGE RESOURCE CENTER INC
2846 BIRMINGHAM DR
GRAND PRAIRIE TX 75052
PHONE: (972) 641-7696 FAX: (972) 641-7695
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2019 License Exp Dt: 03/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007623 License No.: 146549
BROOKWOOD I I I
2410 TAYLOR ST
SOUTHLAKE TX 76092
Phone (972) 641-7696 Fax (972) 641-7695
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: CONNIE R LEEMAUK
Mgmt Co.:

Region 03
Owner Information
21ST CENTURY LIVING CENTERS INC
2846 BIRMINGHAM DR
GRAND PRAIRIE TX 75052
PHONE: (972) 641-7696 FAX: (972) 641-7695
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2019 License Exp Dt: 03/01/2021

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007353 License No.: 149990
SAFE CARE I
6517 BROOKSIDE DR
WATAUGA TX 76148
Phone (817) 485-9529 Fax (817) 847-5721
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ALICIA G KIRKPATRICK
Mgmt Co.: JACK JUDSON LLC

Region 03
Owner Information
SCP ACQUISITION PARTNERS LTD
4244 RIVER BIRCH RD
FORT WORTH TX 76137
PHONE: (817) 847-5741 FAX: (817) 847-5721
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/01/2020 License Exp Dt: 08/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007410 License No.: 149761
SAFE CARE II
8005 LAZY BROOK DR
WATAUGA TX 76148
Phone (817) 485-6807 Fax (817) 847-5721
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ALICIA G KIRKPATRICK
Mgmt Co.: JACK JUDSON LLC

Region 03
Owner Information
SCP ACQUISITION PARTNERS LTD
4244 RIVER BIRCH RD
FORT WORTH TX 76137
PHONE: (817) 847-5741 FAX: (817) 847-5721
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/01/2020 License Exp Dt: 08/01/2023

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 106857 License No.:
LOVELL HOUSE
5325 LOVELL AVENUE
WESTOVER HILLS TX 76107
Phone (817) 653-1493 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LILA MCCRAY
Mgmt Co.:

Region 03
Owner Information
MHMR OF TARRANT COUNTY
PO BOX 2603
FORT WORTH TX 76113
PHONE: (817) 569-4029 FAX: (817) 569-4130
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007425 License No.: 148234
ALYSSA 1
9220 ALYSSA DR
WHITE SETTLEMENT TX 76108
Phone (817) 270-2747 Fax (817) 270-1477
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LISA A HENRY
Mgmt Co.:

Region 03
Owner Information
MHS OF TEXAS II INC
PO BOX 1035
AZLE TX 76098
PHONE: (817) 270-2747 FAX: (817) 270-1477
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/01/2019 License Exp Dt: 08/01/2022

County **TARRANT** Reg Svcs: IID TEAM
Facility Information: Facility ID: 007305 License No.: 147478
ALYSSA 2
9212 ALYSSA
WHITE SETTLEMENT TX 76108
Phone (817) 270-2747 Fax (817) 270-1477
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LISA A HENRY
Mgmt Co.:

Region 03
Owner Information
MHS OF TEXAS II INC
PO BOX 1035
AZLE TX 76098
PHONE: (817) 270-2747 FAX: (817) 270-1477
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/01/2019 License Exp Dt: 08/01/2022

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003728 License No.: 148903
ABILENE COMMUNITY RESIDENCE
3110 BUFFALO GAP RD
ABILENE TX 79605
Phone (325) 691-0810 Fax (325) 691-1817
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: WILLIAM K GRAY II
Mgmt Co.:

Region 02
Owner Information
KENMAR RESIDENTIAL SERVICES INCORPORATED
33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665
PHONE: (512) 336-0800 FAX: (512) 336-0812
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/15/2020 License Exp Dt: 03/15/2023

County TAYLOR Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 007100 License No.:

Owner Information

ABILENE STATE SUPPORTED LIVING CENTER
2501 MAPLE ST
ABILENE TX 79602
Phone (325) 692-4053 Fax (325) 795-3853
TOTAL Lic Capacity: 662 ICF/IID Beds: 662

DADS
PO BOX 12668
AUSTIN TX 78711
PHONE: (512) 454-3761 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: STATE SCHOOL/STATE CENTER
License Eff Dt: License Exp Dt:

Administrator:

Mgmt Co.:

County TAYLOR Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 107089 License No.: 307549

Owner Information

ADDRESS HOUSE
3257 VARNER LANE
ABILENE TX 79601
Phone (325) 677-6815 Fax (325) 673-7829
TOTAL Lic Capacity: 6 ICF/IID Beds: 6

DISABILITY RESOURCES INC
PO BOX 1880
ABILENE TEXAS 79604
PHONE: (325) 677-6815 FAX: (325) 673-7829
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/01/2019 License Exp Dt: 09/01/2022

Administrator: ROGER CARAWAY

Mgmt Co.:

County TAYLOR Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 007383 License No.: 146839

Owner Information

BACON COMMUNITY HOME
634 BACON DR
ABILENE TX 79601-2051
Phone (325) 676-1473 Fax (325) 676-1673
TOTAL Lic Capacity: 6 ICF/IID Beds: 6

EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

Administrator: LORRIE ROBLEDO

Mgmt Co.:

County TAYLOR Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 003749 License No.: 148800

Owner Information

BIG SKY RANCH
2234 B AMY LYN AVE
ABILENE TX 79603
Phone (325) 676-5671 Fax (512) 327-5355
TOTAL Lic Capacity: 13 ICF/IID Beds: 13

D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

Administrator: MICKEY ATKINS

Mgmt Co.:

County TAYLOR Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 007324 License No.: 146296

Owner Information

BRENDA COMMUNITY HOME
2326 BRENDA ST
ABILENE TX 79605-1118
Phone (325) 676-1473 Fax (325) 676-1673
TOTAL Lic Capacity: 6 ICF/IID Beds: 6

EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

Administrator: LORRIE ROBLEDO

Mgmt Co.:

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007354 License No.: 148757
EAST LAKE
3325 E LAKE RD
ABILENE TX 79601
Phone (325) 673-3346 Fax (325) 794-0023
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LARRY L HILL
Mgmt Co.:

Region 02
Owner Information
HILL RESOURCES INC
1071 NORTH JUDGE ELY BLVD
ABILENE TX 79601
PHONE: (325) 673-3346 FAX: (325) 794-0023
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/10/2020 License Exp Dt: 01/10/2022

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007259 License No.: 149012
GRACE RESIDENTIAL
1318 PIEDMONT DR
ABILENE TX 79601
Phone (325) 673-3397 Fax (325) 673-3397
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LARRY L HILL
Mgmt Co.:

Region 02
Owner Information
LIVING RESOURCES LLC
3125 S 27TH ST
ABILENE TX 79605
PHONE: (325) 695-2112 FAX: (325) 794-0023
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/01/2020 License Exp Dt: 02/01/2023

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007803 License No.: 148021
HAWTHORNE HOUSE
526 HAWTHORNE ST
ABILENE TX 79605
Phone (325) 695-1516 Fax (325) 677-6815
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ROGER CARAWAY
Mgmt Co.:

Region 02
Owner Information
DISABILITY RESOURCES INC
PO BOX 1880
ABILENE TEXAS 79604
PHONE: (325) 677-6815 FAX: (325) 673-7829
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/30/2019 License Exp Dt: 10/30/2021

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003667 License No.: 149862
HIGH LIFE
#2 HIGH LIFE CIR
ABILENE TX 79606
Phone (325) 695-7860 Fax (915) 695-2707
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ELIZABETH DIANE DOBY
Mgmt Co.:

Region 02
Owner Information
SOMA RESOURCES INC
2449 S WILLISSTE 201
ABILENE TX 79605
PHONE: (325) 695-7860 FAX: (325) 695-2707
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2020 License Exp Dt: 06/01/2023

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007501 License No.: 146354
HIGHLAND COMMUNITY HOME
1366 HIGHLAND AVE
ABILENE TX 79605-4251
Phone (325) 676-1473 Fax (325) 676-1673
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LORRIE ROBLEDO
Mgmt Co.:

Region 02
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **TAYLOR** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 106669 License No.: 147052
KENWOOD HOUSE
951 KENWOOD
ABILENE TX 79601
Phone (325) 669-3670 Fax (325) 665-8749
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KELLY YOUNG
Mgmt Co.:

Owner Information
DISABILITY RESOURCES INC
PO BOX 1880
ABILENE TEXAS 79604
PHONE: (325) 677-6815 FAX: (325) 673-7829
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/11/2019 License Exp Dt: 04/11/2021

County **TAYLOR** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007568 License No.: 148344
LOVE & CARE RESIDENTIAL SERVICES LLC
1317 LAWYERS LN
ABILENE TX 79602
Phone (325) 673-2559 Fax (325) 673-2559
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TRACEY M CUNNINGHAM
Mgmt Co.:

Owner Information
LOVE & CARE RESIDENTIAL SERVICES LLC
1317 LAWYER'S LANE
ABILENE TX 79602
PHONE: (325) 673-2559 FAX: (325) 673-2559
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 10/01/2019 License Exp Dt: 10/01/2021

County **TAYLOR** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003770 License No.: 148508
MESQUITE VILLA
2234 A AMY LYN AVE
ABILENE TX 79603
Phone (325) 676-5662 Fax (512) 327-5355
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/08/2020 License Exp Dt: 01/08/2023

County **TAYLOR** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007814 License No.: 148605
NORTH 9TH HOUSE
4210 N 9TH
ABILENE TX 79603
Phone (325) 677-6815 Fax (325) 673-7829
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ROGER CARAWAY
Mgmt Co.:

Owner Information
DISABILITY RESOURCES INC
PO BOX 1880
ABILENE TEXAS 79604
PHONE: (325) 677-6815 FAX: (325) 673-7829
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/04/2019 License Exp Dt: 11/04/2022

County **TAYLOR** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007298 License No.: 149648
NORTH WILLIS
1855 N WILLIS ST
ABILENE TX 79603
Phone (325) 673-8837 Fax (325) 695-2707
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ELIZABETH DIANE DOBY
Mgmt Co.: SOMA RESOURCES INC

Owner Information
SOMA RESOURCES INC
2449 S WILLISSTE 201
ABILENE TX 79605
PHONE: (325) 695-7860 FAX: (325) 695-2707
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2020 License Exp Dt: 06/01/2023

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 106671 License No.: 146268
ORSBURN HOUSE
3258 VARNER LANE
ABILENE TX 79601
Phone (325) 669-3670 Fax (325) 665-8749
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ROGER CARAWAY
Mgmt Co.:

Region 02
Owner Information
DISABILITY RESOURCES INC
PO BOX 1880
ABILENE TEXAS 79604
PHONE: (325) 677-6815 FAX: (325) 673-7829
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/13/2018 License Exp Dt: 12/13/2020

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007386 License No.: 149554
OVER STREET
3190 OVER ST
ABILENE TX 79605
Phone (325) 691-0906 Fax (325) 695-2707
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ELIZABETH DIANE DOBY
Mgmt Co.:

Region 02
Owner Information
SOMA RESOURCES INC
2449 S WILLISSTE 201
ABILENE TX 79605
PHONE: (325) 695-7860 FAX: (325) 695-2707
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2020 License Exp Dt: 06/01/2022

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 010198 License No.: 146094
PARSONS COMMUNITY HOME
910 PARSONS RD
ABILENE TX 79602-3110
Phone (325) 676-1473 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: LORRIE ROBLEDO
Mgmt Co.:

Region 02
Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/03/2019 License Exp Dt: 01/03/2021

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007510 License No.: 149516
RICHLAND
2010 RICHLAND ST
ABILENE TX 79605
Phone (325) 695-7860 Fax (325) 695-2707
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ELIZABETH DIANE DOBY
Mgmt Co.:

Region 02
Owner Information
SOMA RESOURCES INC
2449 S WILLISSTE 201
ABILENE TX 79605
PHONE: (325) 695-7860 FAX: (325) 695-2707
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2020 License Exp Dt: 06/01/2023

County **TAYLOR** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007251 License No.: 150116
ROYAL COURT
4601 ROYAL CT
ABILENE TX 79605
Phone (325) 695-7860 Fax (325) 695-2707
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: ELIZABETH DIANE DOBY
Mgmt Co.:

Region 02
Owner Information
SOMA RESOURCES INC
2449 S WILLISSTE 201
ABILENE TX 79605
PHONE: (325) 695-7860 FAX: (325) 695-2707
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 06/01/2020 License Exp Dt: 06/01/2023

County TAYLOR Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 007254 License No.: 148237

Owner Information

STEPPING STONES RESIDENTIAL RESOURCES
965 WASHINGTON BLVD
ABILENE TX 79601
Phone (325) 673-3346 Fax (325) 794-0023

HILL RESOURCES II INC
1071 N JUDGE ELY BLVD# 6424
ABILENE TX 79601
PHONE: (325) 673-3346 FAX: (325) 794-0023

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED

Administrator: LARRY L HILL

License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2022

Mgmt Co.:

County TAYLOR Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 007578 License No.: 149684

Owner Information

WOODRIDGE
3410 WOODRIDGE ST
ABILENE TX 79605
Phone (325) 695-7860 Fax (325) 695-2707

SOMA RESOURCES INC
2449 S WILLISSTE 201
ABILENE TX 79605
PHONE: (325) 695-7860 FAX: (325) 695-2707

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED

Administrator: ELIZABETH DIANE DOBY

License Eff Dt: 06/01/2020 License Exp Dt: 06/01/2023

Mgmt Co.:

County TITUS Reg Svcs: ICF/IID TEAM

Region 04

Facility Information: Facility ID: 007517 License No.: 149251

Owner Information

PLEASANT LIVING INC
2003 HAPPY ST
MOUNT PLEASANT TX 75455
Phone (903) 572-6402 Fax (903) 572-6403

PLEASANT LIVING INC
2926 COLONEL COURT DR
RICHMOND TX 77406
PHONE: (903) 572-6402 FAX: (903) 572-6403

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED

Administrator: IMMANUEL V PRASAD

License Eff Dt: 05/01/2020 License Exp Dt: 05/01/2023

Mgmt Co.:

County TOM GREEN Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 007108 License No.:

Owner Information

SAN ANGELO STATE SUPPORTED LIVING CENTER
HIGHWAY 87
CARLSBAD TX 76934
Phone (325) 465-4391 Fax (325) 465-2135

DADS
PO BOX 12668
AUSTIN TX 78711
PHONE: (512) 454-3761 FAX:

TOTAL Lic Capacity: 375 ICF/IID Beds: 375

PROGRAM TYPE: ICF/IID SERVICE TYPE: STATE SCHOOL/STATE CENTER

Administrator:

License Eff Dt: License Exp Dt:

Mgmt Co.:

County TOM GREEN Reg Svcs: ICF/IID

Region 02

Facility Information: Facility ID: 003916 License No.: 307716

Owner Information

165 EDINBURGH RD
165 EDINBURGH RD
SAN ANGELO TX 76901
Phone (877) 659-3108 Fax (325) 657-9237

DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904

TOTAL Lic Capacity: 6 ICF/IID Beds: 6

PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED

Administrator: RUSSELL COATS

License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

Mgmt Co.:

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003945 License No.: 307728
2742 PALO DURO DR
2742 PALO DURO DR
SAN ANGELO TX 76904
Phone (877) 659-3108 Fax (325) 657-9237
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RUSSELL COATS
Mgmt Co.:

Region 02
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003606 License No.: 307719
3217 CLEARVIEW DR
3217 CLEARVIEW DR
SAN ANGELO TX 76904
Phone (877) 659-3108 Fax (325) 657-9237
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RUSSELL COATS
Mgmt Co.:

Region 02
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003923 License No.: 307718
3221 SOUTHLAND BLVD
3221 SOUTHLAND BLVD
SAN ANGELO TX 76904
Phone (877) 659-3108 Fax (325) 657-9237
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RUSSELL COATS
Mgmt Co.:

Region 02
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003889 License No.: 307715
4801 BERMUDA DR
4801 BERMUDA DR.
SAN ANGELO TX 76904
Phone (877) 659-3108 Fax (325) 657-9237
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: RUSSELL COATS
Mgmt Co.:

Region 02
Owner Information
DAYBREAK, INC.
4100 INTERNATIONAL PLAZASTE 800
FORT WORTH TX 76109
PHONE: (972) 223-6259 FAX: (972) 224-0904
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 02/10/2020 License Exp Dt: 02/10/2023

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007596 License No.: 148934
BLUEBONNET HOMES 1
1822 CORDELL
SAN ANGELO TX 76901
Phone (325) 944-4374 Fax (325) 659-3769
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JERI SLONE
Mgmt Co.:

Region 02
Owner Information
BLUEBONNET HOMES INC
128 S MAGDALEN
SAN ANGELO TX 76903
PHONE: (325) 658-6664 FAX: (325) 659-3769
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/06/2020 License Exp Dt: 04/06/2022

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007357 License No.: 148586
BLUEBONNET HOMES 2
236 WESTWOOD
SAN ANGELO TX 76901
Phone (325) 947-1300 Fax (325) 659-3769
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JERI SLONE
Mgmt Co.:

Region 02
Owner Information
BLUEBONNET HOMES INC
128 S MAGDALEN
SAN ANGELO TX 76903
PHONE: (325) 658-6664 FAX: (325) 659-3769
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/22/2020 License Exp Dt: 01/22/2023

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007358 License No.: 149363
BLUEBONNET HOMES 3
1135 E 25TH
SAN ANGELO TX 76903
Phone (325) 658-6664 Fax (325) 659-3769
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: JERI SLONE
Mgmt Co.:

Region 02
Owner Information
BLUEBONNET HOMES INC
128 S MAGDALEN
SAN ANGELO TX 76903
PHONE: (325) 658-6664 FAX: (325) 659-3769
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/23/2020 License Exp Dt: 01/23/2023

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007401 License No.: 148748
CAPITAL HEIGHTS HOME
1706 IDAHO
SAN ANGELO TX 76904
Phone (325) 944-4096 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 02
Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007235 License No.: 148461
CASA DE CONCHO
2706 WATSON
SAN ANGELO TX 76903
Phone (325) 658-1957 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 02
Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2022

County **TOM GREEN** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003632 License No.: 148740
CASA DE MIMOSA
1041 E 44TH ST
SAN ANGELO TX 76903
Phone (325) 653-5962 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 02
Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/07/2020 License Exp Dt: 01/07/2023

County **TOM GREEN** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 003609 License No.: 148313
 CASA DE TRES RIOS
 1342 TRES RIOS
 SAN ANGELO TX 76903
Phone (325) 651-6723 **Fax** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
 D & S RESIDENTIAL SERVICES LP
 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 AUSTIN TX 78759
PHONE: (512) 327-2325 **FAX:** (512) 327-5355
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 12/01/2019 **License Exp Dt:** 12/01/2021

County **TOM GREEN** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007582 License No.: 148374
 D&S TERRACE PLACE
 42 TERRACE DR
 SAN ANGELO TX 76905
Phone (325) 651-9383 **Fax** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
 D & S RESIDENTIAL SERVICES LP
 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 AUSTIN TX 78759
PHONE: (512) 327-2325 **FAX:** (512) 327-5355
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 12/01/2019 **License Exp Dt:** 12/01/2021

County **TOM GREEN** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 107267 License No.: 307091
 EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
 5322 SADDLE RIDGE TRAIL
 SAN ANGELO TX 76904
Phone (325) 942-8050 **Fax** (325) 949-0526
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: LESA MARTINEZ
Mgmt Co.:

Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
 9901 LINN STATION ROAD
 LOUISVILLE KY 40223
PHONE: (502) 394-2100 **FAX:** (502) 394-2249
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 11/03/2018 **License Exp Dt:** 11/03/2020

County **TOM GREEN** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007656 License No.: 148703
 SAN ANGELO INDEPENDENT LIVING TRAINING RESIDENCE
 20 S KOENIGHEIM
 SAN ANGELO TX 76903
Phone (325) 655-3884 **Fax** (325) 658-8441
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13
 Administrator: WENDY DERINGTON
Mgmt Co.:

Owner Information
 THE INSTITUTE OF COGNITIVE DEVELOP INC
 P.O. BOX 5018
 SAN ANGELO TEXAS 76902
PHONE: (325) 658-8631 **FAX:** (325) 659-2070
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 01/22/2020 **License Exp Dt:** 01/22/2022

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003646 License No.: 148509
 ALDWYCHE
 5444 FAIRMONT CIR
 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
 Administrator: JEFFREY ENGELKE
Mgmt Co.:

Owner Information
 PREMIEANT INCORPORATED
 1110 W WILLIAM CANNON BLDG 2
 AUSTIN TX 78745
PHONE: (512) 916-1632 **FAX:** (512) 916-1639
PROGRAM TYPE: ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 01/01/2020 **License Exp Dt:** 01/01/2022

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007249 **License No.:** 149126 **Owner Information**
AUSTIN HOUSE PREMIEANT INCORPORATED
101 CLOUDVIEW DR 1110 W WILLIAM CANNON BLDG 2
AUSTIN TX 78745 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: JEFFREY ENGELKE **License Eff Dt:** 01/27/2020 **License Exp Dt:** 01/27/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007101 **License No.:** **Owner Information**
AUSTIN STATE SUPPORTED LIVING CENTER DADS
2203 W 35TH ST PO BOX 12668
AUSTIN TX 78767 AUSTIN TX 78711
Phone (512) 454-4731 **Fax** (512) 374-6145 **PHONE:** (512) 454-3761 **FAX:**
TOTAL Lic Capacity: 474 **ICF/IID Beds:** 474 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
Administrator: **License Eff Dt:** **License Exp Dt:**
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007389 **License No.:** 145691 **Owner Information**
AUTUMN RIDGE EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
11605 AUTUMN RIDGE 9901 LINN STATION ROAD
AUSTIN TX 78759 LOUISVILLE KY 40223
Phone (512) 331-0445 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: CHANDY NILES **License Eff Dt:** 10/01/2020 **License Exp Dt:** 10/01/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007367 **License No.:** 145692 **Owner Information**
BALCONES WOODS EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
4504 BALCONES WOODS 9901 LINN STATION ROAD
AUSTIN TX 78759 LOUISVILLE KY 40223
Phone (512) 345-7256 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: CHANDY NILES **License Eff Dt:** 10/01/2018 **License Exp Dt:** 10/01/2020
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007599 **License No.:** 148329 **Owner Information**
BLARWOOD EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
6100 BLARWOOD DRIVE 9901 LINN STATION ROAD
AUSTIN TX 78745 LOUISVILLE KY 40223
Phone (512) 916-9451 **Fax** (512) 323-6031 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: WARREN WAGNER **License Eff Dt:** 11/01/2019 **License Exp Dt:** 11/01/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003621 License No.: 149215 Owner Information
 BLUFF CANYON COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
 1101 BLUFF CANYON 33 CYPRESS BLVDSUITE 100
 AUSTIN TX 78754 ROUND ROCK TX 78665
Phone (512) 339-8016 **Fax** **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: WILLIAM K GRAY II **License Eff Dt:** 03/15/2020 **License Exp Dt:** 03/15/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003631 License No.: 148827 Owner Information
 CABANA COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
 12004 CABANA LN 33 CYPRESS BLVDSUITE 100
 AUSTIN TX 78727 ROUND ROCK TX 78665
Phone (512) 339-4074 **Fax** (512) 339-6001 **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: WILLIAM K GRAY II **License Eff Dt:** 03/15/2020 **License Exp Dt:** 03/15/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007483 License No.: 148170 Owner Information
 CHINATREE COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 8106 U S 290 WEST 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 AUSTIN TX 78735 AUSTIN TX 78759
Phone (512) 327-2325 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007631 License No.: 145763 Owner Information
 CRAIG DRIVE EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 4901 CRAIG DR 9901 LINN STATION ROAD
 AUSTIN TX 78727 LOUISVILLE KY 40223
Phone (512) 231-0789 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CHANDY NILES **License Eff Dt:** 10/01/2020 **License Exp Dt:** 10/01/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003695 License No.: 148741 Owner Information
 CROCKETT HOUSE PREMIEANT INCORPORATED
 7906 BRODIE LN 1110 W WILLIAM CANNON BLDG 2
 AUSTIN TX 78745 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JEFFREY ENGELKE **License Eff Dt:** 01/27/2020 **License Exp Dt:** 01/27/2022
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007379 **License No.:** 145765 **Owner Information**
 DEER TRACK EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 12306 DEER TRACK 9901 LINN STATION ROAD
 AUSTIN TX 78759 LOUISVILLE KY 40223
Phone (512) 257-9616 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CHANDY NILES **License Eff Dt:** 10/01/2020 **License Exp Dt:** 10/01/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007264 **License No.:** 145693 **Owner Information**
 DELAWARE COURT EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 8604 DELAWARE CT 9901 LINN STATION ROAD
 AUSTIN TX 78758 LOUISVILLE KY 40223
Phone (512) 832-6277 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CHANDY NILES **License Eff Dt:** 10/01/2020 **License Exp Dt:** 10/01/2022
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007323 **License No.:** 148460 **Owner Information**
 GRACY FARMS D & S RESIDENTIAL SERVICES LP
 1512 GRACY FARMS LN 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 AUSTIN TX 78759 AUSTIN TX 78759
Phone (512) 832-8964 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007429 **License No.:** 148389 **Owner Information**
 GRASSHOPPER EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 3319 GRASSHOPPER 9901 LINN STATION ROAD
 AUSTIN TX 78748 LOUISVILLE KY 40223
Phone (512) 280-6833 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: ANNETTE JOHNSON **License Eff Dt:** 11/01/2019 **License Exp Dt:** 11/01/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007475 **License No.:** 148599 **Owner Information**
 HOUSTON HOUSE PREMIEANT INCORPORATED
 7509 WESTGATE BLVD 1110 W WILLIAM CANNON BLDG 2
 AUSTIN TX 78745 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JEFFREY ENGELKE **License Eff Dt:** 01/27/2020 **License Exp Dt:** 01/27/2022
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007805 License No.: 148462 Owner Information
 KEOTA D & S RESIDENTIAL SERVICES LP
 4508 KEOTA DR 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 AUSTIN TX 78759
Phone (512) 280-9135 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2022
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007452 License No.: 149291 Owner Information
 LINCOLN HOUSE AUSTIN HEALTH RESOURCES INC
 1007 COLLINGSWORTH DR 9609 NEW FOUNDLAND CIRCLE
 AUSTIN TX 78758
Phone (512) 835-8955 **Fax** (512) 835-8812 **PHONE:** (512) 835-8955 **FAX:** (512) 895-8812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: THOMAS P CONROY **License Eff Dt:** 06/01/2020 **License Exp Dt:** 06/01/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003793 License No.: 148707 Owner Information
 MARY LEE FOUNDATION SOUTHPOINTE I MARY LEE FOUNDATION
 1338 LAMAR SQUARE DR PO BOX 3174
 AUSTIN TX 78764
Phone (512) 442-6077 **Fax** (512) 442-6825 **PHONE:** (512) 443-5777 **FAX:** (512) 443-5807
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LEIGH DUNSON **License Eff Dt:** 11/03/2019 **License Exp Dt:** 11/03/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003832 License No.: 148099 Owner Information
 MARY LEE FOUNDATION SOUTHPOINTE I I MARY LEE FOUNDATION
 1336 LAMAR SQUARE DR PO BOX 3174
 AUSTIN TX 78764
Phone (512) 442-6077 **Fax** (512) 442-6825 **PHONE:** (512) 443-5777 **FAX:** (512) 443-5807
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LEIGH DUNSON **License Eff Dt:** 01/15/2020 **License Exp Dt:** 01/15/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007242 License No.: 148488 Owner Information
 MARYWOOD PREMIEANT INCORPORATED
 4700 GANYMEDE DR 1110 W WILLIAM CANNON BLDG 2
 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JEFFREY ENGELKE **License Eff Dt:** 01/01/2020 **License Exp Dt:** 01/01/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007627 License No.: 148731 Owner Information
 OAKTREE COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 3509 CONVICT HILL RD 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 AUSTIN TX 78745 AUSTIN TX 78759
Phone (512) 892-1084 **Fax** (512) 327-7181 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/31/2019 **License Exp Dt:** 12/31/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003663 License No.: 148875 Owner Information
 PARKFIELD PREMIEANT INCORPORATED
 9202 PARKFIELD DR 1110 W WILLIAM CANNON BLDG 2
 AUSTIN TX 78758 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JEFFREY ENGELKE **License Eff Dt:** 01/01/2020 **License Exp Dt:** 01/01/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003661 License No.: 147192 Owner Information
 PENDLETON PREMIEANT INCORPORATED
 1304 QUAIL PARK DR 1110 W WILLIAM CANNON BLDG 2
 AUSTIN TX 78758 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JEFFREY ENGELKE **License Eff Dt:** 05/02/2019 **License Exp Dt:** 05/02/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007545 License No.: 145766 Owner Information
 PILGRIMS PLACE EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 8204 PILGRIMS PL 9901 LINN STATION ROAD
 AUSTIN TX 78759 LOUISVILLE KY 40223
Phone (512) 918-2094 **Fax** (502) 394-2100 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CHANDY NILES **License Eff Dt:** 10/01/2018 **License Exp Dt:** 10/01/2020
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007804 License No.: 149155 Owner Information
 PINE KNOLL PREMIEANT INCORPORATED
 1400 PINE KNOLL DR 1110 W WILLIAM CANNON BLDG 2
 AUSTIN TX 78758 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JEFFREY ENGELKE **License Eff Dt:** 01/01/2020 **License Exp Dt:** 01/01/2022
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007320 **License No.:** 145955 **Owner Information**
 RED OAK EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 3902 SIERRA 9901 LINN STATION ROAD
 AUSTIN TX 78731 LOUISVILLE KY 40223
Phone (512) 346-1410 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: CHANDY NILES **License Eff Dt:** 02/28/2019 **License Exp Dt:** 02/28/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007611 **License No.:** 149748 **Owner Information**
 ROSS HOUSE PREMIEANT INCORPORATED
 3215 WESTERN DR 1110 W WILLIAM CANNON BLDG 2
 AUSTIN TX 78745 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JEFFREY ENGELKE **License Eff Dt:** 01/27/2020 **License Exp Dt:** 01/27/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 102153 **License No.:** 148388 **Owner Information**
 SALEM MEADOW EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 1402 SALEM MEADOW CIRCLE 9901 LINN STATION ROAD
 AUSTIN TX 78745 LOUISVILLE KY 40223
Phone (512) 326-4828 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: WARREN WAGNER **License Eff Dt:** 11/01/2019 **License Exp Dt:** 11/01/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007231 **License No.:** 148585 **Owner Information**
 SHADY HOLLOW EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 11403 BOOT HILL 9901 LINN STATION ROAD
 AUSTIN TX 78748 LOUISVILLE KY 40223
Phone (512) 282-8777 **Fax** (512) 892-2524 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: WARREN WAGNER **License Eff Dt:** 11/01/2019 **License Exp Dt:** 11/01/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: **Facility ID:** 007418 **License No.:** 147539 **Owner Information**
 THE COTTAGE MARY LEE FOUNDATION
 1334 LAMAR SQUARE DR PO BOX 3174
 AUSTIN TX 78704 AUSTIN TX 78764
Phone (512) 442-6077 **Fax** (512) 442-6825 **PHONE:** (512) 443-5777 **FAX:** (512) 443-5807
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: LEIGH DUNSON **License Eff Dt:** 10/27/2019 **License Exp Dt:** 10/27/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003639 License No.: 149161 Owner Information
TRAVIS HOUSE PREMIEANT INCORPORATED
9112 JAPONICA CT 1110 W WILLIAM CANNON BLDG 2
AUSTIN TX 78748 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: JEFFREY ENGELKE **License Eff Dt:** 01/27/2020 **License Exp Dt:** 01/27/2023
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003647 License No.: 147583 Owner Information
WAGON CROSSING PREMIEANT INCORPORATED
1203 ECHO LN 1110 W WILLIAM CANNON BLDG 2
AUSTIN TX 78745 AUSTIN TX 78745
Phone (512) 916-1632 **Fax** (512) 916-1639 **PHONE:** (512) 916-1632 **FAX:** (512) 916-1639
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: JEFFREY ENGELKE **License Eff Dt:** 04/03/2019 **License Exp Dt:** 04/03/2021
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 102416 License No.: 143620 Owner Information
WESTGATE EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
7906 APPOMATTOX DR 9901 LINN STATION ROAD
AUSTIN TX 78745 LOUISVILLE KY 40223
Phone (512) 448-1194 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: WARREN WAGNER **License Eff Dt:** 11/01/2019 **License Exp Dt:** 11/01/2022
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007274 License No.: 148411 Owner Information
WHISTLESTOP EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
7507 WHISTLESTOP 9901 LINN STATION ROAD
AUSTIN TX 78749 LOUISVILLE KY 40223
Phone (512) 288-5060 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: WARREN WAGNER **License Eff Dt:** 11/01/2019 **License Exp Dt:** 11/01/2022
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003974 License No.: 146367 Owner Information
PFLUGERVILLE COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
514 OAT MEADOW DRIVE 3255 EXECUTIVE BLVD
PFLUGERVILLE TX 78660-4347 BEAUMONT TEXAS 77705
Phone (512) 251-0427 **Fax** (713) 622-9141 **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: JUANITA BISHOP **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2022
Mgmt Co.:

County **TRAVIS** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007633 License No.: 149546 Owner Information
 WILDRIDGE EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 904 VICTORIA RIDGE 9901 LINN STATION ROAD
 PFLUGERVILLE TX 78660 LOUISVILLE KY 40223
Phone (512) 251-4956 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2369
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: JUANITA BISHOP **License Eff Dt:** 03/01/2020 **License Exp Dt:** 03/01/2023
Mgmt Co.:

County **UPSHUR** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007293 License No.: 148295 Owner Information
 WOODBINE COMMUNITY HOME D & S RESIDENTIAL SERVICES LP
 2402 WOODBINE 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 GLADEWATER TX 75647 AUSTIN TX 78759
Phone (903) 845-4660 **Fax** **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **UVALDE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007343 License No.: 146338 Owner Information
 DOROTHY JO COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 625 DOROTHY JO CIR 3255 EXECUTIVE BLVD
 UVALDE TX 78801 BEAUMONT TEXAS 77705
Phone (830) 278-1905 **Fax** **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: DWAYNE THOMPSON **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **UVALDE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007500 License No.: 146352 Owner Information
 NOPAL COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 802 E NOPAL ST 3255 EXECUTIVE BLVD
 UVALDE TX 78801-5400 BEAUMONT TEXAS 77705
Phone (830) 278-6958 **Fax** **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: DWAYNE THOMPSON **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **VAL VERDE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007290 License No.: 146680 Owner Information
 JOHN GLENN COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 110 JOHN GLENN DR 3255 EXECUTIVE BLVD
 DEL RIO TX 78840 BEAUMONT TEXAS 77705
Phone (830) 774-3904 **Fax** **PHONE:** (409) 840-9111 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: DWAYNE THOMPSON **License Eff Dt:** 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **VAL VERDE** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007237 License No.: 146312
MICHELLE COMMUNITY HOME
93 MICHELLE DR
DEL RIO TX 78840-2621
Phone (830) 775-9594 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: DWAYNE THOMPSON
Mgmt Co.:

Owner Information
EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
3255 EXECUTIVE BLVD
BEAUMONT TEXAS 77705
PHONE: (409) 840-9111 FAX: (502) 394-2285
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 01/01/2019 License Exp Dt: 01/01/2021

County **VAN ZANDT** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 003772 License No.:
ELLIOTT DRIVE GROUP HOME
1738 ELLIOTT DR
CANTON TX 75103
Phone (903) 567-4541 Fax
TOTAL Lic Capacity: 10 ICF/IID Beds: 10
Administrator:
Mgmt Co.:

Owner Information
ANDREWS CENTER
2323 W FRONT ST
TYLER TX 75702
PHONE: (903) 567-1351 FAX: (903) 535-7384
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **VICTORIA** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003938 License No.: 149321
EDINBURGH HOME
306 EDINBURGH
VICTORIA TX 77904
Phone (800) 299-5161 Fax (817) 447-3033
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KATHY GRIFFITH
Mgmt Co.:

Owner Information
UCG CENTRAL TEXAS HOLDING, LLC
P.O. BOX 310695
NEW BRAUNFELS TX 78131-0695
PHONE: (830) 372-2920 FAX: (214) 723-5331
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2023

County **VICTORIA** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 007304 License No.: 149186
NORTHCREST GROUP HOME
902 BELLEVUE
VICTORIA TX 77904
Phone (512) 578-1527 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KATHY GRIFFITH
Mgmt Co.:

Owner Information
UCG CENTRAL TEXAS HOLDING, LLC
P.O. BOX 310695
NEW BRAUNFELS TX 78131-0695
PHONE: (830) 372-2920 FAX: (214) 723-5331
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2022

County **VICTORIA** Reg Svcs: TEAM ICF-IID Region 07
Facility Information: Facility ID: 003926 License No.: 149530
VICTORIA GROUP HOME
2006 N WHEELER
VICTORIA TX 77901
Phone (512) 575-1558 Fax
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KATHY GRIFFITH
Mgmt Co.:

Owner Information
UCG CENTRAL TEXAS HOLDING, LLC
P.O. BOX 310695
NEW BRAUNFELS TX 78131-0695
PHONE: (830) 372-2920 FAX: (214) 723-5331
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/01/2020 License Exp Dt: 03/01/2022

County **WALKER** Reg Svcs: ICF/IID TEAM Region 04
Facility Information: Facility ID: 007504 License No.: 148277
HUNTSVILLE COMMUNITY RESIDENCE
63 STATE HWY 75 N
HUNTSVILLE TX 77320
Phone (936) 293-1851 Fax (512) 327-5355
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: MICKEY ATKINS
Mgmt Co.:

Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 11/30/2019 License Exp Dt: 11/30/2022

County **WALLER** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 105801 License No.: 149265
WILLOW RIVER FARMS - #12
4073 FM 3318
BROOKSHIRE TX 77423
Phone (713) 525-8300 Fax (979) 885-1007
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TARA KEENER
Mgmt Co.:

Owner Information
THE CENTER FOR PURSUIT
3550 WEST DALLAS
HOUSTON TX 77019
PHONE: (713) 525-8400 FAX: (713) 525-8334
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/18/2020 License Exp Dt: 03/18/2023

County **WALLER** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 105802 License No.: 144245
WILLOW RIVER FARMS - #4
4073 FM 3318
BROOKSHIRE TX 77423
Phone (713) 525-8300 Fax (979) 885-1007
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TARA KEENER
Mgmt Co.:

Owner Information
THE CENTER FOR PURSUIT
3550 WEST DALLAS
HOUSTON TX 77019
PHONE: (713) 525-8400 FAX: (713) 525-8334
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/18/2020 License Exp Dt: 03/18/2023

County **WALLER** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 103354 License No.: 149238
WILLOW RIVER FARMS (1A)
4073 FM 3318 - 1A
BROOKSHIRE TX 77423
Phone (979) 885-1007 Fax (979) 885-1007
TOTAL Lic Capacity: 4 ICF/IID Beds: 4
Administrator: TARA KEENER
Mgmt Co.:

Owner Information
THE CENTER FOR PURSUIT
3550 WEST DALLAS
HOUSTON TX 77019
PHONE: (713) 525-8400 FAX: (713) 525-8334
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/11/2018 License Exp Dt: 04/11/2020

County **WALLER** Reg Svcs: UNIT 21 (ICF-IID) Region 06
Facility Information: Facility ID: 103355 License No.: 149412
WILLOW RIVER FARMS (1B)
4073 FM 3318 - 1B
BROOKSHIRE TX 77423
Phone (713) 525-8300 Fax (979) 885-1007
TOTAL Lic Capacity: 5 ICF/IID Beds: 5
Administrator: TARA KEENER
Mgmt Co.:

Owner Information
THE CENTER FOR PURSUIT
3550 WEST DALLAS
HOUSTON TX 77019
PHONE: (713) 525-8400 FAX: (713) 525-8334
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/11/2020 License Exp Dt: 04/11/2022

County **WALLER** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 103357 License No.: 144793
WILLOW RIVER FARMS (5A)
4073 FM 3318 - 5A
BROOKSHIRE TX 77423
Phone (713) 525-8300 Fax (979) 885-1007
TOTAL Lic Capacity: 5 ICF/IID Beds: 5
Administrator: TARA KEENER
Mgmt Co.:

Region 06
Owner Information
THE CENTER FOR PURSUIT
3550 WEST DALLAS
HOUSTON TX 77019
PHONE: (713) 525-8400 FAX: (713) 525-8334
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/10/2018 License Exp Dt: 04/10/2020

County **WALLER** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 103356 License No.: 144462
WILLOW RIVER FARMS (5B)
4073 FM 3318 - 5B
BROOKSHIRE TX 77423
Phone (713) 525-8302 Fax (713) 525-8363
TOTAL Lic Capacity: 5 ICF/IID Beds: 5
Administrator: TARA KEENER
Mgmt Co.:

Region 06
Owner Information
THE CENTER FOR PURSUIT
3550 WEST DALLAS
HOUSTON TX 77019
PHONE: (713) 525-8400 FAX: (713) 525-8334
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/10/2020 License Exp Dt: 04/10/2022

County **WALLER** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 101330 License No.: 146798
WILLOW RIVER FARMS 10
4073 FM 3318
BROOKSHIRE TX 77423
Phone (713) 525-8300 Fax (979) 885-1007
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TARA KEENER
Mgmt Co.:

Region 06
Owner Information
THE CENTER FOR PURSUIT
3550 WEST DALLAS
HOUSTON TX 77019
PHONE: (713) 525-8400 FAX: (713) 525-8334
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/11/2019 License Exp Dt: 03/11/2021

County **WALLER** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 101331 License No.: 146722
WILLOW RIVER FARMS 11
4073 FM 3318
BROOKSHIRE TX 77423
Phone (713) 525-8300 Fax (979) 885-1007
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: TARA KEENER
Mgmt Co.:

Region 06
Owner Information
THE CENTER FOR PURSUIT
3550 WEST DALLAS
HOUSTON TX 77019
PHONE: (713) 525-8400 FAX: (713) 525-8334
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 03/12/2019 License Exp Dt: 03/12/2021

County **WASHINGTON** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007110 License No.:
BRENHAM STATE SUPPORTED LIVING CENTER
HIGHWAY 36 SOUTH
BRENHAM TX 77833
Phone (979) 836-4511 Fax (979) 277-1865
TOTAL Lic Capacity: 520 ICF/IID Beds: 520
Administrator:
Mgmt Co.:

Region 06
Owner Information
DADS
PO BOX 12668
AUSTIN TX 78711
PHONE: (512) 454-3761 FAX:
PROGRAM TYPE: ICF/IID SERVICE TYPE: STATE SCHOOL/STATE CENTER
License Eff Dt: License Exp Dt:

County **WHARTON** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007820 License No.: 148466
EL CAMPO #2
4912 NORTH FM 441 RD
EL CAMPO TX 77437
Phone (979) 543-4186 Fax (979) 543-8517
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: NICHOLAS S JENKINS
Mgmt Co.:

Region 06
Owner Information
MEMEEHA LLC
1909 WEST LOOP
EL CAMPO TX 77437
PHONE: (979) 543-4186 FAX: (979) 543-8517
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **WHARTON** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007822 License No.: 150173
EL CAMPO #3
4200 CR 360
EL CAMPO TX 77437
Phone (979) 543-4186 Fax (979) 543-8517
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: NICHOLAS S JENKINS
Mgmt Co.:

Region 06
Owner Information
MEMEEHA LLC
1909 WEST LOOP
EL CAMPO TX 77437
PHONE: (979) 543-4186 FAX: (979) 543-8517
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 09/22/2020 License Exp Dt: 09/22/2023

County **WHARTON** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007819 License No.: 148555
EL CAMPO 1
3396 COUNTY ROAD 355
EL CAMPO TX 77437
Phone (979) 543-4186 Fax (979) 543-8517
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: NICHOLAS S JENKINS
Mgmt Co.:

Region 06
Owner Information
MEMEEHA LLC
1909 WEST LOOP
EL CAMPO TX 77437
PHONE: (979) 543-4186 FAX: (979) 543-8517
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **WHARTON** Reg Svcs: UNIT 21 (ICF-IID)
Facility Information: Facility ID: 007821 License No.: 148710
EL CAMPO 4
577 C.R. 346
EL CAMPO TX 77437
Phone (979) 543-4186 Fax (979) 543-8517
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: NICHOLAS S JENKINS
Mgmt Co.:

Region 06
Owner Information
MEMEEHA LLC
1909 WEST LOOP
EL CAMPO TX 77437
PHONE: (979) 543-4186 FAX: (979) 543-8517
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **WICHITA** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007361 License No.: 149445
CUMBERLAND COURT
2114 8TH ST
WICHITA FALLS TX 76301
Phone (940) 322-2948 Fax (940) 766-6753
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN SPENCER
Mgmt Co.:

Region 02
Owner Information
HIGH PLAINS HEALTH PROVIDERS INC
1505 PB LANE, SUITE A
WICHITA FALLS TEXAS 76302
PHONE: (940) 766-6751 FAX: (940) 766-6753
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2023

County **WICHITA** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007556 License No.: 149964
HAMLIN HOUSE
1509 P B LN
WICHITA FALLS TX 76302
Phone (940) 322-8104 Fax (940) 766-6753
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN SPENCER
Mgmt Co.:

Region 02
Owner Information
HIGH PLAINS HEALTH PROVIDERS INC
1505 PB LANE, SUITE A
WICHITA FALLS TEXAS 76302
PHONE: (940) 766-6751 FAX: (940) 766-6753
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 08/17/2020 License Exp Dt: 08/17/2022

County **WICHITA** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003827 License No.:
HORIZON HOUSE
1604 ARLINGTON ST
WICHITA FALLS TX 76302
Phone (940) 723-8048 Fax (940) 763-0603
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 02
Owner Information
HELEN FARABEE CENTER
PO BOX 8266
WICHITA FALLS TX 76307
PHONE: (940) 397-3101 FAX: (940) 397-3150
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **WICHITA** Reg Svcs: ICF/IID
Facility Information: Facility ID: 007360 License No.: 149399
MIRAMAR
2911 AVE L
WICHITA FALLS TX 76309
Phone (940) 767-4548 Fax (940) 766-6753
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator: KAREN SPENCER
Mgmt Co.:

Region 02
Owner Information
HIGH PLAINS HEALTH PROVIDERS INC
1505 PB LANE, SUITE A
WICHITA FALLS TEXAS 76302
PHONE: (940) 766-6751 FAX: (940) 766-6753
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 04/01/2020 License Exp Dt: 04/01/2023

County **WICHITA** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003853 License No.:
NORRIS PLACE
1555 NORRIS ST
WICHITA FALLS TX 76302
Phone (940) 397-3362 Fax (940) 397-3388
TOTAL Lic Capacity: 6 ICF/IID Beds: 6
Administrator:
Mgmt Co.:

Region 02
Owner Information
HELEN FARABEE CENTER
PO BOX 8266
WICHITA FALLS TX 76307
PHONE: (940) 397-3101 FAX: (940) 397-3150
PROGRAM TYPE: ICF/IID SERVICE TYPE: GOVERNMENT BASED
License Eff Dt: License Exp Dt:

County **WICHITA** Reg Svcs: ICF/IID
Facility Information: Facility ID: 003759 License No.: 148723
OUACHITA FLATS
6086 KOVARIK RD
WICHITA FALLS TX 76310
Phone (940) 723-5410 Fax (940) 723-5564
TOTAL Lic Capacity: 13 ICF/IID Beds: 13
Administrator: MICKEY ATKINS
Mgmt Co.:

Region 02
Owner Information
D & S RESIDENTIAL SERVICES LP
8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
AUSTIN TX 78759
PHONE: (512) 327-2325 FAX: (512) 327-5355
PROGRAM TYPE: ICF/IID SERVICE TYPE: PRIVATELY OWNED
License Eff Dt: 12/01/2019 License Exp Dt: 12/01/2021

County **WICHITA** Reg Svcs: ICF/IID Region 02
Facility Information: Facility ID: 007426 License No.: 149550 Owner Information
 SOMERSET HILLS HIGH PLAINS HEALTH PROVIDERS INC
 4515 LAKEVIEW DR 1505 PB LANE, SUITE A
 WICHITA FALLS TX 76308 WICHITA FALLS TEXAS 76302
Phone (940) 691-6704 **Fax** (940) 766-6753 **PHONE:** (940) 766-6751 **FAX:** (940) 766-6753
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: KAREN SPENCER **License Eff Dt:** 07/02/2020 **License Exp Dt:** 07/02/2022
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007538 License No.: 149396 Owner Information
 GRANT HOUSE AUSTIN HEALTH RESOURCES INC
 11602 FLINNWOOD CIR 9609 NEW FOUNDLAND CIRCLE
 AUSTIN TX 78758 AUSTIN TX 78758
Phone (512) 835-8955 **Fax** (512) 835-8812 **PHONE:** (512) 835-8955 **FAX:** (512) 895-8812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: THOMAS P CONROY **License Eff Dt:** 06/01/2020 **License Exp Dt:** 06/01/2023
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 106799 License No.: 147079 Owner Information
 APPLETREE COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 2507 BOIS D ARC LANE 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 CEDAR PARK TX 78613 AUSTIN TX 78759
Phone (512) 259-0188 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 04/07/2019 **License Exp Dt:** 04/07/2021
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007310 License No.: 148235 Owner Information
 CEDAR PARK COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 611 POMEGRANATE PASS 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 CEDAR PARK TX 78613 AUSTIN TX 78759
Phone (512) 219-1938 **Fax** (512) 355-3186 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007468 License No.: 148233 Owner Information
 DRIFTWOOD COMMUNITY HOME D & S RESIDENTIAL SERVICES LP
 2304 DIJON 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 CEDAR PARK TX 78613 AUSTIN TX 78759
Phone (512) 327-2325 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003810 License No.: 148613 Owner Information
 HILL COUNTRY COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 1406 PECAN ST 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 CEDAR PARK TX 78613 AUSTIN TX 78759
Phone (512) 331-1753 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 10 **ICF/IID Beds:** 10 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2021
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003644 License No.: 148467 Owner Information
 RIVIERA COMMUNITY RESIDENCE D & S RESIDENTIAL SERVICES LP
 2401 DIJON DR 8911 N CAPITAL OF TX HWYBLDG 1 STE 1300
 CEDAR PARK TX 78613 AUSTIN TX 78759
Phone (512) 335-3966 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: MICKEY ATKINS **License Eff Dt:** 12/01/2019 **License Exp Dt:** 12/01/2022
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 103555 License No.: 146139 Owner Information
 BARNABAS HOUSE AT DOWN HOME RANCH DOWN HOME RANCH INC
 20250 FM 619 20250 FM 619
 ELGIN TX 78621 ELGIN TX 78621
Phone (512) 856-0128 **Fax** (512) 856-0256 **PHONE:** (512) 856-0128 **FAX:** (512) 856-0256
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: ANNETTE RAGAN **License Eff Dt:** 12/18/2018 **License Exp Dt:** 12/18/2020
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 104838 License No.: 147907 Owner Information
 ISAIAH HOUSE AT DOWN HOME RANCH DOWN HOME RANCH INC
 20250 FM 619 20250 FM 619
 ELGIN TX 78621 ELGIN TX 78621
Phone (512) 856-0128 **Fax** (512) 856-0256 **PHONE:** (512) 856-0128 **FAX:** (512) 856-0256
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: ANNETTE RAGAN **License Eff Dt:** 08/22/2019 **License Exp Dt:** 08/22/2021
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 103554 License No.: 146234 Owner Information
 MARTHA HOUSE AT DOWN HOME RANCH DOWN HOME RANCH INC
 20250 FM 619 20250 FM 619
 ELGIN TX 78621 ELGIN TX 78621
Phone (512) 856-0128 **Fax** (512) 856-0256 **PHONE:** (512) 856-0128 **FAX:** (512) 856-0256
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
 Administrator: ANNETTE RAGAN **License Eff Dt:** 12/17/2018 **License Exp Dt:** 12/17/2020
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 103553 License No.: 145934 Owner Information
TERESA HOUSE AT DOWN HOME RANCH DOWN HOME RANCH INC
20250 FM 619 20250 FM 619
ELGIN TX 78621 ELGIN TX 78621
Phone (512) 856-0128 Fax (512) 856-0256 **PHONE:** (512) 856-0128 **FAX:** (512) 856-0256
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
Administrator: ANNETTE RAGAN **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 11/05/2018 **License Exp Dt:** 11/05/2020
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003784 License No.: 145518 Owner Information
ROCK HOUSE OF GEORGETOWN 1 ROCK HOUSE SUPPORT SERVICES INC
4142 WILLIAMS DR P.O. BOX 953
GEORGETOWN TX 78628 STEPHENVILLE TX 76401
Phone (512) 869-4661 Fax (512) 869-2176 **PHONE:** (254) 968-4004 **FAX:** (254) 965-8653
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13
Administrator: JOHN ALLEN **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 10/01/2020 **License Exp Dt:** 10/01/2022
Mgmt Co.: THE COMPANY OF ROCK HOUSE

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003813 License No.: 145523 Owner Information
ROCK HOUSE OF GEORGETOWN 2 ROCK HOUSE SUPPORT SERVICES INC
4146 WILLIAMS DR P.O. BOX 953
GEORGETOWN TX 78628 STEPHENVILLE TX 76401
Phone (512) 869-4662 Fax (512) 869-2176 **PHONE:** **FAX:**
TOTAL Lic Capacity: 13 **ICF/IID Beds:** 13
Administrator: JOHN ALLEN **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 10/01/2018 **License Exp Dt:** 10/01/2020
Mgmt Co.: THE COMPANY OF ROCK HOUSE

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007412 License No.: 149157 Owner Information
COUNTY GLEN COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
308 COUNTY GLEN 33 CYPRESS BLVDSUITE 100
LEANDER TX 78641 ROUND ROCK TX 78665
Phone (512) 259-7573 Fax (512) 259-3873 **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
Administrator: WILLIAM K GRAY II **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 03/15/2020 **License Exp Dt:** 03/15/2023
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007808 License No.: 146724 Owner Information
BRUSHY CREEK COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
803 BRUSHY CRK DR 9901 LINN STATION ROAD
ROUND ROCK TX 78664 LOUISVILLE KY 40223-3808
Phone (512) 218-9483 Fax **PHONE:** **FAX:**
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6
Administrator: CHANDY NILES **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
License Eff Dt: 01/01/2019 **License Exp Dt:** 01/01/2021
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003626 License No.: 148174 Owner Information
GREYSON COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
2316 PEARSON WAY 33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665 ROUND ROCK TX 78665
Phone (512) 336-0800 Fax (512) 336-0812 **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: WILLIAM K GRAY II II **License Eff Dt:** 10/19/2019 **License Exp Dt:** 10/19/2022
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007444 License No.: 149750 Owner Information
MUSTANG COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
4207 DEER TRACT 33 CYPRESS BLVDSUITE 100
ROUND ROCK TX 78665 ROUND ROCK TX 78665
Phone (512) 246-0434 Fax (512) 246-0052 **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: WILLIAM K GRAY II II **License Eff Dt:** 03/15/2020 **License Exp Dt:** 03/15/2022
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 007605 License No.: 149017 Owner Information
MALLARD COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
1609 MALLARD 33 CYPRESS BLVDSUITE 100
TAYLOR TX 76574 ROUND ROCK TX 78665
Phone (512) 365-3743 Fax (512) 365-3743 **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: WILLIAM K GRAY II II **License Eff Dt:** 03/15/2020 **License Exp Dt:** 03/15/2022
Mgmt Co.:

County **WILLIAMSON** Reg Svcs: ICF-IID (AUSTIN REGION) Region 05
Facility Information: Facility ID: 003680 License No.: 149397 Owner Information
TAYLOR COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
4600 NORTH DRIVE 33 CYPRESS BLVDSUITE 100
TAYLOR TX 76574 ROUND ROCK TX 78665
Phone (512) 365-9727 Fax (512) 365-8471 **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 6 **ICF/IID Beds:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Administrator: WILLIAM K GRAY II II **License Eff Dt:** 03/15/2020 **License Exp Dt:** 03/15/2023
Mgmt Co.:
