

Texas Department of Aging and Disability Services

ICF/IID Directory July, 2017

Sorted by: County, City, Facility Name

County ANDERSON	Reg Svcs: ICF/IID TEAM	Region 04 - TYLER
Facility Information:	Facility ID: 003868	Owner Information
ELKHART INN COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
208 FM 1817		9901 LINN STATION ROAD
ELKHART TX 75839		LOUISVILLE KY 40223-3808
Phone (903) 764-5072	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019
PRIVATE Beds: 0	TITLE 18/19: 0	

County ANDERSON	Reg Svcs: ICF/IID TEAM	Region 04 - TYLER
Facility Information:	Facility ID: 007294	Owner Information
CRESTVIEW COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
216 CREST DR		9901 LINN STATION ROAD
PALESTINE TX 75801-7360		LOUISVILLE KY 40223-3808
Phone (903) 729-1898	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019
PRIVATE Beds: 0	TITLE 18/19: 0	

County ANDERSON	Reg Svcs: ICF/IID TEAM	Region 04 - TYLER
Facility Information:	Facility ID: 003685	Owner Information
MAVERICK COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
427 MAVERICK DR		9901 LINN STATION ROAD
PALESTINE TX 75801		LOUISVILLE KY 40223-3808
Phone (903) 723-0777	Fax (713) 622-9141	PHONE: (502) 394-2100 FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019
PRIVATE Beds: 0	TITLE 18/19: 0	

County ANDERSON	Reg Svcs: ICF/IID TEAM	Region 04 - TYLER
Facility Information:	Facility ID: 007456	Owner Information
REDWOOD TERRACE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
115 REDWOOD DR		9901 LINN STATION ROAD
PALESTINE TX 75801-5826		LOUISVILLE KY 40223-3808
Phone (903) 729-6700	Fax (713) 622-9141	PHONE: (502) 394-2100 FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019
PRIVATE Beds: 0	TITLE 18/19: 0	

County ANDERSON	Reg Svcs: ICF/IID TEAM	Region 04 - TYLER
Facility Information:	Facility ID: 003928	Owner Information
WESTWOOD COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
219 BROOKVIEW LN		9901 LINN STATION ROAD
PALESTINE TX 75801		LOUISVILLE KY 40223-3808
Phone (903) 729-8711	Fax (713) 622-9141	PHONE: (502) 394-2100 FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019
PRIVATE Beds: 0	TITLE 18/19: 0	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007606			Owner Information	
DIBOLL HOUSE				THE BURKE CENTER	
200 STUBBLEFIELD				1111	
DIBOLL	TX 75941				TX
Phone (409) 639-1636	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007534			Owner Information	
510 JEFFERSON				ST GILES LIVING CENTERS INC	
510 JEFFERSON				2007 HOWARD STREET	
LUFKIN	TX 75901			LUFKIN	TX 75901
Phone (936) 639-1615	Fax (936) 639-1632			PHONE: (936) 639-1610	FAX: (936) 639-1632
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2017	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003860			Owner Information	
COOPER COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
105 COOPER ST				9901 LINN STATION ROAD	
LUFKIN	TX 75904			LOUISVILLE	KY 40223-3808
Phone (936) 639-1573	Fax (713) 622-9141			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007355			Owner Information	
CUNNINGHAM HOUSE				THE BURKE CENTER	
1010 CUNNINGHAM RD				1111	
LUFKIN	TX 75901				TX
Phone (409) 634-2257	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007522			Owner Information	
HOWARD HOUSE				ST GILES LIVING CENTERS INC	
2007 HOWARD STREET				2007 HOWARD STREET	
LUFKIN	TX 75901			LUFKIN	TX 75901
Phone (936) 639-1610	Fax (936) 639-1632			PHONE: (936) 639-1610	FAX: (936) 639-1632
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2017	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003857			Owner Information	
HUDSON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
164 FREEMAN CEMETERY RD				9901 LINN STATION ROAD	
LUFKIN	TX 75904			LOUISVILLE	KY 40223-3808
Phone (936) 875-3078	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007439			Owner Information	
KARLA HOUSE				ST GILES - BAYTOWN INC	
107 KARLA DR				2203 KILGORE ROAD	
LUFKIN	TX 75901			BAYTOWN TX	77520
Phone (936) 275-3466	Fax (936) 275-9732			PHONE: (281) 837-1942	FAX: (281) 427-0586
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2017	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007103			Owner Information	
LUFKIN STATE SUPPORTED LIVING CENTER				DADS	
HWY 69 N				PO BOX 12668	
LUFKIN	TX 75901			AUSTIN TX	78711
Phone (936) 853-8350	Fax (956) 853-8521			PHONE: (512) 454-3761	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 486			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007406			Owner Information	
MARKUS HOUSE				ST GILES LIVING CENTERS INC	
912 MARKUS				2007 HOWARD STREET	
LUFKIN	TX 75901			LUFKIN TX	75901
Phone (936) 639-1615	Fax (936) 639-1632			PHONE: (936) 639-1610	FAX: (936) 639-1632
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2017	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003869			Owner Information	
SOUTHWOOD COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1500 SOUTHWOOD				9901 LINN STATION ROAD	
LUFKIN	TX 75904			LOUISVILLE KY	40223-3808
Phone (409) 639-6906	Fax (936) 639-5063			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003898			Owner Information	
STECHEER COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
702 MARION ST				9901 LINN STATION ROAD	
LUFKIN	TX 75904			LOUISVILLE KY	40223-3808
Phone (936) 639-6998	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003862			Owner Information	
WESTSIDE COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
6895 FM 3150				9901 LINN STATION ROAD	
LUFKIN	TX 75904			LOUISVILLE KY	40223-3808
Phone (936) 639-1575	Fax (936) 639-5063			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/23/2018	

County	ANGELINA	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003899	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: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2019			

County	ARANSAS	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007816	Owner Information			
ABILITY HOUSE ROCKPORT		ABILITY HOUSE LTD			
843 PINE AVE		711 SENTRY HILL			
ROCKPORT TX 78382		SAN ANTONIO TX 78260			
Phone (361) 729-7393	Fax	PHONE: (210) 255-1718	FAX: (210) 255-1035		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/06/2018			

County	ARCHER	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003797	Owner Information			
OUACHITA ACRES		D & S RESIDENTIAL SERVICES LP			
7752 STATE HWY 79 SOUTH		8911 N CAPITAL OF TX HWY ,BLDG 1 STE 1300			
WICHITA FALLS TX 76310		AUSTIN TX 78759			
Phone (940) 692-6282	Fax (512) 327-5355	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/01/2017			

County	AUSTIN	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007270	Owner Information			
BELLVILLE COMMUNITY RESIDENCE		RESCARE SERVICES INC			
305 S THOMAS ST		3711 SAN ANTONIO ST			
BELLVILLE TX 77418		AUSTIN TX 78734-2126			
Phone (979) 865-8112	Fax (979) 865-8112	PHONE: (512) 328-1832	FAX: (512) 328-1833		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 04/30/2018			

County	BASTROP	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003762	Owner Information			
BASTROP COMMUNITY RESIDENCE		RESCARE SERVICES INC			
133 PLUM ST		3711 SAN ANTONIO ST			
BASTROP TX 78602		AUSTIN TX 78734-2126			
Phone (512) 321-3316	Fax (512) 321-3316	PHONE: (512) 328-1832	FAX: (512) 328-1833		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 02/02/2018			

County	BASTROP	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007634	Owner Information			
JEFFERSON COMMUNITY RESIDENCE		RESCARE SERVICES INC			
1405 JEFFERSON ST		3711 SAN ANTONIO ST			
BASTROP TX 78602		AUSTIN TX 78734-2126			
Phone (512) 303-7638	Fax	PHONE: (512) 328-1832	FAX: (512) 328-1833		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/22/2018			

County	BASTROP	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007635	Owner Information			
LAKEVIEW COMMUNITY RESIDENCE		RESCARE SERVICES INC			
223 MATTHEW COVE		3711 SAN ANTONIO ST			
BASTROP	TX 78602	AUSTIN TX		78734-2126	
Phone (512) 303-6758	Fax	PHONE: (512) 328-1832	FAX: (512) 328-1833		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 11/21/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BASTROP	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003991	Owner Information			
SMITHVILLE COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
602 HICKORY		33 CYPRESS BLVD ,SUITE 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 03/15/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BELL	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007459	Owner Information			
PROSPECT COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1805 CANYON CREEK DRIVE		9901 LINN STATION ROAD			
TEMPLE	TX 76502-3210	LOUISVILLE KY		40223-3808	
Phone (254) 773-4173	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BELL	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007219	Owner Information			
TAYLORS COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
221 TAYLORS DR		9901 LINN STATION ROAD			
TEMPLE	TX 76502	LOUISVILLE KY		40223-3808	
Phone (254) 773-6700	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BELL	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007220	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	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007376	Owner Information			
COUNCIL OAKS @ MISTY RIDGE		COUNCIL OAKS COMMUNITY OPTIONS LTD			
7005 MISTY RIDGE		11901 TOEPPERWEIN ,STE 1001			
CONVERSE	TX 78109	SAN ANTONIO TX		78233	
Phone (210) 564-0317	Fax (210) 590-9503	PHONE: (210) 646-0717	FAX: (210) 599-9789		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 05/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007318
 COUNCIL OAKS AT NUGGET CREEK
 10022 NUGGET CREEK
 CONVERSE TX 78109
Phone (210) 945-9124 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 003652
 COUNCIL OAKS AT TROUT RIDGE
 10026 TROUT RIDGE
 CONVERSE TX 78109
Phone (210) 590-3909 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 104463
 COUNCIL OAKS FLATLAND TRAIL
 10304 FLATLAND TRAIL
 CONVERSE TX 78109
Phone (210) 659-9553 **Fax** (210) 599-9789
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 09/17/2018

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 101821
 SPRUCE RIDGE
 10026 SPRUCE RIDGE DR
 CONVERSE TX 78109
Phone (210) 590-1348 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 9901 LINN STATION ROAD
 LOUISVILLE KY 40223
PHONE: (502) 394-2100 **FAX:** (502) 394-2285
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007601
 10115 CEDARMONT
 10115 CEDARMONT
 SAN ANTONIO TX 78245
Phone (210) 520-2539 **Fax** (210) 647-7637
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 05/04/2018

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007602
 11311 MORINO PARK
 11311 MORINO PARK
 SAN ANTONIO TX 78249
Phone (210) 694-4418 **Fax** (210) 647-7637
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 05/05/2018

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007347			Owner Information	
7123 SPRING MORNING				CALAB INC	
7123 SPRING MORNING				3803 S ROBINSON RD	
SAN ANTONIO	TX 78249			GRAND PRAIRIE TX	75052-1239
Phone (210) 690-3258	Fax (210) 647-7637			PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007600			Owner Information	
9519 AUTUMN BREEZE				CALAB INC	
9519 AUTUMN BREEZE				3803 S ROBINSON RD	
SAN ANTONIO	TX 78250			GRAND PRAIRIE TX	75052-1239
Phone (210) 520-0561	Fax (210) 647-7637			PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 05/03/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007253			Owner Information	
APRICOT				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
12126 APRICOT				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78247			LOUISVILLE KY	40223
Phone (210) 545-1581	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/01/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007216			Owner Information	
ARBOR WOOD				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
9035 ARBORWOOD				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78250			LOUISVILLE KY	40223
Phone (210) 681-5334	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 11/20/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007349			Owner Information	
AUTISTIC TREATMENT CENTER WADDES DON WOOD				AUTISTIC TREATMENT CENTER INC	
6307 WADDES DON WOOD				10503 METRIC DR	
SAN ANTONIO	TX 78233			DALLAS TX	75243
Phone (210) 590-2107	Fax (210) 590-3143			PHONE: (972) 644-2076	FAX: (972) 644-5650
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/18/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 010179			Owner Information	
BOULDER CREEK				AUTISTIC TREATMENT CENTER INC	
15618 BOULDER CREEK				10503 METRIC DR	
SAN ANTONIO	TX 78247			DALLAS TX	75243
Phone (210) 590-2107	Fax (210) 590-3143			PHONE: (972) 644-2076	FAX: (972) 644-5650
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/12/2019	

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 003668

BOULDER OAKS
14022 BOULDER OAKS
SAN ANTONIO

TX 78247

Phone (210) 494-4915

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

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 Exp Dt: 04/29/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 101793

BOULDER OAKS
14038 BOULDER OAKS
SAN ANTONIO

TX 78247

Phone (210) 490-4656

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 11/01/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007409

BREES
222 BREES
SAN ANTONIO

TX 78209

Phone (210) 820-3712

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 12/01/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 106502

BURR HILL
16402 BURR HILL STREET
SAN ANTONIO

TX 78247

Phone (210) 494-1030

Fax

(210) 494-7228

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 5

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

SOUTH TEXAS COMMUNITY LIVING CORP

18 AUGUSTA PINES DR ,STE 140 E

SPRING TX

77389

PHONE: (281) 351-1758

FAX: (210) 255-4500

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 01/25/2019

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007487

CADES COVE HOUSE
6647 CADES COVE
SAN ANTONIO

TX 78238

Phone (210) 520-0774

Fax

(210) 520-7260

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

COMPLETE LIFE CARE

6647 CADES COVE

SAN ANTONIO TX

78238

PHONE: (210) 520-0774

FAX: (210) 520-7260

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 12/03/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007348

CHISOLM TRAIL
2815 CHISOLM TRL
SAN ANTONIO

TX 78217

Phone (210) 820-3650

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 12/01/2018

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007553
 COUNCIL OAKS AT ALMARION WAY
 9430 ALMARION WAY
 SAN ANTONIO TX 78250
Phone (210) 684-7510 **Fax** (512) 346-4125

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 003698
 COUNCIL OAKS AT BEECH TRAIL
 7031 BEECH TRAIL
 SAN ANTONIO TX 78244
Phone (210) 666-1224 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 003844
 COUNCIL OAKS AT CHERRY GLADE
 8303 CHERRY GLADE
 SAN ANTONIO TX 78244
Phone (210) 658-9288 **Fax** (210) 599-9789

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 02/01/2018

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007234
 COUNCIL OAKS AT CLOUDY RIDGE
 6124 CLOUDY RIDGE
 SAN ANTONIO TX 78247
Phone (210) 637-6506 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007466
 COUNCIL OAKS AT COUNTRY CROSS
 6815 COUNTRY CROSS
 SAN ANTONIO TX 78240
Phone (210) 697-9760 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007337
 COUNCIL OAKS AT SHALLOW CREEK
 8211 SHALLOW CREEK
 SAN ANTONIO TX 78251
Phone (210) 680-2778 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 COUNCIL OAKS COMMUNITY OPTIONS LTD
 11901 TOEPPERWEIN ,STE 1001
 SAN ANTONIO TX 78233
PHONE: (210) 646-0717 **FAX:** (210) 599-9789
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007546			Owner Information	
COUNCIL OAKS AT SHALLOW RIDGE				COUNCIL OAKS COMMUNITY OPTIONS LTD	
8722 SHALLOW RIDGE				11901 TOEPPERWEIN	,STE 1001
SAN ANTONIO	TX 78239			SAN ANTONIO	TX 78233
Phone (210) 590-2912	Fax			PHONE: (210) 646-0717	FAX: (210) 599-9789
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 11/01/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003816			Owner Information	
COVENANT HOME				MISSION ROAD DEVELOPMENTAL CENTER	
131 BURR RD				8706 MISSION RD	
SAN ANTONIO	TX 78209			SAN ANTONIO	TX 78214
Phone (210) 828-1424	Fax (210) 828-1246			PHONE: (210) 334-2437	FAX: (210) 922-6006
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 10			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 10/03/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007558			Owner Information	
CRATER LAKE HOME				BEXAR COUNTY HOME CARE INC	
5707 CRATER LAKE				PO BOX 100347	
SAN ANTONIO	TX 78244			SAN ANTONIO	TX 78201
Phone (210) 447-7233	Fax (210) 661-2620			PHONE: (210) 661-6262	FAX: (210) 661-2620
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 04/08/2019	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007214			Owner Information	
CYPRESS HOLLOW				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
13811 CYPRESS HOLLOW				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78232			LOUISVILLE	KY 40223
Phone (210) 491-0903	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/01/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007449			Owner Information	
DAWNWOOD				R & K SPECIALIZED HOMES INC	
8358 DAWNWOOD				1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX 78250			SAN ANTONIO	TX 78209
Phone (210) 521-5253	Fax			PHONE: (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/05/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 104357			Owner Information	
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
2114 OAK CREEK				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78232			LOUISVILLE	KY 40223
Phone (210) 491-4448	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 04/14/2019	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 104356	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
3015 FALL WAY		9901 LINN STATION ROAD			
SAN ANTONIO TX 78247		LOUISVILLE KY 40223			
Phone (210) 499-1282	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/03/2017			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 104350	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION-TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
2531 GREAT OAKS DRIVE		9901 LINN STATION ROAD			
SAN ANTONIO TX 78232		LOUISVILLE KY 40223			
Phone (210) 491-5977	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/09/2018			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 104351	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION-TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
3003 PEBBLE TRAIL		9901 LINN STATION ROAD			
SAN ANTONIO TX 78232		LOUISVILLE KY 40223			
Phone (210) 494-4560	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 05/11/2019			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003718	Owner Information			
EISENHAEUER GROUP HOME		BEXAR CO BOARD OF TRUSTEES MHMR SVCS DBA THE CTR FOR HC SVCS			
2927 EISENHAEUER ROAD		3031 IH 10 WEST			
SAN ANTONIO TX 78209		SAN ANTONIO TX 78201			
Phone (210) 659-5857	Fax	PHONE:	FAX:		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 10			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	GOVERNMENT BASED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007208	Owner Information			
EL DORADO ADULT LIVING CENTER		SPECIALIZED HOME LIFE			
12302 GRAN VISTA		PO BOX 33487			
SAN ANTONIO TX 78233		SAN ANTONIO TX 78265			
Phone (210) 599-8656	Fax (210) 599-8656	PHONE: (210) 599-8656	FAX: (210) 599-8656		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/26/2017			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003662	Owner Information			
ENCINO VALLEY		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
1906 ENCINO VALLEY		9901 LINN STATION ROAD			
SAN ANTONIO TX 78259		LOUISVILLE KY 40223			
Phone (210) 497-8162	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 04/20/2018			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007415	Owner Information			
FEATHER RIDGE		SOUTH TEXAS COMMUNITY LIVING CORP			
13055 FEATHER RIDGE		18 AUGUSTA PINES DR ,STE 140 E			
SAN ANTONIO	TX 78233	SPRING TX 77389			
Phone (210) 599-8965	Fax (210) 494-7228	PHONE: (281) 351-1758 FAX: (210) 255-4500			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007467	Owner Information			
FLORAL WAY COMMUNITY HOME		SOUTH TEXAS COMMUNITY LIVING CORP			
2934 FLORAL WAY		18 AUGUSTA PINES DR ,STE 140 E			
SAN ANTONIO	TX 78247	SPRING TX 77389			
Phone (210) 402-1267	Fax (210) 494-7228	PHONE: (281) 351-1758 FAX: (210) 255-4500			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007400	Owner Information			
FOREST NIGHT HOME		BEXAR COUNTY HOME CARE INC			
11209 FOREST NIGHT		PO BOX 100347			
SAN ANTONIO	TX 78233	SAN ANTONIO TX 78201			
Phone (210) 599-7441	Fax (210) 661-2620	PHONE: (210) 661-6262 FAX: (210) 661-2620			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 05/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007438	Owner Information			
FOUNTAIN LAKE		SOUTH TEXAS COMMUNITY LIVING CORP			
5227 FOUNTAIN LAKE		18 AUGUSTA PINES DR ,STE 140 E			
SAN ANTONIO	TX 78244	SPRING TX 77389			
Phone (210) 662-7076	Fax (210) 494-7228	PHONE: (281) 351-1758 FAX: (210) 255-4500			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 101796	Owner Information			
GRANADA		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
106 GRANADA		9901 LINN STATION ROAD			
SAN ANTONIO	TX 78216	LOUISVILLE KY 40223			
Phone (210) 438-9338	Fax (210) 558-9791	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007364	Owner Information			
GREEN RUN		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
2947 GREEN RUN		9901 LINN STATION ROAD			
SAN ANTONIO	TX 78231-1612	LOUISVILLE KY 40223			
Phone (210) 493-9079	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/30/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007399			Owner Information	
HALCYON IN THE HEIGHTS				R & K SPECIALIZED HOMES INC	
236 HALCYON				1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX 78209			SAN ANTONIO	TX 78209
Phone (210) 805-0885	Fax (210) 805-0744			PHONE: (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/29/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007465			Owner Information	
HATHAWAY HOME				BEXAR COUNTY HOME CARE INC	
211 W HATHAWAY				PO BOX 100347	
SAN ANTONIO	TX 78209			SAN ANTONIO	TX 78201
Phone (210) 822-7829	Fax (210) 661-2620			PHONE: (210) 661-6262	FAX: (210) 661-2620
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/22/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007256			Owner Information	
HEREFORD HOUSE				AUTISTIC TREATMENT CENTER INC	
14433 HEREFORD				10503 METRIC DR	
SAN ANTONIO	TX 78217			DALLAS	TX 75243
Phone (210) 590-2107	Fax (210) 590-3143			PHONE: (972) 644-2076	FAX: (972) 644-5650
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/14/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007461			Owner Information	
HILLSIDE RIDGE HOUSE				GROWING CAPABILITIES INC	
14727 HILLSIDE RIDGE				18 AUGUSTA PINES STE 140E	
SAN ANTONIO	TX 78233			SPRING	TX 77389
Phone (210) 590-9151	Fax (210) 494-7228			PHONE: (281) 351-1758	FAX: (281) 255-4500
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/12/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007207			Owner Information	
HUNTERS CIRCLE				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
13230 N HUNTERS CIR				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78230			LOUISVILLE	KY 40223
Phone (210) 493-5968	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 10/25/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007215			Owner Information	
INTRIGUE HOUSE				R & K SPECIALIZED HOMES INC	
11619 INTRIGUE				1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX 78216			SAN ANTONIO	TX 78209
Phone (210) 979-0382	Fax (210) 979-0382			PHONE: (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 11/20/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007527			Owner Information	
KNOB OAK				KNOB OAK INC	
9714 KNOB OAK				9714 KNOB OAK	
SAN ANTONIO	TX 78250			SAN ANTONIO	TX 78250
Phone (210) 680-6768	Fax (210) 520-0812			PHONE: (210) 690-6768	FAX: (210) 520-0812
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007499			Owner Information	
KOPPLOW HOME				MISSION ROAD DEVELOPMENTAL CENTER	
460 KOPPLOW				8706 MISSION RD	
SAN ANTONIO	TX 78221			SAN ANTONIO	TX 78214
Phone (210) 921-9396	Fax (210) 924-9265			PHONE: (210) 334-2437	FAX: (210) 922-6006
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/21/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007435			Owner Information	
LAKE SUNSET COURT				SOUTH TEXAS COMMUNITY LIVING CORP	
3507 LAKE SUNSET CT				18 AUGUSTA PINES DR	,STE 140 E
SAN ANTONIO	TX 78217			SPRING	TX 77389
Phone (210) 656-2106	Fax (210) 494-7228			PHONE: (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/01/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 106203			Owner Information	
LAKEWAY				SOUTH TEXAS COMMUNITY LIVING CORP	
4417 LAKEWAY				18 AUGUSTA PINES DR	,STE 140 E
SAN ANTONIO	TX 78244			SPRING	TX 77389
Phone (210) 662-5920	Fax (210) 494-7228			PHONE: (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 05/27/2019	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003935			Owner Information	
LAMBETH COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
4935 LAMBETH ST				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78228			LOUISVILLE	KY 40223-3808
Phone (210) 509-9938	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 10/20/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007458			Owner Information	
LARIMER SQUARE				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
6006 LARIMER SQ				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78249			LOUISVILLE	KY 40223
Phone (210) 561-0303	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 11/01/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003775			Owner Information	
MABEE HOME				MISSION ROAD DEVELOPMENTAL CENTER	
7520 S SEA LN				8706 MISSION RD	
SAN ANTONIO	TX 78216			SAN ANTONIO TX 78214	
Phone (210) 377-1328	Fax (210) 377-1328			PHONE: (210) 334-2437	FAX: (210) 922-6006
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 12			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 10/22/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003629			Owner Information	
MAYFAIR				REACHING MAXIMUM INDEPENDENCE INC	
3118 MAYFAIR				6336 MONTGOMERY DR	
SAN ANTONIO	TX 78217			SAN ANTONIO TX 78239	
Phone (210) 655-8323	Fax (210) 656-0199			PHONE: (210) 656-6674	FAX: (210) 656-0199
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 11/01/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007292			Owner Information	
MOCKINGBIRD HOME				MISSION ROAD DEVELOPMENTAL CENTER	
7618 MOCKINGBIRD LN				8706 MISSION RD	
SAN ANTONIO	TX 78229-2624			SAN ANTONIO TX 78214	
Phone (210) 349-8125	Fax (210) 349-8149			PHONE: (210) 334-2437	FAX: (210) 922-6006
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 07/18/2018	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003630			Owner Information	
NEW WORLD				REACHING MAXIMUM INDEPENDENCE INC	
7950 NEW WORLD				6336 MONTGOMERY DR	
SAN ANTONIO	TX 78239			SAN ANTONIO TX 78239	
Phone (210) 646-8628	Fax (210) 656-0199			PHONE: (210) 656-6674	FAX: (210) 656-0199
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/05/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 104625			Owner Information	
OASIS HOME				WHITBY ROAD ALLIANCE INC	
6487 WHITBY RD				6487 WHITBY RD	
SAN ANTONIO	TX 78240			SAN ANTONIO TX 78240-2198	
Phone (210) 696-2410	Fax (210) 699-1866			PHONE: (210) 696-2410	FAX: (210) 699-1866
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 08/10/2017	

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007365			Owner Information	
PARK HAVEN HOME				BEXAR COUNTY HOME CARE INC	
6738 PARK HAVEN				PO BOX 100347	
SAN ANTONIO	TX 78244			SAN ANTONIO TX 78201	
Phone (210) 661-1338	Fax (210) 661-2620			PHONE: (210) 661-6262	FAX: (210) 661-2620
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/31/2018	

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 003649 **Owner Information**
 PEBBLE BOW EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 2643 PEBBLE BOW 9901 LINN STATION ROAD
 SAN ANTONIO TX 78232 LOUISVILLE KY 40223
Phone (210) 491-0610 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 03/01/2018

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 003603 **Owner Information**
 PEPPERIDGE ADULT LIVING CENTER SPECIALIZED HOME LIFE
 4611 WETZ PO BOX 33487
 SAN ANTONIO TX 78265
Phone (210) 599-8656 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (210) 599-8656 **FAX:** (210) 599-8656
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 06/01/2018

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007508 **Owner Information**
 QUAIL RUN COMPLETE LIFE CARE
 7422 QUAIL RUN 6647 CADES COVE
 SAN ANTONIO TX 78238
Phone (210) 805-8950 **Fax** (210) 520-7260
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (210) 520-0774 **FAX:** (210) 520-7260
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 02/05/2018

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 104491 **Owner Information**
 R & K SPECIALIZED HOMES INC R & K SPECIALIZED HOMES INC
 15910 QUAIL CIRCLE 1550 NE LOOP 410 ,STE 206
 SAN ANTONIO TX 78247 SAN ANTONIO TX 78209
Phone (210) 805-0802 **Fax** (210) 805-0744
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (210) 805-0802 **FAX:** (210) 805-0744
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 11/23/2018

County **BEXAR** Reg Svcs: **ICF-IID (AUSTIN REGION)** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 007564 **Owner Information**
 R & K SPECIALIZED HOMES INC R & K SPECIALIZED HOMES INC
 6706 TIMBERHILL 1550 NE LOOP 410 ,STE 206
 SAN ANTONIO TX 78238 SAN ANTONIO TX 78209
Phone (210) 805-0802 **Fax** (210) 805-0744
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (210) 805-0802 **FAX:** (210) 805-0744
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 09/08/2018

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: **Facility ID:** 104296 **Owner Information**
 R&K SPECIALIZED HOMES INC R & K SPECIALIZED HOMES INC
 4703 SHADY BREEZE 1550 NE LOOP 410 ,STE 206
 SAN ANTONIO TX 78217 SAN ANTONIO TX 78209
Phone (210) 805-0802 **Fax** (210) 805-0744
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (210) 805-0802 **FAX:** (210) 805-0744
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 07/14/2018

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 104154			Owner Information	
R&K SPECIALIZED HOMES INC				R & K SPECIALIZED HOMES INC	
10214 SQUANTO				1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX 78230			SAN ANTONIO	TX 78209
Phone (210) 805-0802	Fax (210) 805-0744			PHONE: (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 05/19/2018			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 106756			Owner Information	
R&K SPECIALIZED HOMES INC				R & K SPECIALIZED HOMES INC	
8007 CLYDE DENT				1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX 78250			SAN ANTONIO	TX 78209
Phone (210) 805-0802	Fax (210) 805-0744			PHONE: (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 06/01/2019			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 105215			Owner Information	
R&K SPECIALIZED HOMES, INC				R & K SPECIALIZED HOMES INC	
8711 OAK LEDGE DR.				1550 NE LOOP 410	,STE 206
SAN ANTONIO	TX 78217			SAN ANTONIO	TX 78209
Phone (210) 805-0802	Fax			PHONE: (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 11/14/2018			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007478			Owner Information	
REGENCY COMMUNITY SERVICES INC PINETREE				REGENCY COMMUNITY SERVICES INC	
2002 PINETREE LN				2391 NE LOOP 410	,STE 403
SAN ANTONIO	TX 78232			SAN ANTONIO	TX 78217
Phone (210) 403-9372	Fax (210) 495-1538			PHONE: (210) 403-9372	FAX: (210) 495-1538
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 10/01/2017			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 104052			Owner Information	
ROLLING MEADOWS GROUP HOME				UCG CENTRAL TEXAS HOLDINGS LLC	
7419 OBBLIGATO				750 RUSK	
SAN ANTONIO	TX 78266			NEW BRAUNFELS	TX 78130
Phone (210) 651-1851	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 09/01/2017			

County	BEXAR	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007362			Owner Information	
RUSTLING WAY				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
6342 RUSTLING WAY				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78249			LOUISVILLE	KY 40223
Phone (210) 697-9511	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 01/27/2018			

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007287

SAGE TRAIL
14231 SAGE TRL
SAN ANTONIO

TX 78231

Phone (210) 493-8809

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE

KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 12/01/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007114

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: 0

TITLE 18: 0

ICF/IID: 339

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

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 Exp Dt:

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007811

SHADYWOOD
215 SHADYWOOD
SAN ANTONIO

TX 78216

Phone (210) 829-0024

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE

KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 11/01/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007603

SILVER QUAIL
8706 SILVER QUAIL
SAN ANTONIO

TX 78250

Phone (210) 509-3548

Fax (210) 509-0586

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

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 Exp Dt: 10/01/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007481

SPRING DOVE
5822 SPRING DOVE
SAN ANTONIO

TX 78247

Phone (210) 590-1346

Fax (210) 494-7228

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

SOUTH TEXAS COMMUNITY LIVING CORP

18 AUGUSTA PINES DR

,STE 140 E

SPRING

TX

77389

PHONE: (281) 351-1758

FAX: (210) 255-4500

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 03/01/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 003681

SPRING HARVEST HOUSE
9714 SPRING HARVEST
SAN ANTONIO

TX 78254-6105

Phone (210) 681-8776

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE

KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 06/20/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 101810

STORMY SUNSET
5223 STORMY SUNSET
SAN ANTONIO

TX 78247

Phone (210) 590-6745

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 11/01/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 003633

SUNNY GROVE
4706 SUNNY GROVE
SAN ANTONIO

TX 78217

Phone (210) 655-9353

Fax (210) 656-0199

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

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 Exp Dt: 12/18/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007520

SWANDALE
3242 SWANDALE
SAN ANTONIO

TX 78230

Phone (210) 979-6420

Fax (210) 308-7411

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

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 Exp Dt: 03/25/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007639

THATCH
8820 THATCH
SAN ANTONIO

TX 78240

Phone (210) 509-8189

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 12/01/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 003696

TIMBER MEADOW
5401 TIMBER MEADOW
SAN ANTONIO

TX 78250

Phone (210) 680-1818

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 08/29/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 101823

VISTA BRIAR
17002 VISTA BRIAR DR
SAN ANTONIO

TX 78247

Phone (210) 599-4030

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD

LOUISVILLE KY

40223

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 11/01/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007488

VISTA CREEK COMMUNITY HOME
5403 VISTA CREEK
SAN ANTONIO TX 78247

Phone (210) 599-3624 Fax (210) 494-7228

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

SOUTH TEXAS COMMUNITY LIVING CORP

18 AUGUSTA PINES DR ,STE 140 E
SPRING TX 77389

PHONE: (281) 351-1758 FAX: (210) 255-4500

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 03/01/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 102604

VISTA RUN
5303 VISTA RUN
SAN ANTONIO TX 78247

Phone (210) 653-8261 Fax

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD
LOUISVILLE KY 40223

PHONE: (502) 394-2100 FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 11/01/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007291

WELLES HARBOR
8730 WELLES HARBOR
SAN ANTONIO TX 78240

Phone (210) 558-6998 Fax (210) 656-0199

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

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 Exp Dt: 07/09/2018

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007420

WHISPER VALLEY
10934 WHISPER VALLEY
SAN ANTONIO TX 78230

Phone (210) 492-3727 Fax

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - TEXAS

9901 LINN STATION ROAD
LOUISVILLE KY 40223

PHONE: (502) 394-2100 FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 11/01/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007319

WOODLAND HILLS
9418 WOODLAND HILLS
SAN ANTONIO TX 78250

Phone (210) 680-3632 Fax

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

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 Exp Dt: 09/27/2017

County BEXAR Reg Svcs: TEAM ICF-IID Region 08 - SAN ANTONIO

Facility Information: Facility ID: 007250

COUNCIL OAKS AT PHOENIX
8418 PHOENIX
SELMA TX 78154

Phone (210) 945-8038 Fax

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

COUNCIL OAKS COMMUNITY OPTIONS LTD

11901 TOEPPERWEIN ,STE 1001
SAN ANTONIO TX 78233

PHONE: (210) 646-0717 FAX: (210) 599-9789

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 11/01/2017

County **BEXAR** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: Facility ID: 003948

GUILFORD FORGE COMMUNITY HOME
250 GUILFORD FORGE
UNIVERSAL CITY TX 78148-3615

Phone (210) 658-0412 Fax

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
9901 LINN STATION ROAD

LOUISVILLE KY 40223-3808

PHONE: (502) 394-2100 FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 01/01/2019

County **BOWIE** Reg Svcs: **ICF/IID TEAM** Region **04 - TYLER**

Facility Information: Facility ID: 003645

EVERGREEN NORTHWOOD COMMUNITY HOME
113 NORTHWOOD
NASH TX 75569

Phone (903) 831-4239 Fax (903) 792-1861

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810 SANDEN DR

DALLAS TX 75238

PHONE: (972) 386-4834 FAX:

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 02/23/2018

County **BOWIE** Reg Svcs: **ICF/IID TEAM** Region **04 - TYLER**

Facility Information: Facility ID: 003628

EVERGREEN COOPER LANE COMMUNITY HOME
3312 COOPER LN
TEXARKANA TX 75503

Phone (903) 831-4632 Fax (903) 792-1861

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810 SANDEN DR

DALLAS TX 75238

PHONE: (972) 386-4834 FAX:

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 11/21/2017

County **BOWIE** Reg Svcs: **ICF/IID TEAM** Region **04 - TYLER**

Facility Information: Facility ID: 007248

EVERGREEN FORTUNE COMMUNITY HOME
3002 FORTUNE AVE
TEXARKANA TX 75503

Phone (903) 838-5625 Fax (903) 792-1861

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810 SANDEN DR

DALLAS TX 75238

PHONE: (972) 386-4834 FAX:

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 03/20/2018

County **BOWIE** Reg Svcs: **ICF/IID TEAM** Region **04 - TYLER**

Facility Information: Facility ID: 003637

EVERGREEN MARYLAND COMMUNITY HOME
106 MARYLAND
TEXARKANA TX 75501

Phone (903) 831-4967 Fax (903) 792-1861

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810 SANDEN DR

DALLAS TX 75238

PHONE: (972) 386-4834 FAX:

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 01/31/2018

County **BOWIE** Reg Svcs: **ICF/IID TEAM** Region **04 - TYLER**

Facility Information: Facility ID: 003638

EVERGREEN MEADOW LANE COMMUNITY HOME
#20 MEADOW LN
TEXARKANA TX 75503

Phone (903) 792-2529 Fax (903) 792-1861

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
10810 SANDEN DR

DALLAS TX 75238

PHONE: (972) 386-4834 FAX:

PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 12/22/2018

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007203
 EVERGREEN MOORES LANE COMMUNITY HOME
 3611 MOORES LN
 TEXARKANA TX 75503
 Phone (903) 832-2682 Fax (903) 792-1861
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 10/10/2017

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007403
 EVERGREEN PINE KNOLL COMMUNITY HOME
 3603 PINE KNOLL
 TEXARKANA TX 75503
 Phone (903) 793-0193 Fax (903) 793-3129
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 03/05/2018

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007617
 NEW HORIZONS ELIZABETH
 4820 ELIZABETH ST
 TEXARKANA TX 75503
 Phone (903) 794-0509 Fax (903) 793-6460
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 HORIZONS GENERAL PARTNERSHIP
 4904 ELIZABETH ST
 TEXARKANA TX 75503
PHONE: (903) 794-0509 **FAX:** (903) 793-6460
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 07/22/2018

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007408
 NEW HORIZONS MAGNOLIA
 4125 MAGNOLIA ST
 TEXARKANA TX 75503
 Phone (903) 794-0509 Fax (903) 793-6460
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 HORIZONS GENERAL PARTNERSHIP
 4904 ELIZABETH ST
 TEXARKANA TX 75503
PHONE: (903) 794-0509 **FAX:** (903) 793-6460
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 05/15/2018

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007569
 NEW HORIZONS STILLWELL
 2611 STILLWELL DR
 TEXARKANA TX 75503
 Phone (903) 794-0509 Fax (903) 793-6460
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 HORIZONS GENERAL PARTNERSHIP
 4904 ELIZABETH ST
 TEXARKANA TX 75503
PHONE: (903) 794-0509 **FAX:** (903) 793-6460
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/23/2017

County **BOWIE** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007407
 NEW HORIZONS WEST 27TH ST
 404 W 27TH ST
 TEXARKANA TX 75503
 Phone (903) 794-0509 Fax (903) 793-6460
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 HORIZONS GENERAL PARTNERSHIP
 4904 ELIZABETH ST
 TEXARKANA TX 75503
PHONE: (903) 794-0509 **FAX:** (903) 793-6460
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 05/13/2018

County	BRAZORIA	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003925	Owner Information			
HIGHLAND GROUP HOME		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
1304 HIGHLAND		9901 LINN STATION ROAD			
ALVIN	TX 77512	LOUISVILLE KY 40223-3808			
Phone (281) 388-2726	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BRAZORIA	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003618	Owner Information			
TOVREA		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
802 TOVREA		9901 LINN STATION ROAD			
ALVIN	TX 77512	LOUISVILLE KY 40223-3808			
Phone (281) 331-7413	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/20/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BRAZORIA	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 105082	Owner Information			
ARCOLA		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
800 N ARCOLA		9901 LINN STATION ROAD			
ANGLETON	TX 77515	LOUISVILLE KY 40223			
Phone (979) 848-8600	Fax (979) 345-4969	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BRAZORIA	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007626	Owner Information			
OAK TREE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
1811 OAKTREE CIR		9901 LINN STATION ROAD			
PEARLAND	TX 77581	LOUISVILLE KY 40223-3808			
Phone (281) 992-8176	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/07/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BRAZORIA	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003963	Owner Information			
SOMERSET GROUP HOME		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
1117 CHESTERWOOD		9901 LINN STATION ROAD			
PEARLAND	TX 77581	LOUISVILLE KY 40223-3808			
Phone (281) 992-8510	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 02/28/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BRAZOS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007662	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: 0	TITLE 18: 0	ICF/IID: 8	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BRAZOS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007561	Owner Information			
MOSAIC		MOSAIC			
3706 CARTER CREEK PKWY		2245 MIDWAY RD			,STE 300
BRYAN	TX 77801	CARROLLTON		TX	75006
Phone (979) 823-7622	Fax (979) 775-5733	PHONE:	(972) 866-9989	FAX:	(972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID:	6	PROGRAM TYPE:	ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE	PRIVATELY OWNED	License Exp Dt:	01/01/2019
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BROWN	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007325	Owner Information			
CENTRAL TEXAS MHMR CENTER		CENTRAL TEXAS MHMR CENTER			
2209 ELEVENTH ST		408 MULBERRY DR			
BROWNWOOD	TX 76801				
Phone (325) 646-6952	Fax	PHONE:	(325) 646-9574	FAX:	(325) 646-7911
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID:	6	PROGRAM TYPE:	ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE	GOVERNMENT BASED	License Exp Dt:	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BROWN	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003734	Owner Information			
OPPORTUNITY DEVELOPMENT CENTER 1		CENTRAL TEXAS MHMR CENTER			
1600 STEWART ST		408 MULBERRY DR			
BROWNWOOD	TX 76801				
Phone (325) 643-5565	Fax (325) 643-3966	PHONE:	(325) 646-9574	FAX:	(325) 646-7911
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID:	13	PROGRAM TYPE:	ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE	GOVERNMENT BASED	License Exp Dt:	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BROWN	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003840	Owner Information			
OPPORTUNITY DEVELOPMENT CENTER 2		CENTRAL TEXAS MHMR CENTER			
403 MULBERRY DR		408 MULBERRY DR			
BROWNWOOD	TX 76801				
Phone (325) 643-1336	Fax (325) 643-3966	PHONE:	(325) 646-9574	FAX:	(325) 646-7911
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID:	13	PROGRAM TYPE:	ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE	GOVERNMENT BASED	License Exp Dt:	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BURNET	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003675	Owner Information			
BERTRAM COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
648 W CEDAR ST		8911 N CAPITAL OF TX HWY			,BLDG 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: 0	TITLE 18: 0	ICF/IID:	6	PROGRAM TYPE:	ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE	PRIVATELY OWNED	License Exp Dt:	12/01/2017
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BURNET	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007505	Owner Information			
BLUEBONNET COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
1260 HWY 29 W		8911 N CAPITAL OF TX HWY			,BLDG 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: 0	TITLE 18: 0	ICF/IID:	6	PROGRAM TYPE:	ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE	PRIVATELY OWNED	License Exp Dt:	12/01/2017
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BURNET	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007450	Owner Information			
WOODVIEW COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
407 CR 320		8911 N CAPITAL OF TX HWY		.BLDG 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BURNET	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003879	Owner Information			
HIGHLAND LAKES COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
705 KINCHELOE		8911 N CAPITAL OF TX HWY		.BLDG 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BURNET	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007221	Owner Information			
SUNSET COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
313 SUNSET DR		8911 N CAPITAL OF TX HWY		.BLDG 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	BURNET	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003763	Owner Information			
BURNET COUNTY COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
1513 BLUEBONNET DR		8911 N CAPITAL OF TX HWY		.BLDG 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: 0	TITLE 18: 0	ICF/IID: 8	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	CALDWELL	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007624	Owner Information			
CENTURY HOUSE		UCG CENTRAL TEXAS HOLDINGS LLC			
1604 CENTURY OAKS		750 RUSK			
LOCKHART	TX 78644	NEW BRAUNFELS TX		78130	
Phone (512) 398-6721	Fax (214) 723-5331	PHONE: (830) 372-2920	FAX: (214) 723-5331		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 09/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	CALDWELL	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003949	Owner Information			
LOCKHART COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1501 SUNRISE TER DR		9901 LINN STATION ROAD			
LOCKHART	TX 78644	LOUISVILLE KY		40223-3808	
Phone (512) 376-6550	Fax (512) 302-3978	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	CALHOUN	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003955			Owner Information	
CALHOUN HOME				UCG CENTRAL TEXAS HOLDINGS LLC	
102 BURNET RD				750 RUSK	
PORT LAVACA	TX 77979			NEW BRAUNFELS TX 78130	
Phone (512) 552-4316	Fax			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt: 03/01/2018	

County	CAMERON	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003744			Owner Information	
CARING PALMS HEALTH CARE CENTER				CARING PALMS HEALTH CARE CENTER INC	
1415 W WASHINGTON ST				8000 CALMONT ,APT 249	
BROWNSVILLE	TX 78520			FORT WORTH TX 76116	
Phone (956) 546-3714	Fax			PHONE: (817) 992-2028	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 72			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 04/01/2018	

County	CAMERON	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007559			Owner Information	
CASA LINDA GROUP HOME				VALLEY RESIDENTIAL CORPORATION	
8 CASA LINDA				8 CASA LINDA	
BROWNSVILLE	TX 78521			BROWNSVILLE TX 78521	
Phone (956) 546-4668	Fax (956) 546-1636			PHONE: (956) 546-4668	FAX: (956) 546-1636
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/22/2017	

County	CAMERON	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007244			Owner Information	
ADRIAN COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2214 ADRIAN ST				9901 LINN STATION ROAD	
HARLINGEN	TX 78550-7411			LOUISVILLE KY 40223-3808	
Phone (956) 428-3874	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	CAMERON	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003954			Owner Information	
DOMINION COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
133 W DOMINION				9901 LINN STATION ROAD	
HARLINGEN	TX 78550-3825			LOUISVILLE KY 40223-3808	
Phone (956) 421-4035	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	CAMERON	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003983			Owner Information	
EAST WASHINGTON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1907 E WASHINGTON AVE				9901 LINN STATION ROAD	
HARLINGEN	TX 78550-5744			LOUISVILLE KY 40223-3808	
Phone (956) 423-1942	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	CAMERON	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007236			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: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	CAMERON	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007112			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: 0	TITLE 18: 0	ICF/IID: 110			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	CAMERON	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003979			Owner Information	
SAM HOUSTON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
580 N SAM HOUSTON BLVD				9901 LINN STATION ROAD	
SAN BENITO	TX 78586-4669			LOUISVILLE	KY 40223-3808
Phone (956) 399-1020	Fax (512) 328-8211			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	CASS	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 003699			Owner Information	
EVERGREEN CHOCTAW COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
1313 CHOCTAW				10810 SANDEN DR	
ATLANTA	TX 75551			DALLAS	TX 75238
Phone (903) 796-9619	Fax (903) 792-1861			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/18/2017	

County	CASS	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007432			Owner Information	
EVERGREEN CLEARVIEW COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
101 CLEARVIEW				10810 SANDEN DR	
ATLANTA	TX 75551			DALLAS	TX 75238
Phone (903) 796-5552	Fax (903) 792-1861			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 07/09/2018	

County	CHEROKEE	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 010279			Owner Information	
ATCHISON GROUP HOME				BLUEBONNET HOMES INC	
RR 2 BOX 796 514 CR 4204				128 S MAGDALEN	
JACKSONVILLE	TX 75766			SAN ANGELO	TX 76903
Phone (903) 586-3419	Fax			PHONE: (325) 658-6664	FAX: (325) 659-3769
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 11/01/2018	

County	CHEROKEE	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 010278	Owner Information			
DOGWOOD GROUP HOME		BLUEBONNET HOMES INC			
432 DOGWOOD ST		128 S MAGDALEN			
JACKSONVILLE	TX 75766	SAN ANGELO TX 76903			
Phone (903) 586-8556	Fax	PHONE: (325) 658-6664 FAX: (325) 659-3769			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	CHEROKEE	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 010355	Owner Information			
SAN ANTONIO GROUP HOME		BLUEBONNET HOMES INC			
602 DALLAS STREET		128 S MAGDALEN			
JACKSONVILLE	TX 75766	SAN ANGELO TX 76903			
Phone (903) 541-4919	Fax (903) 586-9120	PHONE: (325) 658-6664 FAX: (325) 659-3769			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	CHEROKEE	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007648	Owner Information			
FOREST HILLS GROUP HOME		ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES			
803 SHARON ST		913 N JACKSON			
RUSK	TX 75785	JACKSONVILLE TX 75766			
Phone (903) 683-6151	Fax	PHONE: (903) 586-5507 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	CHEROKEE	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007649	Owner Information			
PECAN GROVE HOME		ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES			
619 E FOURTH ST		913 N JACKSON			
RUSK	TX 75785	JACKSONVILLE TX 75766			
Phone (903) 683-6547	Fax	PHONE: (903) 586-5507 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	COLLIN	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007421	Owner Information			
CHERRYWOOD COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
2900 PORT O CALL		9901 LINN STATION ROAD			
PLANO	TX 75075	LOUISVILLE KY 40223-3808			
Phone (972) 867-4159	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 12/05/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	COLLIN	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007306	Owner Information			
COLLIN COUNTY MHMR AT MULLINS		LIFEPATH SYSTEMS			
1313 MULLINS		1111			
PLANO	TX 75025				
Phone (214) 424-4814	Fax	PHONE: FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County **COLLIN** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007269 **Owner Information**
 CROSS BEND HOUSE LIFEPATH SYSTEMS
 3019 CROSS BEND PLANO TX 75023 1111 TX
Phone (214) 596-8916 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** **FAX:**
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** GOVERNMENT BASED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **COLLIN** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007493 **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: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 01/01/2019

County **COLLIN** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007402 **Owner Information**
 RIVERBEND COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 3700 GRIFBRICK 9901 LINN STATION ROAD
 PLANO TX 75075-1514 LOUISVILLE KY 40223-3808
Phone (972) 612-0394 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 01/01/2019

County **COLORADO** Reg Svcs: **UNIT 21 (ICF/MR)** Region **06 - HOUSTON**

Facility Information: Facility ID: 003993 **Owner Information**
 WEIMAR COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
 104 WEST SAINT CHARLES 33 CYPRESS BLVD ,SUITE 100
 WEIMAR TX 78962 ROUND ROCK TX 78665
Phone (979) 725-8826 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 03/15/2018

County **COMAL** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: Facility ID: 003611 **Owner Information**
 BESS HOUSE ANIOL III LLC
 157 BESS 750 RUSK AVE
 NEW BRAUNFELS TX 78130 NEW BRAUNFELS TX 78130
Phone (830) 620-6174 **Fax** (830) 629-2373
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (713) 271-7777 **FAX:**
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 09/01/2017

County **COMAL** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: Facility ID: 003997 **Owner Information**
 EARL HOUSE ANIOL III LLC
 926 EARL DR 750 RUSK AVE
 NEW BRAUNFELS TX 78130 NEW BRAUNFELS TX 78130
Phone (830) 620-0141 **Fax** (830) 629-2373
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (713) 271-7777 **FAX:**
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 09/01/2017

County	COMAL	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007260			Owner Information	
GRANADA HOUSE				ANIOL III LLC	
457 GRANADA				750 RUSK AVE	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS	TX 78130
Phone (830) 620-0025		Fax (830) 629-2373		PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	COMAL	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007233			Owner Information	
MARIGOLD HOUSE				ANIOL III LLC	
1639 MARIGOLD				750 RUSK AVE	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS	TX 78130
Phone (830) 620-9604		Fax (830) 629-2373		PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	COMAL	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007232			Owner Information	
RAPIDS HOUSE				ANIOL III LLC	
1220 RAPIDS RD				750 RUSK AVE	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS	TX 78130
Phone (830) 620-0759		Fax (830) 629-2373		PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	COMAL	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003811			Owner Information	
RIVER GARDENS				ANIOL III LLC	
750 RUSK AVE				750 RUSK AVE	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS	TX 78130
Phone (830) 629-4400		Fax (830) 629-2373		PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 160		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	COMAL	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007241			Owner Information	
SPRINGHILL HOUSE				ANIOL III LLC	
984 SPRINGHILL DR				750 RUSK AVE	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS	TX 78130
Phone (830) 629-7545		Fax (830) 629-2373		PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	COMAL	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003617			Owner Information	
TIMBERHILL HOUSE				ANIOL III LLC	
1374 TIMBERHILL				750 RUSK AVE	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS	TX 78130
Phone (830) 629-5336		Fax (830) 629-2373		PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003950			Owner Information	
MOSAIC				MOSAIC	
1515 NORTHLAND				2245 MIDWAY RD	,STE 300
CARROLLTON	TX 75006			CARROLLTON	TX 75006
Phone (972) 866-9989	Fax (972) 991-0834			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	01/01/2019

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003968			Owner Information	
MOSAIC				MOSAIC	
2100 CEDAR CIR				2245 MIDWAY RD	,STE 300
CARROLLTON	TX 75006			CARROLLTON	TX 75006
Phone (972) 418-9989	Fax (972) 991-0834			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	01/01/2019

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003902			Owner Information	
MOSAIC				MOSAIC	
2321 GREENMEADOW				2245 MIDWAY RD	,STE 300
CARROLLTON	TX 75006			CARROLLTON	TX 75006
Phone (972) 866-9989	Fax (972) 991-0834			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	01/01/2019

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 100368			Owner Information	
14 FERRIS CREEK				AUTISTIC TREATMENT CENTER INC	
9814 FERRIS CREEK				10503 METRIC DR	
DALLAS	TX 75243			DALLAS	TX 75243
Phone (972) 644-7521	Fax (972) 644-5650			PHONE: (972) 644-2076	FAX: (972) 644-5650
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	05/07/2019

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 100939			Owner Information	
23 FERRIS CREEK				AUTISTIC TREATMENT CENTER INC	
12323 FERRIS CREEK				10503 METRIC DR	
DALLAS	TX 75243			DALLAS	TX 75243
Phone (972) 644-2079	Fax (972) 644-5650			PHONE: (972) 644-2076	FAX: (972) 644-5650
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	07/01/2018

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 010175			Owner Information	
27 FERRIS CREEK				AUTISTIC TREATMENT CENTER INC	
12327 FERRIS CREEK				10503 METRIC DR	
DALLAS	TX 75243			DALLAS	TX 75243
Phone (972) 644-1064	Fax (972) 644-5650			PHONE: (972) 644-2076	FAX: (972) 644-5650
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	07/23/2017

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 100362 **Owner Information**
 ABILITY CONNECTION TEXAS JUBILEE HOUSE ABILITY CONNECTION TEXAS
 3108 JUBILEE TR 8802 HARRY HINES BLVD
 DALLAS TX 75229 DALLAS TX 75235-1716
Phone (214) 350-0282 **Fax** (214) 247-4505 **PHONE:** (214) 247-4505 **FAX:** (214) 279-5378
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 12/01/2018

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 007321 **Owner Information**
 BRADDOCK HOUSE COMMUNITY ACCESS INC
 6520 BRADDOCK PL 2040 SHILOH RD
 DALLAS TX 75232 TYLER TX 75703
Phone (214) 339-1914 **Fax** (903) 454-3363 **PHONE:** (903) 579-8527 **FAX:** (903) 526-0881
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 06/01/2017

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 003835 **Owner Information**
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 14255 HAYMEADOW DRIVE 9901 LINN STATION ROAD
 DALLAS TX 75240 LOUISVILLE KY 40223
Phone (972) 239-6643 **Fax** (972) 239-7421 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2018

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 003756 **Owner Information**
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 5922 LEWISBURG 9901 LINN STATION ROAD
 DALLAS TX 75237 LOUISVILLE KY 40223
Phone (972) 283-9057 **Fax** (972) 929-1145 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2018

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 003796 **Owner Information**
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 14163 HAYMEADOW DR 9901 LINN STATION ROAD
 DALLAS TX 75240 LOUISVILLE KY 40223
Phone (972) 386-0402 **Fax** (972) 239-7420 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2018

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 007374 **Owner Information**
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 3111 LEHARVE 9901 LINN STATION ROAD
 DALLAS TX 75211 LOUISVILLE KY 40223
Phone (214) 467-9462 **Fax** (214) 333-2010 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 05/01/2018

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003783			Owner Information	
HENRY HOUSE				MONARCH HOLDING INC	
7153 PINEBERRY				812 LIVE OAK	
DALLAS	TX 75249			DE SOTO	TX 75115
Phone (972) 780-9388	Fax (972) 224-0904			PHONE: (972) 780-9388	FAX: (972) 224-0904
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 10			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 104764			Owner Information	
ST NICHOLAS OPERATIONS LLC				ST NICHOLAS OPERATIONS LLC	
4612 HEATHERBROOK DR				4612 HEATHERBROOK DR	
DALLAS	TX 75244			DALLAS	TX 75244
Phone (792) 239-0121	Fax (214) 723-5331			PHONE: (972) 233-4366	FAX: (214) 922-4144
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 02/22/2018	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 104131			Owner Information	
DEVONSHIRE HOME				DAYBREAK INC	
1225 DEVONSHIRE				517 MEADOW HILL	
DESOTO	TX 75115			DESOTO	TX 75115
Phone (817) 447-2700	Fax (817) 447-3323			PHONE: (817) 447-2700	FAX: (972) 224-0904
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007252			Owner Information	
LIVE OAK				MONARCH HOLDING INC	
812 LIVE OAK				812 LIVE OAK	
DESOTO	TX 75115			DE SOTO	TX 75115
Phone (972) 224-8530	Fax (972) 224-0904			PHONE: (972) 780-9388	FAX: (972) 224-0904
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 104122			Owner Information	
MEADOW HILL HOME				DAYBREAK INC	
517 MEADOW HILL				517 MEADOW HILL	
DESOTO	TX 75115			DESOTO	TX 75115
Phone (817) 477-2700	Fax (972) 224-0904			PHONE: (817) 447-2700	FAX: (972) 224-0904
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007651			Owner Information	
PRAIRIE CREEK				DAYBREAK INC	
920 PRAIRIE CREEK DR				517 MEADOW HILL	
DESOTO	TX 75115			DESOTO	TX 75115
Phone (972) 223-1463	Fax (972) 224-0904			PHONE: (817) 447-2700	FAX: (972) 224-0904
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007652			Owner Information	
TATE				DAYBREAK INC	
525 TATE DR				517 MEADOW HILL	
DESOTO	TX 75115			DESOTO	TX 75115
Phone (972) 223-6259	Fax (972) 224-0904			PHONE: (817) 447-2700	FAX: (972) 224-0904
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003890			Owner Information	
VALLEY GLEN				GREENBREAK INC	
219 VALLEY GLEN				234 BARRY LANE	
DESOTO	TX 75115			LANCASTER	TX 75146
Phone (972) 230-4643	Fax (972) 224-0904			PHONE: (972) 227-5900	FAX: (972) 224-0904
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003846			Owner Information	
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
402 W VINYARD				9901 LINN STATION ROAD	
DUNCANVILLE	TX 75137			LOUISVILLE	KY 40223
Phone (972) 296-7278	Fax (972) 286-9057			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 04/01/2018	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007644			Owner Information	
EVERGREEN HIDDEN COURT COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
5322 HIDDEN CT				10810 SANDEN DR	
GARLAND	TX 75043			DALLAS	TX 75238
Phone (972) 226-8129	Fax (972) 386-9509			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/01/2018	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007812			Owner Information	
EVERGREEN LIGHTHOUSE COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
1205 WENDELL WAY				10810 SANDEN DR	
GARLAND	TX 75043			DALLAS	TX 75238
Phone (972) 303-0198	Fax			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 06/11/2019	

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007640			Owner Information	
EVERGREEN PEBBLECREEK COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
530 PEBBLECREEK DR				10810 SANDEN DR	
GARLAND	TX 75041			DALLAS	TX 75238
Phone (972) 496-9243	Fax (972) 386-9509			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/01/2018	

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007813
 EVERGREEN PYRAMID COMMUNITY HOME
 706 PYRAMID GARLAND TX 75040
 Phone (972) 495-0077 Fax (972) 386-9509
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 08/05/2018

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007621
 KNOLL POINT PLACE, LLC
 3446 KNOLL POINT DR GARLAND TX 75043
 Phone (972) 226-2620 Fax (972) 226-2620
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 08/01/2018

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007404
 TRINITY MANOR
 2813 COUNTRY VALLEY RD GARLAND TX 75043
 Phone (972) 202-9700 Fax (469) 298-3736
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 02/28/2019

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007333
 1102 FORT SCOTT TRAIL
 1102 FORT SCOTT TRAIL GRAND PRAIRIE TX 75052
 Phone (972) 988-1217 Fax (972) 606-4792
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 09/01/2017

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007266
 3502 GLENDA
 3502 GLENDA GRAND PRAIRIE TX 75051
 Phone (972) 263-6621 Fax (972) 606-4792
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 09/01/2017

County **DALLAS** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007531
 AMICUS AT WOODSIDE
 2213 WOODSIDE DR GRAND PRAIRIE TX 75051
 Phone (972) 988-9336 Fax (817) 563-7906
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 AMICUS, INC
 1129 N LITTLE SCHOOL RD ARLINGTON TX 76017-1900
PHONE: (817) 563-7900 **FAX:** (817) 563-7906
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 01/01/2018

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007615	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
4925 EMBERS TRAIL		9901 LINN STATION ROAD			
GRAND PRAIRIE TX 75052		LOUISVILLE KY 40223			
Phone (972) 647-0517	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2018			

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007641	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
917 APPLE TREE CT		9901 LINN STATION ROAD			
IRVING TX 75061		LOUISVILLE KY 40223			
Phone (972) 445-1856	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2018			

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003736	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
2616 ALAN A DALE		9901 LINN STATION ROAD			
IRVING TX 75061		LOUISVILLE KY 40223			
Phone (972) 600-9535	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 04/01/2018			

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007642	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
1829 ANNA DR		9901 LINN STATION ROAD			
IRVING TX 75061		LOUISVILLE KY 40223			
Phone (972) 445-2250	Fax (972) 445-1695	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2018			

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007810	Owner Information			
FULTON COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
2501 CRESTVIEW		9901 LINN STATION ROAD			
IRVING TX 75062		LOUISVILLE KY 40223-3808			
Phone (972) 252-1087	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/13/2017			

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007497	Owner Information			
MAYKUS COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
600 MAYKUS CT		9901 LINN STATION ROAD			
IRVING TX 75061		LOUISVILLE KY 40223-3808			
Phone (972) 251-4252	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2019			

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007503	Owner Information			
RINDIE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1701 RINDIE ST		9901 LINN STATION ROAD			
IRVING	TX 75060-5925	LOUISVILLE KY 40223-3808			
Phone (972) 254-1332	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003947	Owner Information			
BARRY LANE		GREENBREAK INC			
234 BARRY LANE		234 BARRY LANE			
LANCASTER	TX 75146	LANCASTER TX 75146			
Phone (972) 227-5900	Fax (214) 224-0904	PHONE: (972) 227-5900 FAX: (972) 224-0904			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003666	Owner Information			
WILLOWOOD		MONARCH HOLDING INC			
731 WILLOWOOD		812 LIVE OAK			
LANCASTER	TX 75146	DE SOTO TX 75115			
Phone (972) 227-5123	Fax (972) 224-0904	PHONE: (972) 780-9388 FAX: (972) 224-0904			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003620	Owner Information			
EASTBROOK HOUSE		CALAB INC			
3313 EASTBROOK DR		3803 S ROBINSON RD			
MESQUITE	TX 75150	GRAND PRAIRIE TX 75052-1239			
Phone (972) 686-9478	Fax (972) 606-4792	PHONE: (972) 263-2112 FAX: (972) 263-2115			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007645	Owner Information			
EVERGREEN ISLANDVIEW COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
1901 ISLAND VIEW		10810 SANDEN DR			
MESQUITE	TX 75149	DALLAS TX 75238			
Phone (972) 285-1061	Fax (972) 386-9509	PHONE: (972) 386-4834 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007647	Owner Information			
EVERGREEN VALLEY CREEK COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
907 VALLEYCREEK DR		10810 SANDEN DR			
MESQUITE	TX 75181-2355	DALLAS TX 75238			
Phone (972) 222-6622	Fax (972) 386-9509	PHONE: (972) 386-4834 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003987			Owner Information	
HARMAN HOUSE				CALAB INC	
4237 ASHWOOD DR				3803 S ROBINSON RD	
MESQUITE	TX 75150			GRAND PRAIRIE TX	75052-1239
Phone (972) 613-7635		Fax (972) 606-4792		PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2018	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007800			Owner Information	
ABILITY CONNECTION TEXAS ABILITY HOUSE				ABILITY CONNECTION TEXAS	
615-617 WOODHAVEN PL				8802 HARRY HINES BLVD	
RICHARDSON	TX 75080			DALLAS TX	75235-1716
Phone (214) 247-4505		Fax (214) 279-5378		PHONE: (214) 247-4505	FAX: (214) 279-5378
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 04/30/2018	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003994			Owner Information	
ABILITY CONNECTION TEXAS WENTWORTH HOUSE				ABILITY CONNECTION TEXAS	
642 WENTWORTH DR				8802 HARRY HINES BLVD	
RICHARDSON	TX 75081-5622			DALLAS TX	75235-1716
Phone (214) 247-4505		Fax (214) 755-1735		PHONE: (214) 247-4505	FAX: (214) 279-5378
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 03/29/2018	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007280			Owner Information	
MOSAIC				MOSAIC	
1509 VERSAILLES				2245 MIDWAY RD	,STE 300
RICHARDSON	TX 75081			CARROLLTON TX	75006
Phone (972) 866-9989		Fax (972) 991-0834		PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 01/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DALLAS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003901			Owner Information	
MOSAIC				MOSAIC	
1809 AUBURN				2245 MIDWAY RD	,STE 300
RICHARDSON	TX 75081			CARROLLTON TX	75006
Phone (972) 866-9989		Fax (972) 991-0834		PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 01/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007667			Owner Information	
BELL COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
2402 BERNARD				33 CYPRESS BLVD	,SUITE 100
DENTON	TX 76205			ROUND ROCK TX	78665
Phone (940) 387-1314		Fax (940) 566-2371		PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 03/15/2018	
PRIVATE Beds: 0	TITLE 18/19: 0				

County **DENTON** Reg Svcs: IID TEAM Region 03 - ARLINGTON

Facility Information: Facility ID: 003922 Owner Information
 CANDLEBERRY EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 2721 THUNDERBIRD ST 9901 LINN STATION ROAD
 DENTON TX 76201 LOUISVILLE KY 40223
Phone (940) 566-1079 **Fax** (940) 382-9521 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 10/01/2017

County **DENTON** Reg Svcs: IID TEAM Region 03 - ARLINGTON

Facility Information: Facility ID: 007668 Owner Information
 CARTER COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
 3805 CAMELOT 33 CYPRESS BLVD ,SUITE 100
 DENTON TX 76205 ROUND ROCK TX 78665
Phone (940) 382-4216 **Fax** **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 03/15/2018

County **DENTON** Reg Svcs: IID TEAM Region 03 - ARLINGTON

Facility Information: Facility ID: 007670 Owner Information
 DAVIS COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
 1426 RUDDLELL 33 CYPRESS BLVD ,SUITE 100
 DENTON TX 76201 ROUND ROCK TX 78665
Phone (940) 566-8631 **Fax** **PHONE:** (512) 336-0800 **FAX:** (512) 336-0812
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 03/15/2018

County **DENTON** Reg Svcs: IID TEAM Region 03 - ARLINGTON

Facility Information: Facility ID: 007102 Owner Information
 DENTON STATE SUPPORTED LIVING CENTER DADS
 3980 STATE SCHOOL RD HW 35 E PO BOX 12668
 DENTON TX 76202 AUSTIN TX 78711
Phone (940) 891-0342 **Fax** (940) 591-3300 **PHONE:** (512) 454-3761 **FAX:**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 716 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **DENTON** Reg Svcs: IID TEAM Region 03 - ARLINGTON

Facility Information: Facility ID: 007206 Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION - TEXAS EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 7501 RIVERCHASE TRL 9901 LINN STATION ROAD
 DENTON TX 76210 LOUISVILLE KY 40223
Phone (940) 382-7900 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2018

County **DENTON** Reg Svcs: IID TEAM Region 03 - ARLINGTON

Facility Information: Facility ID: 007247 Owner Information
 EDUCARE COMMUNITY LIVING CORPORATION-TEXAS EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 3612 BIG HORN TRL 9901 LINN STATION ROAD
 DENTON TX 76210 LOUISVILLE KY 40223
Phone (940) 383-1520 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 03/18/2018

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007669	Owner Information			
NEWTON COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
3112 CEDAR HILL		33 CYPRESS BLVD ,SUITE 100			
DENTON	TX 76205	ROUND ROCK TX 78665			
Phone (940) 566-6746	Fax	PHONE: (512) 336-0800 FAX: (512) 336-0812			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/15/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007671	Owner Information			
OAKBEND COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
1430 N RUDELL		33 CYPRESS BLVD ,SUITE 100			
DENTON	TX 76201	ROUND ROCK TX 78665			
Phone (940) 387-0831	Fax	PHONE: (512) 336-0800 FAX: (512) 336-0812			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/15/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007442	Owner Information			
OAKRIDGE GROUP HOME		INNOVATIVE OUTCOMES INC			
2421 OAKRIDGE		2100 PARKSIDE DR			
DENTON	TX 76201	DENTON TX 76201			
Phone (940) 387-9710	Fax (940) 387-7508	PHONE: (940) 383-8367 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003805	Owner Information			
SANDY OAKS I		INNOVATIVE OUTCOMES INC			
1475 S TRINITY RD		2100 PARKSIDE DR			
DENTON	TX 76208	DENTON TX 76201			
Phone (940) 383-1907	Fax (940) 381-0854	PHONE: (940) 383-8367 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003837	Owner Information			
SANDY OAKS II		INNOVATIVE OUTCOMES INC			
1475 S TRINITY RD		2100 PARKSIDE DR			
DENTON	TX 76208	DENTON TX 76201			
Phone (940) 387-1508	Fax (940) 381-0854	PHONE: (940) 383-8367 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/03/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007489	Owner Information			
COUNTRY HOME		WANDA D DENT			
901 CROSS TIMBERS DR		901 CROSS TIMBERS DR			
DOUBLE OAK	TX 75077	DOUBLE OAK TX 75077			
Phone (972) 539-2557	Fax (877) 203-9287	PHONE: (972) 539-2557 FAX: (877) 203-9287			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 12/18/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003886	Owner Information			
LAUREL HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
50 N SHARON DR		9901 LINN STATION ROAD			
KRUM	TX 76249	LOUISVILLE KY 40223			
Phone (817) 482-6400	Fax (940) 382-9521	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 10/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003894	Owner Information			
PINON HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
4520 MILLER ROAD		9901 LINN STATION ROAD			
KRUM	TX 76249-6811	LOUISVILLE KY 40223			
Phone (817) 387-1265	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 10/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	DENTON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003640	Owner Information			
PONDEROSA		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
9554 RECTOR ROAD		9901 LINN STATION ROAD			
SANGER	TX 76266	LOUISVILLE KY 40223			
Phone (940) 458-4684	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/23/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	EASTLAND	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003814	Owner Information			
ROCK HOUSE SPRINGS		ROCK HOUSE SUPPORT SERVICES INC			
1105 LAGO VISTA		2252 LINGLEVILLE ROAD HWY 8			
EASTLAND	TX 76448	STEPHENVILLE TX 76401			
Phone (254) 629-8671	Fax (254) 629-8610	PHONE: (254) 968-4004 FAX: (254) 965-8653			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	EASTLAND	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007650	Owner Information			
ROCK HOUSE SPRINGS II		ROCK HOUSE SUPPORT SERVICES INC			
401 LENS		2252 LINGLEVILLE ROAD HWY 8			
EASTLAND	TX 76448	STEPHENVILLE TX 76401			
Phone (254) 629-8689	Fax (254) 629-8610	PHONE: (254) 968-4004 FAX: (254) 965-8653			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	ECTOR	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003757	Owner Information			
MARIAH FLATS		D & S RESIDENTIAL SERVICES LP			
10036 W WESTLAND DR		8911 N CAPITAL OF TX HWY ,BLDG 1 STE 1300			
ODESSA	TX 79764	AUSTIN TX 78759			
Phone (432) 381-0741	Fax (512) 327-5355	PHONE: (512) 327-2325 FAX: (512) 327-5355			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 10	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 12/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	ECTOR	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003616			Owner Information	
MORRIS HOUSE				PERMIAN BASIN MHMR	
5256 MORRIS ST				401 E ILLINOIS AVE	,STE 401
ODESSA	TX 79764			MIDLAND	TX 79701
Phone (432) 530-2267	Fax			PHONE: (432) 570-3385	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	ECTOR	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007238			Owner Information	
PARKER HOUSE				ROCK HOUSE SUPPORT SERVICES INC	
1510 PARKER DR				2252 LINGLEVILLE ROAD HWY 8	
ODESSA	TX 79761			STEPHENVILLE	TX 76401
Phone (432) 362-3072	Fax (432) 682-6167			PHONE: (254) 968-4004	FAX: (254) 965-8653
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	10/01/2018

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003880			Owner Information	
CASA BAGDAD				EL PASO COMMUNITY MHMR CENTER	
5713 BAGDAD				PO BOX 9997	
EL PASO	TX 79924			EL PASO	TX 79990
Phone (915) 562-5721	Fax (915) 351-4703			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003834			Owner Information	
CASA DE LA PROMESA				EL PASO COMMUNITY MHMR CENTER	
5310 BLANCO ST				PO BOX 9997	
EL PASO	TX 79990			EL PASO	TX 79990
Phone (915) 778-0879	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003918			Owner Information	
CASA NORTON				EL PASO COMMUNITY MHMR CENTER	
8824 NORTON				PO BOX 9997	
EL PASO	TX 79904			EL PASO	TX 79990
Phone (915) 759-2867	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 007116			Owner Information	
EL PASO STATE SUPPORTED LIVING CENTER				DADS	
6700 DELTA DRIVE				PO BOX 12668	
EL PASO	TX 79905			AUSTIN	TX 78711
Phone (915) 782-6300	Fax (915) 782-6336			PHONE: (512) 454-3761	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 155			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
				License Exp Dt:	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003873			Owner Information	
NEW HOPE COMMUNITY LIVING III				DECEMBER NINE COMPANY LTD	
3204 DUNDEE ST				20 FOUNDERS BLVD	
EL PASO TX 79925				EL PASO TX 79906	
Phone (915) 591-3779	Fax (915) 843-7784			PHONE: (915) 843-7773	FAX: (915) 843-7784
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/01/2018	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003876			Owner Information	
NEW HOPE COMMUNITY LIVING IV				DECEMBER NINE COMPANY LTD	
11608 BLUEBONNET CT				20 FOUNDERS BLVD	
EL PASO TX 79936				EL PASO TX 79906	
Phone (915) 581-3515	Fax (915) 843-7784			PHONE: (915) 843-7773	FAX: (915) 843-7784
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/29/2017	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 007299			Owner Information	
NEW HOPE COMMUNITY LIVING IX				DECEMBER NINE COMPANY LTD	
4740 ROUND ROCK				20 FOUNDERS BLVD	
EL PASO TX 79924				EL PASO TX 79906	
Phone (915) 843-7773	Fax (915) 843-7784			PHONE: (915) 843-7773	FAX: (915) 843-7784
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 02/24/2019	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003877			Owner Information	
NEW HOPE COMMUNITY LIVING V				DECEMBER NINE COMPANY LTD	
7721 INCA AVE				20 FOUNDERS BLVD	
EL PASO TX 79912				EL PASO TX 79906	
Phone (915) 833-3479	Fax (915) 843-7784			PHONE: (915) 843-7773	FAX: (915) 843-7784
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/01/2018	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003932			Owner Information	
NEW HOPE COMMUNITY LIVING VI				DECEMBER NINE COMPANY LTD	
10520 SPRINGWOOD				20 FOUNDERS BLVD	
EL PASO TX 79936				EL PASO TX 79906	
Phone (915) 843-7773	Fax (915) 843-7784			PHONE: (915) 843-7773	FAX: (915) 843-7784
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/25/2017	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003958			Owner Information	
NEW HOPE COMMUNITY LIVING VII				DECEMBER NINE COMPANY LTD	
4216 LA ADELITA DR				20 FOUNDERS BLVD	
EL PASO TX 79922				EL PASO TX 79906	
Phone (915) 584-8919	Fax (915) 544-7773			PHONE: (915) 843-7773	FAX: (915) 843-7784
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/01/2018	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003614			Owner Information	
NEW HOPE COMMUNITY LIVING VIII				DECEMBER NINE COMPANY LTD	
7850 PECAN COURT				20 FOUNDERS BLVD	
EL PASO	TX 79915			EL PASO TX 79906	
Phone (915) 772-1052	Fax (915) 843-7784			PHONE: (915) 843-7773	FAX: (915) 843-7784
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/01/2018	

County	EL PASO	Reg Svcs:	ICF/IID	Region	10 - EL PASO
Facility Information:	Facility ID: 003726			Owner Information	
SU CASA				EL PASO COMMUNITY MHMR CENTER	
5314 BLANCO				PO BOX 9997	
EL PASO	TX 79905			EL PASO TX 79900	
Phone (915) 778-0935	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	ELLIS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007588			Owner Information	
BRANDON WAY HOUSE				CEN-TEX ASSOCIATION FOR RETARDED CHILDREN	
209 BRANDON WAY				PO DRAWER 750	
RED OAK	TX 75154			MEXIA TX 76667	
Phone (972) 617-1219	Fax (972) 923-1472			PHONE: (254) 562-2891	FAX: (254) 562-7656
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 02/09/2018	

County	ELLIS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007514			Owner Information	
AUBURN HOUSE				CEN-TEX ASSOCIATION FOR RETARDED CHILDREN	
115 AUBURN ST				PO DRAWER 750	
WAXAHACHIE	TX 75165			MEXIA TX 76667	
Phone (972) 937-5190	Fax (972) 937-5190			PHONE: (254) 562-2891	FAX: (254) 562-7656
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/17/2018	

County	ELLIS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007532			Owner Information	
BRYN MAWR HOUSE				CEN-TEX ASSOCIATION FOR RETARDED CHILDREN	
109 BRYN MAWR				PO DRAWER 750	
WAXAHACHIE	TX 75165			MEXIA TX 76667	
Phone (972) 923-0748	Fax (972) 923-1472			PHONE: (254) 562-2891	FAX: (254) 562-7656
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 05/18/2018	

County	ELLIS	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007592			Owner Information	
ROCK SPRINGS HOUSE				CEN-TEX ASSOCIATION FOR RETARDED CHILDREN	
206 ROCK SPRINGS				PO DRAWER 750	
WAXAHACHIE	TX 75165			MEXIA TX 76667	
Phone (972) 937-9486	Fax (972) 923-1472			PHONE: (254) 562-2891	FAX: (254) 562-7656
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/10/2018	

County	ERATH	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007373	Owner Information			
EAST ROCK		ROCK HOUSE SUPPORT SERVICES INC			
1485 BLACKJACK		2252 LINGLEVILLE ROAD HWY 8			
STEPHENVILLE	TX 76401	STEPHENVILLE TX 76401			
Phone (254) 968-6119	Fax (254) 968-6033	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2018			

County	ERATH	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007552	Owner Information			
HARBIN HOUSE		ROCK HOUSE SUPPORT SERVICES INC			
909 HARBIN DR		2252 LINGLEVILLE ROAD HWY 8			
STEPHENVILLE	TX 76401	STEPHENVILLE TX 76401			
Phone (254) 965-7016	Fax (254) 968-6033	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2018			

County	ERATH	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003788	Owner Information			
NORTH ROCK 1		ROCK HOUSE SUPPORT SERVICES INC			
2250 LINGLEVILLE RD		2252 LINGLEVILLE ROAD HWY 8			
STEPHENVILLE	TX 76401	STEPHENVILLE TX 76401			
Phone (254) 965-6936	Fax (254) 968-6033	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2018			

County	ERATH	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003824	Owner Information			
NORTH ROCK 2		ROCK HOUSE SUPPORT SERVICES INC			
2248 LINGLEVILLE ROAD		2252 LINGLEVILLE ROAD HWY 8			
STEPHENVILLE	TX 76401	STEPHENVILLE TX 76401			
Phone (254) 965-6922	Fax (254) 968-6033	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2018			

County	ERATH	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003761	Owner Information			
ROCK HOUSE		ROCK HOUSE SUPPORT SERVICES INC			
2254 LINGLEVILLE RD		2252 LINGLEVILLE ROAD HWY 8			
STEPHENVILLE	TX 76401	STEPHENVILLE TX 76401			
Phone (254) 965-6915	Fax (254) 968-6033	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2018			

County	ERATH	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003766	Owner Information			
ROCK HOUSE 2		ROCK HOUSE SUPPORT SERVICES INC			
2326 DENMAN ST		2252 LINGLEVILLE ROAD HWY 8			
STEPHENVILLE	TX 76401	STEPHENVILLE TX 76401			
Phone (254) 968-6357	Fax (254) 968-6033	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2018			

County	ERATH	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007423	Owner Information			
WARM SPRINGS		ROCK HOUSE SUPPORT SERVICES INC			
788 N NEBLETT		2252 LINGLEVILLE ROAD HWY 8			
STEPHENVILLE	TX 76401	STEPHENVILLE TX 76401			
Phone (254) 965-2659	Fax (254) 968-6033	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2018			

County	FALLS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007515	Owner Information			
KIOWA HOUSE		CEN-TEX ASSOCIATION FOR RETARDED CHILDREN			
1606 ROBERT E LEE		PO DRAWER 750			
MARLIN	TX 76661	MEXIA TX 76667			
Phone (254) 804-0047	Fax (254) 562-7656	PHONE: (254) 562-2891	FAX: (254) 562-7656		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2017			

County	FAYETTE	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007632	Owner Information			
GUY HOUSE		JAMES-LEACH INC			
169 GUY STREET		339 W COLORADO			
LA GRANGE	TX 78945	LA GRANGE TX 78945			
Phone (979) 968-8068	Fax (979) 968-5210	PHONE: (979) 968-8502	FAX: (979) 968-5210		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/07/2018			

County	FAYETTE	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003682	Owner Information			
MAIN STREET COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
520 N MAIN		33 CYPRESS BLVD ,SUITE 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/15/2018			

County	FAYETTE	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007227	Owner Information			
MONROE COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
842 N MONROE		33 CYPRESS BLVD ,SUITE 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/15/2018			

County	FAYETTE	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003678	Owner Information			
SHADY LANE COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
124 MEADOW LN		33 CYPRESS BLVD ,SUITE 100			
LA GRANGE	TX 78945	ROUND ROCK TX 78665			
Phone (979) 968-8822	Fax	PHONE: (512) 336-0800	FAX: (512) 336-0812		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/15/2018			

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 07 - AUSTIN

Facility Information: Facility ID: 007672 **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**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** **FAX:**
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** GOVERNMENT BASED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 07 - AUSTIN

Facility Information: Facility ID: 007673 **Owner Information**
 HIRSH SCHWARTZ COMMUNITY RESIDENCE BLUEBONNET TRAILS COMMUNITY MHMR
 2021 W US HWY 90 1111
 SCHULENBURG TX 78956 TX
Phone (979) 743-4488 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** **FAX:**
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** GOVERNMENT BASED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **FAYETTE** Reg Svcs: ICF-IID (AUSTIN REGION) Region 07 - AUSTIN

Facility Information: Facility ID: 007630 **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: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 10/07/2018
PRIVATE Beds: 0 **TITLE 18/19:** 0

County **FISHER** Reg Svcs: ICF/IID Region 02 - ABILENE

Facility Information: Facility ID: 007267 **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: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 05/31/2018
PRIVATE Beds: 0 **TITLE 18/19:** 0

County **FISHER** Reg Svcs: ICF/IID Region 02 - ABILENE

Facility Information: Facility ID: 007463 **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: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 09/17/2017
PRIVATE Beds: 0 **TITLE 18/19:** 0

County **FORT BEND** Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 003656 **Owner Information**
 UCG - SOUTHMEADOW HOUSE FROSTVIEW LANE LLC
 2814 WHISPERING CREEK 820 PARK TWO
 FRESNO TX 77545 SUGARLAND TX 77478
Phone (713) 776-0805 **Fax** (713) 271-7777 **PHONE:** (713) 835-0527 **FAX:** (713) 271-8585
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 09/01/2017
PRIVATE Beds: 0 **TITLE 18/19:** 0

County	FORT BEND	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007521			Owner Information	
HOUSTON IN A VISION II				HOUSTON IN-A-VISION INC	
3203 CYPRESS POINT DRIVE				3203 CYPRESS POINT DRIVE	
MISSOURI CITY	TX 77459			MISSOURI CITY	TX 77459
Phone (281) 416-0607	Fax (713) 271-8585			PHONE: (281) 416-0607	FAX: (713) 271-8585
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2017	

County	FORT BEND	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 100346			Owner Information	
B TTC PIN OAK HOUSE				DADS	
1818 COLLINS RD BLDG A				PO BOX 12668	
RICHMOND	TX 77469			AUSTIN	TX 78711
Phone (281) 239-1122	Fax (281) 239-1144			PHONE: (512) 454-3761	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	FORT BEND	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 100373			Owner Information	
B TTC WILLOW GLEN HOUSE				DADS	
1818 COLLINS RD BLDG B				PO BOX 12668	
RICHMOND	TX 77469			AUSTIN	TX 78711
Phone (281) 239-1122	Fax (281) 239-1144			PHONE: (512) 454-3761	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	FORT BEND	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007106			Owner Information	
RICHMOND STATE SUPPORTED LIVING CENTER				DADS	
2100 PRESTON ROAD				PO BOX 12668	
RICHMOND	TX 77469			AUSTIN	TX 78711
Phone (281) 232-2075	Fax (281) 344-4587			PHONE: (512) 454-3761	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 664			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/14/1992	

County	GALVESTON	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003921			Owner Information	
VALERO				EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST	
1813 VALERO				9901 LINN STATION ROAD	
FRIENDSWOOD	TX 77546			LOUISVILLE	KY 40223-3808
Phone (281) 996-8808	Fax			PHONE: (512) 498-2700	FAX: (512) 498-2777
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 05/16/2018	

County	GONZALES	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003781			Owner Information	
GONZALES COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
310 DEWITT ST				9901 LINN STATION ROAD	
GONZALES	TX 78629-4210			LOUISVILLE	KY 40223-3808
Phone (830) 672-7421	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County **GONZALES** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: Facility ID: 007653
 GONZALES COUNTY COMMUNITY RESIDENCE
 3221 HWY 87 WEST
 SMILEY TX 78159
 Phone (830) 587-6157 Fax (830) 587-6408
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 KENMAR RESIDENTIAL SERVICES INCORPORATED
 33 CYPRESS BLVD ,SUITE 100
 ROUND ROCK TX 78665
PHONE: (512) 336-0800 **FAX:** (512) 336-0812
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 03/15/2018

County **GONZALES** Reg Svcs: **TEAM ICF-IID** Region **08 - SAN ANTONIO**

Facility Information: Facility ID: 007268
 SMILEY COMMUNITY RESIDENCE
 282 FM 3234
 SMILEY TX 78159
 Phone (830) 587-6253 Fax (830) 587-6237
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 KENMAR RESIDENTIAL SERVICES INCORPORATED
 33 CYPRESS BLVD ,SUITE 100
 ROUND ROCK TX 78665
PHONE: (512) 336-0800 **FAX:** (512) 336-0812
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 03/15/2018

County **GRAYSON** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 003738
 ALTERNATE LIVING FACILITY I
 1101 S MIRICK AVE
 DENISON TX 75020
 Phone (903) 465-7383 Fax
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 10
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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

County **GRAYSON** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 003976
 ALTERNATE LIVING FACILITY III
 1100 WEST WALKER
 DENISON TX 75020
 Phone (903) 465-6434 Fax (903) 786-2902
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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

County **GRAYSON** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007314
 EDWARDS STREET HOUSE
 603 EDWARDS ST
 DENISON TX 75020
 Phone (903) 463-6811 Fax (903) 465-8799
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 09/01/2017

County **GRAYSON** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007638
 HYDE PARK HOUSE
 1507 HYDE PARK AVE
 DENISON TX 75020
 Phone (903) 463-6922 Fax (903) 465-8799
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 01/31/2019

County	GRAYSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007446			Owner Information	
LYNN STREET HOUSE				EXCEPTIONALCARE INC	
108 S LYNN ST				2402 W MORTON ST STE 140	
DENISON	TX 75020			DENISON	TX 75020
Phone (903) 465-2655		Fax (903) 465-8799		PHONE: (903) 465-8766	FAX: (903) 465-8799
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 08/04/2018	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	GRAYSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003769			Owner Information	
MHMR SVCS OF TEXOMA ALTERNATE LIVING FACILITY II				MHMR SERVICES OF TEXOMA	
1217 DESVOIGNES RD				315 W MCLAIN	,PO BOX 1087 (ZIP 75091)
DENISON	TX 75021			SHERMAN	TX 75092
Phone (903) 463-5210		Fax		PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 10		PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt:	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	GRAYSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 101455			Owner Information	
EVERGREEN CARRIAGE ESTATES COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
2304 CARRIAGE ESTATES ROAD				10810 SANDEN DR	
SHERMAN	TX 75092			DALLAS	TX 75238
Phone (903) 813-3278		Fax (903) 893-6637		PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 07/03/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	GRAYSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 101453			Owner Information	
EVERGREEN NORTHBROOK COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
1732 NORTHBROOK				10810 SANDEN DR	
SHERMAN	TX 75092			DALLAS	TX 75238
Phone (903) 870-2113		Fax (903) 893-6637		PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 07/02/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007492			Owner Information	
MONTE CARLO COMMUNITY HOME				H M S INVESTMENTS INC	
12 MONTE CARLO				112 S WARD DR	
GLADEWATER	TX 75647			LONGVIEW	TX 75604
Phone (903) 845-6662		Fax (903) 295-7394		PHONE: (903) 295-7391	FAX: (903) 295-7394
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 12/22/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007572			Owner Information	
TENERY STREET COMMUNITY HOME				L M R HEALTHCARE SERVICES INC	
502 TENERY ST				112 S WARD	
GLADEWATER	TX 75647			LONGVIEW	TX 75604
Phone (903) 845-4275		Fax (903) 295-7394		PHONE: (903) 295-7391	FAX: (903) 295-7394
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 12/03/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007224
 EVERGREEN DANVILLE ROAD COMMUNITY HOME
 1104 DANVILLE RD
 KILGORE TX 75662

Phone (903) 984-9370 **Fax** (903) 792-1861

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 08/14/2018

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007431
 ROYAL DRIVE COMMUNITY HOME
 3009 ROYAL DR
 KILGORE TX 75662

Phone (903) 984-0486 **Fax** (903) 295-7394

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 07/10/2018

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007541
 SCEYNE COMMUNITY HOME
 805 SCEYNE
 KILGORE TX 75662

Phone (903) 983-3679 **Fax** (903) 295-7394

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 06/11/2018

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007608
 CHAD COMMUNITY HOME
 1202 CHAD
 LONGVIEW TX 75604

Phone (903) 759-5744 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 D & S RESIDENTIAL SERVICES LP
 8911 N CAPITAL OF TX HWY ,BLDG 1 STE 1300
 AUSTIN TX 78759
PHONE: (512) 327-2325 **FAX:** (512) 327-5355
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 12/01/2017

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 003714
 CONCORD MANOR
 414 S CENTER
 LONGVIEW TX 75601

Phone (903) 757-6040 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 12
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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

County **GREGG** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007229
 EVERGREEN SPRING HILL COMMUNITY HOME
 225 SYBLE LN
 LONGVIEW TX 75605

Phone (903) 297-4422 **Fax** (903) 295-9993

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007359			Owner Information	
EVERGREEN STONE TRAIL COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
1205 STONE TRAIL				10810 SANDEN DR	
LONGVIEW	TX 75604			DALLAS TX 75238	
Phone (903) 295-1277	Fax (903) 295-9993			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/23/2018	

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007261			Owner Information	
HARMONY HOUSE I I				HARMONY LIVING CENTERS INC	
1012 EAGLE HILL TRAIL				112 S WARD DR	
LONGVIEW	TX 75601			LONGVIEW TX 75604	
Phone (903) 758-2439	Fax (903) 295-7394			PHONE: (903) 295-7391	FAX: (903) 295-7394
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 02/27/2019	

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007255			Owner Information	
HONEYSUCKLE COMMUNITY HOME				D & S RESIDENTIAL SERVICES LP	
9 HONEYSUCKLE				8911 N CAPITAL OF TX HWY ,BLDG 1 STE 1300	
LONGVIEW	TX 75604			AUSTIN TX 78759	
Phone (903) 297-3056	Fax			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/01/2017	

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 105457			Owner Information	
LOYD COURT 1				PACE OPPORTUNITY CENTERS INC	
312 LOYD COURT				1101 JAYCEE DR	
LONGVIEW	TX 75605			LONGVIEW TX 75604	
Phone (903) 663-9493	Fax (903) 238-9528			PHONE: (903) 238-9523	FAX: (903) 238-9528
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/19/2019	

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007587			Owner Information	
MARTIN COMMUNITY HOME				L M R HEALTHCARE SERVICES INC	
2809 CLENDENEN				112 S WARD	
LONGVIEW	TX 75601			LONGVIEW TX 75604	
Phone (903) 758-6801	Fax (903) 295-7394			PHONE: (903) 295-7391	FAX: (903) 295-7394
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/24/2017	

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007495			Owner Information	
MELTON HOUSE				PACE OPPORTUNITY CENTERS INC	
517 MELTON				1101 JAYCEE DR	
LONGVIEW	TX 75602			LONGVIEW TX 75604	
Phone (903) 753-4685	Fax (903) 238-9528			PHONE: (903) 238-9523	FAX: (903) 238-9528
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2018	

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 003624			Owner Information	
PINETREE RESIDENCE				SABINE VALLEY CENTER	
303 EVERGREEN				PO BOX 6800	
LONGVIEW	TX 75604			LONGVIEW	TX 75608
Phone (903) 753-9804	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007246			Owner Information	
PURDUE HOUSE				PACE OPPORTUNITY CENTERS INC	
1307 PURDUE DR				1101 JAYCEE DR	
LONGVIEW	TX 75601			LONGVIEW	TX 75604
Phone (903) 553-0637	Fax (903) 238-9528			PHONE: (903) 238-9523	FAX: (903) 238-9528
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	09/01/2018

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 003623			Owner Information	
TERI LYN				SABINE VALLEY CENTER	
3704 TERI LYN				PO BOX 6800	
LONGVIEW	TX 75604			LONGVIEW	TX 75608
Phone (903) 753-9804	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007297			Owner Information	
THELMA COMMUNITY HOME				D & S RESIDENTIAL SERVICES LP	
1009 THELMA				8911 N CAPITAL OF TX HWY	.BLDG 1 STE 1300
LONGVIEW	TX 75604			AUSTIN	TX 78759
Phone (903) 759-3890	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	12/01/2017

County	GREGG	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 003765			Owner Information	
TUPELO HOUSE				PACE OPPORTUNITY CENTERS INC	
511 TUPELO				1101 JAYCEE DR	
LONGVIEW	TX 75601			LONGVIEW	TX 75604
Phone (903) 238-9593	Fax (903) 238-9528			PHONE: (903) 238-9523	FAX: (903) 238-9528
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	09/01/2018

County	GUADALUPE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003786			Owner Information	
CASA GUADALUPE I				UCG CENTRAL TEXAS HOLDINGS LLC	
957 KUNKEL ST				750 RUSK	
SEGUIN	TX 78155			NEW BRAUNFELS	TX 78130
Phone (830) 379-8539	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	09/01/2017

County	GUADALUPE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003830			Owner Information	
CASA GUADALUPE II				UCG CENTRAL TEXAS HOLDINGS LLC	
936 ZUNKER				750 RUSK	
SEGUIN	TX 78155			NEW BRAUNFELS TX 78130	
Phone (830) 372-2920	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	GUADALUPE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007394			Owner Information	
DOVE LANE				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
1427 DOVE LN				9901 LINN STATION ROAD	
SEGUIN	TX 78155			LOUISVILLE KY 40223	
Phone (830) 303-6830	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2018	

County	GUADALUPE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003999			Owner Information	
MOSAIC				MOSAIC	
974 E CEDAR				2245 MIDWAY RD ,STE 300	
SEGUIN	TX 78155			CARROLLTON TX 75006	
Phone (210) 967-0566	Fax (210) 967-6232			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2017	

County	GUADALUPE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003604			Owner Information	
MOSAIC				MOSAIC	
109 BURR OAK				2245 MIDWAY RD ,STE 300	
SEGUIN	TX 78155			CARROLLTON TX 75006	
Phone (830) 372-2525	Fax (830) 303-3075			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	GUADALUPE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003943			Owner Information	
MOSAIC				MOSAIC	
1622 WILLOW LN				2245 MIDWAY RD ,STE 300	
SEGUIN	TX 78155			CARROLLTON TX 75006	
Phone (210) 967-0566	Fax (210) 967-6232			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	GUADALUPE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003627			Owner Information	
RIVER OAK				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
1005 RIVER OAK DR				9901 LINN STATION ROAD	
SEGUIN	TX 78155			LOUISVILLE KY 40223	
Phone (830) 303-6835	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 05/20/2017	

County	HALE	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 003939	Owner Information			
RILEY ARMSTRONG RESIDENTIAL FACILITY		CENTRAL PLAINS CENTER			
2911 W 21ST ST		2700 YONKERS ST			
PLAINVIEW	TX 79072	PLAINVIEW TX 79072			
Phone (806) 291-4455	Fax	PHONE:		FAX:	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE GOVERNMENT BASED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:			

County	HARDIN	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003809	Owner Information			
FRIES HOUSE		ST GILES - BAYTOWN INC			
190 E AVE J		2203 KILGORE ROAD			
SILSBEE	TX 77656	BAYTOWN TX 77520			
Phone (409) 651-9185	Fax (214) 723-5331	PHONE: (281) 837-1942		FAX: (281) 427-0586	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 09/01/2017			

County	HARDIN	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007554	Owner Information			
ROOSEVELT COMMUNITY HOME		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC			
1020 ROOSEVELT DRIVE		4115 GALVESTON ROAD			
SILSBEE	TX 77656	HOUSTON TX 77017			
Phone (409) 832-4112	Fax (409) 832-6974	PHONE: (713) 475-2220		FAX: (713) 475-2212	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2019			

County	HARDIN	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007413	Owner Information			
WOODLEA COMMUNITY HOME		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC			
101 OGLESBEE RD		4115 GALVESTON ROAD			
SILSBEE	TX 77656	HOUSTON TX 77017			
Phone (409) 832-4112	Fax (409) 832-6974	PHONE: (713) 475-2220		FAX: (713) 475-2212	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2019			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007570	Owner Information			
BURNING TREE LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
4902 BURNING TREE		4115 GALVESTON RD			
BAYTOWN	TX 77521	HOUSTON TX 77017			
Phone (713) 475-2228	Fax (713) 475-2212	PHONE: (713) 475-2220		FAX: (713) 475-2332	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2019			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003605	Owner Information			
KILGORE HOUSE		ST GILES - BAYTOWN INC			
2203 KILGORE RD		2203 KILGORE ROAD			
BAYTOWN	TX 77520	BAYTOWN TX 77520			
Phone (281) 837-1942	Fax (281) 427-0586	PHONE: (281) 837-1942		FAX: (281) 427-0586	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 09/01/2017			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007411	Owner Information			
MAPLEWOOD LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
706 MAPLEWOOD ST		4115 GALVESTON RD			
BAYTOWN	TX 77520	HOUSTON TX 77017			
Phone (713) 475-2228	Fax (713) 475-2212	PHONE: (713) 475-2220 FAX: (713) 472-2332			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003671	Owner Information			
MCFARLAND HOUSE		ST GILES - BAYTOWN INC			
1706 MCFARLAND		2203 KILGORE ROAD			
BAYTOWN	TX 77520	BAYTOWN TX 77520			
Phone (281) 837-8686	Fax	PHONE: (281) 837-1942 FAX: (281) 427-0586			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007381	Owner Information			
NORTH SHEPHERD HOUSE		ST GILES - BAYTOWN INC			
1112 N SHEPHERD		2203 KILGORE ROAD			
BAYTOWN	TX 77520	BAYTOWN TX 77520			
Phone (281) 837-6238	Fax (713) 271-8585	PHONE: (281) 837-1942 FAX: (281) 427-0586			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007565	Owner Information			
OLIVE LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
2301 OLIVE CIRCLE		4115 GALVESTON RD			
BAYTOWN	TX 77522	HOUSTON TX 77017			
Phone (713) 475-2228	Fax (713) 472-2212	PHONE: (713) 475-2220 FAX: (713) 472-2332			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007560	Owner Information			
CLASSIC GROUP HOME		SHIRLEY SHAW			
1454 SOMERCOTES LANE		18511 NORTH ROARING RIVER COURT			
CHANNELVIEW	TX 77530	HUMBLE TX 77346			
Phone (281) 452-4661	Fax (281) 452-4639	PHONE: (713) 979-6193 FAX: (281) 452-4639			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/23/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003654	Owner Information			
ARMADILLO TRAILS GROUP HOME		BETHESDA LUTHERAN COMMUNITIES INC			
16723 HUFFMEISTER ROAD		18937 K Z RD			
CYPRESS	TX 77429	CYPRESS TX 77433			
Phone (281) 516-4000	Fax (281) 351-5897	PHONE: (281) 516-4000 FAX: (281) 351-5897			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/10/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003608			Owner Information	
CYPRESS COTTAGE				REACH UNLIMITED INC	
11914 MUELLER CEMETERY RD				12777 JONES RD	#103
CYPRESS	TX 77429			HOUSTON	TX 77070
Phone (281) 373-9404	Fax (281) 373-3820			PHONE: (281) 469-8058	FAX: (281) 469-5030
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 06/14/2018	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003655			Owner Information	
GOOD SAMARITAN GROUP HOME				BETHESDA LUTHERAN COMMUNITIES INC	
18937 K Z RD				18937 K Z RD	
CYPRESS	TX 77433			CYPRESS	TX 77433
Phone (281) 516-4000	Fax (281) 351-5897			PHONE: (281) 516-4000	FAX: (281) 351-5897
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/22/2018	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003615			Owner Information	
KINGS COURT GROUP HOME				BETHESDA LUTHERAN COMMUNITIES INC	
17626 KINGS CT				18937 K Z RD	
CYPRESS	TX 77429			CYPRESS	TX 77433
Phone (281) 576-4000	Fax (281) 351-5897			PHONE: (281) 516-4000	FAX: (281) 351-5897
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/14/2018	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003619			Owner Information	
MAVERICK VALLEY GROUP HOME				BETHESDA LUTHERAN COMMUNITIES INC	
14802 MAVERICK VALLEY LANE				18937 K Z RD	
CYPRESS	TX 77429			CYPRESS	TX 77433
Phone (281) 758-4865	Fax (281) 351-5897			PHONE: (281) 516-4000	FAX: (281) 351-5897
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/31/2018	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 010197			Owner Information	
MUELLER HOUSE				REACH UNLIMITED INC	
11910 MUELLER CEMETERY RD				12777 JONES RD	#103
CYPRESS	TX 77429			HOUSTON	TX 77070
Phone (281) 373-9406	Fax (281) 373-4074			PHONE: (281) 469-8058	FAX: (281) 469-5030
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 9			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/24/2017	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003909			Owner Information	
NORTHWEST VILLA COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
11910 MEADOWVIEW DR				9901 LINN STATION ROAD	
CYPRESS	TX 77429			LOUISVILLE	KY 40223-3808
Phone (281) 370-2103	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007283	Owner Information			
GARDEN LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
913 E X STREET		4115 GALVESTON RD			
DEER PARK	TX 77536	HOUSTON TX 77017			
Phone (713) 475-2228	Fax (713) 475-2212	PHONE: (713) 475-2220 FAX: (713) 472-2332			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007424	Owner Information			
HENDERSON LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
2601 HENDERSON LN		4115 GALVESTON RD			
DEER PARK	TX 77536	HOUSTON TX 77017			
Phone (713) 475-2228	Fax (713) 475-2212	PHONE: (713) 475-2220 FAX: (713) 472-2332			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007284	Owner Information			
WINDSOR LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
3602 WINDSOR LN		4115 GALVESTON RD			
DEER PARK	TX 77536	HOUSTON TX 77017			
Phone (713) 475-2228	Fax (713) 472-2212	PHONE: (713) 475-2220 FAX: (713) 472-2332			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007661	Owner Information			
1801 BRANARD		ST GILES - BAYTOWN INC			
1801 BRANARD ST		2203 KILGORE ROAD			
HOUSTON	TX 77098	BAYTOWN TX 77520			
Phone (713) 524-7473	Fax (713) 524-4153	PHONE: (281) 837-1942 FAX: (281) 427-0586			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007660	Owner Information			
616 WEST BELL		ST GILES - BAYTOWN INC			
616 W BELL ST		2203 KILGORE ROAD			
HOUSTON	TX 77019	BAYTOWN TX 77520			
Phone (713) 524-5392	Fax (713) 524-3821	PHONE: (281) 837-1942 FAX: (281) 427-0586			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007548	Owner Information			
APRIL WIND HOUSE		COMMUNITY HEALTHCARE SERVICES INC			
3015 APRIL WIND		3015 APRIL WIND DR			
HOUSTON	TX 77014	HOUSTON TX 77014			
Phone (281) 893-9090	Fax (281) 893-0707	PHONE: (281) 893-9090 FAX: (281) 893-0707			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 12/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 102827			Owner Information	
AVONDALE HOUSE				AVONDALE HOUSE	
5614 BENNING				3737 OMEARA DR	
HOUSTON	TX 77096			HOUSTON TX 77025	
Phone (713) 726-1239	Fax			PHONE: (713) 993-9589	FAX: (713) 993-0751
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0				
		License Exp Dt: 11/29/2018		PROGRAM TYPE: ICF/IID	
				SERVICE TYPE PRIVATELY OWNED	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 010183			Owner Information	
AVONDALE HOUSE III				AVONDALE HOUSE	
4826 MCDERMED				3737 OMEARA DR	
HOUSTON	TX 77035			HOUSTON TX 77025	
Phone (713) 993-9544	Fax (713) 993-0751			PHONE: (713) 993-9589	FAX: (713) 993-0751
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0				
		License Exp Dt: 02/07/2018		PROGRAM TYPE: ICF/IID	
				SERVICE TYPE PRIVATELY OWNED	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 010182			Owner Information	
AVONDALE HOUSE II				AVONDALE HOUSE	
8515 BLUEGATE				3737 OMEARA DR	
HOUSTON	TX 77025			HOUSTON TX 77025	
Phone (713) 993-9544	Fax (713) 993-0751			PHONE: (713) 993-9589	FAX: (713) 993-0751
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0				
		License Exp Dt: 10/08/2017		PROGRAM TYPE: ICF/IID	
				SERVICE TYPE PRIVATELY OWNED	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003914			Owner Information	
BEARCREEK				EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST	
5006 STANHOPE				9901 LINN STATION ROAD	
HOUSTON	TX 77064			LOUISVILLE KY 40223-3808	
Phone (281) 463-2227	Fax			PHONE: (512) 498-2700	FAX: (512) 498-2777
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0				
		License Exp Dt: 05/02/2018		PROGRAM TYPE: ICF/IID	
				SERVICE TYPE PRIVATELY OWNED	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003859			Owner Information	
BEECHNUT HOUSE				VITA-LIVING INC	
8114 BEECHNUT				3300 S GESSNER ,STE 150	
HOUSTON	TX 77036			HOUSTON TX 77063	
Phone (713) 779-2684	Fax (713) 981-4512			PHONE: (713) 271-5795	FAX: (713) 981-4512
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0				
		License Exp Dt: 03/26/2018		PROGRAM TYPE: ICF/IID	
				SERVICE TYPE PRIVATELY OWNED	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007486			Owner Information	
BOSWORTH LIVING CENTER				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC	
5126 BOSWORTH ST				4115 GALVESTON RD	
HOUSTON	TX 77017			HOUSTON TX 77017	
Phone (713) 475-2228	Fax (713) 475-2212			PHONE: (713) 475-2220	FAX: (713) 472-2332
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0				
		License Exp Dt: 01/01/2019		PROGRAM TYPE: ICF/IID	
				SERVICE TYPE PRIVATELY OWNED	

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003915	Owner Information			
BRIAR GROVE PARK 10038 BRIAR FOREST DR HOUSTON	TX 77042	EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST 9901 LINN STATION ROAD LOUISVILLE KY 40223-3808			
Phone (713) 782-5454	Fax	PHONE: (512) 498-2700	FAX: (512) 498-2777		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/01/2018			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003895	Owner Information			
CAMPBELL HOUSE 1825 CAMPBELL HOUSTON	TX 77080	VITA-LIVING INC 3300 S GESSNER ,STE 150 HOUSTON TX 77063			
Phone (713) 827-1159	Fax (713) 827-1159	PHONE: (713) 271-5795	FAX: (713) 981-4512		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 08/21/2018			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003684	Owner Information			
CAREW HOUSE 7410 CAREW STREET HOUSTON	TX 77074	VITA-LIVING INC 3300 S GESSNER ,STE 150 HOUSTON TX 77063			
Phone (713) 271-9851	Fax (281) 492-8331	PHONE: (713) 271-5795	FAX: (713) 981-4512		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 02/23/2018			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003930	Owner Information			
COPPERFIELD 15311 FOREST TRAILS HOUSTON	TX 77095	EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST 9901 LINN STATION ROAD LOUISVILLE KY 40223-3808			
Phone (281) 855-0857	Fax	PHONE: (512) 498-2700	FAX: (512) 498-2777		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/01/2018			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003643	Owner Information			
CUTTEN GREEN 11519 COLONIAL TRAIL HOUSTON	TX 77066	REACH UNLIMITED INC 12777 JONES RD ,#103 HOUSTON TX 77070			
Phone (281) 537-1679	Fax (281) 580-2951	PHONE: (281) 469-8058	FAX: (281) 469-5030		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 02/01/2018			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003960	Owner Information			
DEERFIELD 18006 LONGCLIFFE HOUSTON	TX 77084	EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST 9901 LINN STATION ROAD LOUISVILLE KY 40223-3808			
Phone (281) 550-8604	Fax	PHONE: (512) 498-2700	FAX: (512) 498-2777		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/01/2018			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007616	Owner Information			
DESTINY HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
8002 FAWN TERRACE		9901 LINN STATION ROAD			
HOUSTON	TX 77071	LOUISVILLE KY 40223-3808			
Phone (713) 283-0711	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/31/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003910	Owner Information			
DONSKY HOUSE		MHMR AUTHORITY OF HARRIS COUNTY			
11511 BOB WHITE ST		2850 FANNIN			
HOUSTON	TX 77035	HOUSTON TX 77265-5381			
Phone (713) 728-4956	Fax	PHONE: (713) 750-5600 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003980	Owner Information			
EBONY COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
2519 LOWER VALLEY DRIVE		9901 LINN STATION ROAD			
HOUSTON	TX 77067-1901	LOUISVILLE KY 40223-3808			
Phone (281) 586-7067	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003885	Owner Information			
FAITH HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
7418 ANTOINE		9901 LINN STATION ROAD			
HOUSTON	TX 77088	LOUISVILLE KY 40223-3808			
Phone (281) 999-5066	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/31/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007585	Owner Information			
FROSTVIEW HOUSE II		D & D CARE HOMES INC			
15331 E ANTONE		820 PARK TWO DRIVE			
HOUSTON	TX 77071	SUGARLAND TX 77478			
Phone (713) 728-4148	Fax (713) 271-8585	PHONE: (713) 728-4149 FAX: (713) 271-8585			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007437	Owner Information			
GREAT HOME CARE INC		GREAT HOME CARE INC			
12502 LIMA DRIVE		12502 LIMA DRIVE			
HOUSTON	TX 77099	HOUSTON TX 77099			
Phone (281) 530-8710	Fax (281) 568-5828	PHONE: (281) 568-3532 FAX: (281) 568-5828			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 04/10/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003913	Owner Information			
HEARTHSTONE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
7206 BENWICH CIRCLE		9901 LINN STATION ROAD			
HOUSTON	TX 77095	LOUISVILLE KY 40223-3808			
Phone (281) 463-1034	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003978	Owner Information			
HOPE HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
9107 SPELLMAN		9901 LINN STATION ROAD			
HOUSTON	TX 77031	LOUISVILLE KY 40223-3808			
Phone (713) 988-1461	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/31/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007317	Owner Information			
HOUSTON IN A VISION		HOUSTON IN-A-VISION INC			
6442 GLADEWELL		3203 CYPRESS POINT DRIVE			
HOUSTON	TX 77072	MISSOURI CITY TX 77459			
Phone (281) 495-7509	Fax (713) 495-7509	PHONE: (281) 416-0607 FAX: (713) 271-8585			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003907	Owner Information			
JERSEY VILLAGE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
16130 ACAPULCO		9901 LINN STATION ROAD			
HOUSTON	TX 77040	LOUISVILLE KY 40223-3808			
Phone (713) 896-8355	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007597	Owner Information			
K AND K LIVING CENTER 2		K & K LIVING CENTER INC			
16602 GAELDOM LN		PO BOX 842679			
HOUSTON	TX 77084	HOUSTON TX 77284			
Phone (281) 859-9474	Fax (281) 859-8037	PHONE: (281) 859-9474 FAX: (281) 859-8037			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 04/07/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007387	Owner Information			
K AND K LIVING CENTER INC		K & K LIVING CENTER INC			
16802 JUDY LEIGH DR		PO BOX 842679			
HOUSTON	TX 77084	HOUSTON TX 77284			
Phone (281) 859-9474	Fax (281) 859-8037	PHONE: (281) 859-9474 FAX: (281) 859-8037			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/30/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003746	Owner Information			
LAKELAND		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
5706 PINEWILDE		9901 LINN STATION ROAD			
HOUSTON	TX 77066	LOUISVILLE KY 40223-3808			
Phone (281) 580-4103	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 10/09/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003729	Owner Information			
MAPLEWOOD SOUTH		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
8111 BURNING HILLS		9901 LINN STATION ROAD			
HOUSTON	TX 77071	LOUISVILLE KY 40223-3808			
Phone (713) 271-2534	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 10/10/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003897	Owner Information			
MEMORIAL COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
17115 CAMBERWELL GREEN LANE		9901 LINN STATION ROAD			
HOUSTON	TX 77070-1817	LOUISVILLE KY 40223-3808			
Phone (281) 370-5702	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007239	Owner Information			
MERIDIAN LIVING CENTER		MERIDIAN LIVING CENTER INC			
7231 AUGUSTINE DR		#4 MOCKINGBIRD			
HOUSTON	TX 77036	HOUSTON TX 77074			
Phone (713) 272-9707	Fax (713) 778-9313	PHONE: (713) 778-9300 FAX: (713) 778-9313			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 02/15/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007428	Owner Information			
MERIDIAN LIVING CENTER I I		MERIDIAN LIVING CENTER INC			
10610 ODYSSEY CT		#4 MOCKINGBIRD			
HOUSTON	TX 77099	HOUSTON TX 77074			
Phone (281) 568-1338	Fax (713) 778-9300	PHONE: (713) 778-9300 FAX: (713) 778-9313			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007595	Owner Information			
PACE OPPORTUNITY CENTERS INC.		PACE OPPORTUNITY CENTERS INC			
4002 WYNE STREET		1101 JAYCEE DR			
HOUSTON	TX 77017	LONGVIEW TX 75604			
Phone (903) 238-9523	Fax (903) 238-9528	PHONE: (903) 238-9523 FAX: (903) 238-9528			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 04/08/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007275	Owner Information			
PEBBLESHIRE HOUSE		S&G COMMUNITY LIVING CENTER INC			
7865 PECAN VILLAS		7865 PECAN VILLAS			
HOUSTON	TX 77061	HOUSTON TX 77061			
Phone (713) 640-1044	Fax (281) 334-7850	PHONE: (713) 598-1471 FAX: (281) 334-7850			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 05/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007296	Owner Information			
PERIWINKLE HOUSE		JOHN M LUGAY			
1638 PERIWINKLE ST		17126 WUNDER HILL DR			
HOUSTON	TX 77038	SPRING TX 77379			
Phone (281) 448-9005	Fax (281) 379-6068	PHONE: (281) 379-4833 FAX: (281) 379-6068			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/09/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007384	Owner Information			
RAVENHEAD LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
314 RAVENHEAD ST		4115 GALVESTON RD			
HOUSTON	TX 77034	HOUSTON TX 77017			
Phone (713) 475-2228	Fax (713) 475-2212	PHONE: (713) 475-2220 FAX: (713) 472-2332			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003828	Owner Information			
ROSE HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
12711 SHANNON HILLS		9901 LINN STATION ROAD			
HOUSTON	TX 77099	LOUISVILLE KY 40223-3808			
Phone (281) 564-4256	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/31/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003888	Owner Information			
SABLE LANE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
13403 SABLE LN		9901 LINN STATION ROAD			
HOUSTON	TX 77014-2113	LOUISVILLE KY 40223-3808			
Phone (281) 444-4120	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 010200	Owner Information			
SHADY VILLA PLACE		REACH UNLIMITED INC			
7715 SHADY VILLA LN		12777 JONES RD #103			
HOUSTON	TX 77055	HOUSTON TX 77070			
Phone (713) 956-7860	Fax (713) 956-4835	PHONE: (281) 469-8058 FAX: (281) 469-5030			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 9	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/27/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003971	Owner Information			
SPRING SHADOWS		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
2803 QUINCANNON		9901 LINN STATION ROAD			
HOUSTON	TX 77043	LOUISVILLE KY 40223-3808			
Phone (713) 690-3127	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 02/14/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007472	Owner Information			
UCG - ALBURY HOUSE		FROSTVIEW LANE LLC			
11019 ALBURY		820 PARK TWO			
HOUSTON	TX 77096	SUGARLAND TX 77478			
Phone (713) 774-3656	Fax (281) 568-8125	PHONE: (713) 835-0527 FAX: (713) 271-8585			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007263	Owner Information			
UCG - HUMMINGBIRD HOUSE		FROSTVIEW LANE LLC			
9726 S. HANWORTH DR.		820 PARK TWO			
HOUSTON	TX 77031	SUGARLAND TX 77478			
Phone (713) 271-7777	Fax (713) 271-8585	PHONE: (713) 835-0527 FAX: (713) 271-8585			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007801	Owner Information			
UCG NIGHTINGALE I		FROSTVIEW LANE LLC			
13927 MAGNUS LANE		820 PARK TWO			
HOUSTON	TX 77083	SUGARLAND TX 77478			
Phone (713) 981-1571	Fax (713) 271-8585	PHONE: (713) 835-0527 FAX: (713) 271-8585			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007806	Owner Information			
UCG NIGHTINGALE I I		FROSTVIEW LANE LLC			
7327 BEECHNUT ST		820 PARK TWO			
HOUSTON	TX 77074	SUGARLAND TX 77478			
Phone (713) 541-2667	Fax (713) 271-8585	PHONE: (713) 835-0527 FAX: (713) 271-8585			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007604	Owner Information			
UNITY HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
10507 OFFER ST		9901 LINN STATION ROAD			
HOUSTON	TX 77031	LOUISVILLE KY 40223-3808			
Phone (713) 776-0072	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/31/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007369	Owner Information			
WEST ROAD HOUSE		DIVERSITY GROUP LC			
7811 WEST ROAD		7807 LONG POINT #106			
HOUSTON	TX 77064	HOUSTON TX 77055			
Phone (713) 937-6908	Fax (281) 888-2785	PHONE: (281) 888-2490 FAX: (281) 888-2785			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003721	Owner Information			
WESTBURY HOUSE		MHMR AUTHORITY OF HARRIS COUNTY			
5707 WARM SPRINGS		2850 FANNIN			
HOUSTON	TX 77035	HOUSTON TX 77265-5381			
Phone (713) 723-5589	Fax	PHONE: (713) 750-5600 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003941	Owner Information			
WESTLAKE FOREST		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
2422 HEATHER GOLD		9901 LINN STATION ROAD			
HOUSTON	TX 77084	LOUISVILLE KY 40223-3808			
Phone (281) 578-7050	Fax	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007571	Owner Information			
WESTVIEW I		QHS ENTERPRISES INC			
10018 WESTVIEW DR		2926 COLONEL COURT DR			
HOUSTON	TX 77055	RICHMOND TX 77406			
Phone (713) 722-7102	Fax (713) 722-7155	PHONE: (281) 375-5507 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/19/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003940	Owner Information			
WOODEDGE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
11914 GREEN CREEK CIRCLE		9901 LINN STATION ROAD			
HOUSTON	TX 77070	LOUISVILLE KY 40223-3808			
Phone (281) 469-8589	Fax (512) 498-2777	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/25/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007328	Owner Information			
TARA COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
13515 TARA OAK DRIVE		9901 LINN STATION ROAD			
JERSEY VILLAGE	TX 77065-3744	LOUISVILLE KY 40223-3808			
Phone (281) 894-2822	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 003688

APPLEWHITE
526 APPLEWHITE DRIVE
KATY TX 77450

Phone (713) 392-4482 Fax

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

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 Exp Dt:

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007540

MEADOWPLACE LIVING CENTER
5205 MEADOW PLACE
LA PORTE TX 77571

Phone (713) 475-2228 Fax (713) 475-2212

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
4115 GALVESTON RD
HOUSTON TX 77017

PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
License Exp Dt: 01/01/2019

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007462

SHELL ROCK LIVING CENTER
9734 SHELL ROCK
LA PORTE TX 77571

Phone (713) 475-2228 Fax (713) 472-2212

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
4115 GALVESTON RD
HOUSTON TX 77017

PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
License Exp Dt: 01/01/2019

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 003694

FELLOWS BLOCK
3419 BOCA RATON DRIVE
MISSOURI CITY TX 77459

Phone (281) 835-9303 Fax

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST
9901 LINN STATION ROAD
LOUISVILLE KY 40223-3808

PHONE: (512) 498-2700 FAX: (512) 498-2777
PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
License Exp Dt: 07/31/2018

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007218

FROSTVIEW HOUSE
7310 FROSTVIEW LN
MISSOURI CITY TX 77489

Phone (713) 271-0480 Fax (713) 271-8585

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

FROSTVIEW LANE LLC
820 PARK TWO
SUGARLAND TX 77478

PHONE: (713) 835-0527 FAX: (713) 271-8585
PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
License Exp Dt: 09/01/2017

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007346

JUDY LIVING CENTER
2012 JUDY LN
PASADENA TX 77502

Phone (713) 475-2228 Fax (713) 475-2212

TOTAL Lic Capacity: 0 TITLE 18: 0 ICF/IID: 6
Cert Alzh Capacity: 0 TITLE19: 0
PRIVATE Beds: 0 TITLE 18/19: 0

Owner Information

DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC
4115 GALVESTON RD
HOUSTON TX 77017

PHONE: (713) 475-2220 FAX: (713) 472-2332
PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED
License Exp Dt: 01/01/2019

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007807

PASADENA COTTAGE
2122 WICHITA
PASADENA

TX 77502

Phone (713) 472-3470

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

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 Exp Dt:

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007818

PASADENA COTTAGE B
2122 WICHITA
PASADENA

TX 77502

Phone (713) 472-3470

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

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 Exp Dt:

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007322

PONCA LIVING CENTER
4314 PONCA STREET
PASADENA

TX 77504

Phone (713) 475-2228

Fax (713) 475-2212

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC

4115 GALVESTON RD

HOUSTON TX

77017

PHONE: (713) 475-2220

FAX: (713) 472-2332

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 01/01/2019

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007336

SAN JACINTO LIVING CENTER
2406 SAN JACINTO DR
PASADENA

TX 77502

Phone (713) 475-2228

Fax (713) 475-2212

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC

4115 GALVESTON RD

HOUSTON TX

77017

PHONE: (713) 475-2220

FAX: (713) 472-2332

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 01/01/2019

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 007378

GREEN VALLEY HOUSE
5202 ALAMOS A LN
SPRING

TX 77379

Phone (832) 717-0065

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST

9901 LINN STATION ROAD

LOUISVILLE KY

40223-3808

PHONE: (512) 498-2700

FAX: (512) 498-2777

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 07/31/2018

County HARRIS Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information: Facility ID: 003887

MEADOWHILL COMMUNITY HOME
21710 MEADOWHILL DR
SPRING

TX 77373

Phone (281) 353-7879

Fax

TOTAL Lic Capacity: 0

TITLE 18: 0

ICF/IID: 6

Cert Alzh Capacity: 0

TITLE19: 0

PRIVATE Beds: 0

TITLE 18/19: 0

Owner Information

EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP

9901 LINN STATION ROAD

LOUISVILLE KY

40223-3808

PHONE: (502) 394-2100

FAX: (502) 394-2285

PROGRAM TYPE: ICF/IID

SERVICE TYPE PRIVATELY OWNED

License Exp Dt: 01/01/2019

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003847	Owner Information			
PASSION HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
19110 CANDLETRAIL DRIVE		9901 LINN STATION ROAD			
SPRING	TX 77388	LOUISVILLE KY 40223-3808			
Phone (281) 528-9570	Fax (713) 434-5041	PHONE: (512) 498-2700 FAX: (512) 498-2777			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/31/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003990	Owner Information			
SPRING GROUP HOME		BETHESDA LUTHERAN COMMUNITIES INC			
17403 DEER CREEK		18937 K Z RD			
SPRING	TX 77379	CYPRESS TX 77433			
Phone (281) 576-4000	Fax (281) 351-5897	PHONE: (281) 516-4000 FAX: (281) 351-5897			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/25/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003892	Owner Information			
VERDECOVE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
21023 VERDECOVE LANE		9901 LINN STATION ROAD			
SPRING	TX 77388-4342	LOUISVILLE KY 40223-3808			
Phone (281) 350-2836	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 105856	Owner Information			
CHOCTAW GROUP HOME		UCG CENTRAL TEXAS HOLDINGS LLC			
11719 COCONINO LANE		750 RUSK			
TOMBALL	TX 77377	NEW BRAUNFELS TX 78130			
Phone (281) 255-9006	Fax	PHONE: (830) 372-2920 FAX: (214) 723-5331			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	ICF/IID TEAM	Region	06 - HOUSTON
Facility Information:	Facility ID: 003817	Owner Information			
CHOCTAW GROUP HOME		UCG CENTRAL TEXAS HOLDINGS LLC			
11719 COCONINO LANE		750 RUSK			
TOMBALL	TX 77377	NEW BRAUNFELS TX 78130			
Phone (281) 255-9006	Fax (214) 723-5331	PHONE: (830) 372-2920 FAX: (214) 723-5331			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003607	Owner Information			
LIMERICK LANE		REACH UNLIMITED INC			
14119 LIMERICK LN		12777 JONES RD #103			
TOMBALL	TX 77375	HOUSTON TX 77070			
Phone (281) 351-6612	Fax (281) 357-4680	PHONE: (281) 469-8058 FAX: (281) 469-5030			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/13/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003986	Owner Information			
TOMBALL HILLS HOME		BETHESDA LUTHERAN COMMUNITIES INC			
31111 STELLA LN		18937 K Z RD			
TOMBALL	TX 77375	CYPRESS TX 77433			
Phone (281) 516-4000	Fax (281) 351-5897	PHONE: (281) 516-4000	FAX: (281) 351-5897		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 08/02/2018			

County	HARRIS	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003989	Owner Information			
WHITE RIVER		REACH UNLIMITED INC			
12335 WHITE RIVER		12777 JONES RD		#103	
TOMBALL	TX 77375	HOUSTON TX 77070			
Phone (281) 351-9735	Fax (281) 351-5868	PHONE: (281) 469-8058	FAX: (281) 469-5030		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/18/2018			

County	HARRISON	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007427	Owner Information			
PINE HAVEN		HARMONY LIVING CENTERS INC			
2402 PALATO DR		112 S WARD DR			
MARSHALL	TX 75670	LONGVIEW TX 75604			
Phone (903) 935-0468	Fax	PHONE: (903) 295-7391	FAX: (903) 295-7394		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2018			

County	HARRISON	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007440	Owner Information			
SUGAR CREEK		HARMONY LIVING CENTERS INC			
101 ROSEBUD DRIVE		112 S WARD DR			
MARSHALL	TX 75672	LONGVIEW TX 75604			
Phone (903) 935-0263	Fax (903) 934-8484	PHONE: (903) 295-7391	FAX: (903) 295-7394		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2018			

County	HAYS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007542	Owner Information			
CEDAR VALLEY COMMUNITY RESIDENCE		RESCARE SERVICES INC			
12800 DANIEL BOONE DR		3711 SAN ANTONIO ST			
AUSTIN	TX 78737	AUSTIN TX 78734-2126			
Phone (512) 288-4259	Fax (512) 328-1832	PHONE: (512) 328-1832	FAX: (512) 328-1833		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 06/09/2018			

County	HAYS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 104575	Owner Information			
SUN BONNET COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
500 REBEL DRIVE		8911 N CAPITAL OF TX HWY		.BLDG 1 STE 1300	
BUDA	TX 78610	AUSTIN TX 78759			
Phone (512) 312-2228	Fax (512) 504-9639	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/01/2017			

County	HAYS		Reg Svcs:	ICF-IID (AUSTIN REGION)		Region	07 - AUSTIN		
Facility Information:	Facility ID:	007300			Owner Information				
PEACHTREE COMMUNITY RESIDENCE			D & S RESIDENTIAL SERVICES LP						
101 SPRINGLAKE DR			8911 N CAPITAL OF TX HWY						
DRIPPING SPRINGS			TX 78620			,BLDG 1 STE 1300			
Phone	(512) 894-4230	Fax	(512) 327-7181		AUSTIN	TX	78759		
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6	PHONE:	(512) 327-2325	FAX:	(512) 327-5355
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED		
PRIVATE Beds:	0	TITLE 18/19:	0	License Exp Dt:	12/01/2017				

County	HAYS		Reg Svcs:	ICF-IID (AUSTIN REGION)		Region	07 - AUSTIN		
Facility Information:	Facility ID:	007278			Owner Information				
LAGO VISTA			UCG CENTRAL TEXAS HOLDINGS LLC						
1129 LAGO VISTA			750 RUSK						
SAN MARCOS			TX 78666			NEW BRAUNFELS TX 78130			
Phone	(512) 392-0099	Fax	(214) 723-5331		PHONE:	(830) 372-2920	FAX:	(214) 723-5331	
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6	PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity:	0	TITLE19:	0	License Exp Dt:	09/01/2017				
PRIVATE Beds:	0	TITLE 18/19:	0						

County	HAYS		Reg Svcs:	ICF-IID (AUSTIN REGION)		Region	07 - AUSTIN		
Facility Information:	Facility ID:	003919			Owner Information				
MOCKINGBIRD VILLA			UCG CENTRAL TEXAS HOLDINGS LLC						
1502 MOCKINGBIRD LN			750 RUSK						
SAN MARCOS			TX 78666			NEW BRAUNFELS TX 78130			
Phone	(512) 392-0088	Fax	(214) 723-5331		PHONE:	(830) 372-2920	FAX:	(214) 723-5331	
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6	PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity:	0	TITLE19:	0	License Exp Dt:	09/01/2017				
PRIVATE Beds:	0	TITLE 18/19:	0						

County	HAYS		Reg Svcs:	ICF-IID (AUSTIN REGION)		Region	07 - AUSTIN		
Facility Information:	Facility ID:	105956			Owner Information				
R&K SPECIALIZED HOMES, INC.			R & K SPECIALIZED HOMES INC						
707 EASTON DR			1550 NE LOOP 410						
SAN MARCOS			TX 78666			,STE 206			
Phone	(210) 805-0802	Fax	(210) 805-0744		SAN ANTONIO	TX	78209		
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6	PHONE:	(210) 805-0802	FAX:	(210) 805-0744
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED		
PRIVATE Beds:	0	TITLE 18/19:	0	License Exp Dt:	09/23/2018				

County	HAYS		Reg Svcs:	ICF-IID (AUSTIN REGION)		Region	07 - AUSTIN		
Facility Information:	Facility ID:	003874			Owner Information				
RIO BLANCO			UCG CENTRAL TEXAS HOLDINGS LLC						
1010 E UHLAND RD			750 RUSK						
SAN MARCOS			TX 78666			NEW BRAUNFELS TX 78130			
Phone	(512) 392-0999	Fax	(214) 723-5331		PHONE:	(830) 372-2920	FAX:	(214) 723-5331	
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6	PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity:	0	TITLE19:	0	License Exp Dt:	09/01/2017				
PRIVATE Beds:	0	TITLE 18/19:	0						

County	HENDERSON		Reg Svcs:	ICF/IID TEAM		Region	04 - TYLER		
Facility Information:	Facility ID:	010354			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:	0	TITLE 18:	0	ICF/IID:	8	PROGRAM TYPE:	ICF/IID	SERVICE TYPE	GOVERNMENT BASED
Cert Alzh Capacity:	0	TITLE19:	0	License Exp Dt:					
PRIVATE Beds:	0	TITLE 18/19:	0						

County	HIDALGO	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003602			Owner Information	
207 ENFIELD				SOUTH TEXAS COMMUNITY LIVING CORP	
207 ENFIELD				18 AUGUSTA PINES DR	,STE 140 E
EDINBURG	TX 78539			SPRING	TX 77389
Phone (956) 631-0045	Fax (956) 631-6156			PHONE: (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/01/2018	

County	HIDALGO	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003956			Owner Information	
922 DIANA DRIVE				SOUTH TEXAS COMMUNITY LIVING CORP	
922 DIANA DRIVE				18 AUGUSTA PINES DR	,STE 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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/01/2018	

County	HIDALGO	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007470			Owner Information	
32ND STREET NORTH GROUP HOME				SOUTH TEXAS COMMUNITY LIVING CORP	
5313 N 32ND ST				18 AUGUSTA PINES DR	,STE 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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/01/2018	

County	HIDALGO	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007525			Owner Information	
6000 NORTH 26TH STREET				SOUTH TEXAS COMMUNITY LIVING CORP	
6000 N 26TH ST				18 AUGUSTA PINES DR	,STE 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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/01/2018	

County	HIDALGO	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007507			Owner Information	
BRIARWOOD HOME				SOUTH TEXAS COMMUNITY LIVING CORP	
2406 BRIARWOOD				18 AUGUSTA PINES DR	,STE 140 E
MISSION	TX 78574			SPRING	TX 77389
Phone (956) 585-7192	Fax (956) 631-6156			PHONE: (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/01/2018	

County	HOCKLEY	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007455			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 08/01/2017	

County **HOOD** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 003779 **Owner Information**
 GRANBURY HOUSE SOUTHERN CONCEPTS INC
 826 N. THORP SPRINGS ROAD PO BOX 758
 GRANBURY TX 76048 GRANBURY TX 76048
Phone (817) 573-1559 **Fax** (817) 579-6611 **PHONE:** (817) 573-6922 **FAX:** (817) 579-6611
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 8 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2018

County **HOOD** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007382 **Owner Information**
 6TH AND MESQUITE SOUTHERN CONCEPTS INC
 407 E SIXTH ST PO BOX 758
 TOLAR TX 76476 GRANBURY TX 76048
Phone (254) 835-4977 **Fax** (817) 579-6611 **PHONE:** (817) 573-6922 **FAX:** (817) 579-6611
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2018

County **HOWARD** Reg Svcs: **ICF/IID** Region **09 - ABILENE**

Facility Information: Facility ID: 003792 **Owner Information**
 COMANCHE FLATS D & S RESIDENTIAL SERVICES LP
 1315 BAYLOR 8911 N CAPITAL OF TX HWY ,BLDG 1 STE 1300
 BIG SPRING TX 79720 AUSTIN TX 78759
Phone (432) 263-1408 **Fax** (512) 327-5355 **PHONE:** (512) 327-2325 **FAX:** (512) 327-5355
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 13 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 12/01/2017

County **HUNT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 003937 **Owner Information**
 BONNIE LEA GROUP HOME LAKES REGIONAL MHMR CENTER
 3408 BONNIE LEA 400 AIRPORT RD
 GREENVILLE TX 75402 TERRELL TX 75160
Phone (903) 455-4476 **Fax** **PHONE:** (972) 388-2000 **FAX:** (972) 563-5322
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** GOVERNMENT BASED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **HUNT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 003669 **Owner Information**
 GARBER HOUSE COMMUNITY ACCESS INC
 3506 GARBER CIR 2040 SHILOH RD
 GREENVILLE TX 75402 TYLER TX 75703
Phone (903) 454-3387 **Fax** (903) 450-4201 **PHONE:** (903) 579-8527 **FAX:** (903) 526-0881
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2017

County **HUNT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: Facility ID: 007205 **Owner Information**
 PATTI J HOUSE COMMUNITY ACCESS INC
 100 PATTI J 2040 SHILOH RD
 GREENVILLE TX 75402 TYLER TX 75703
Phone (903) 454-2568 **Fax** (903) 450-4201 **PHONE:** (903) 579-8527 **FAX:** (903) 526-0881
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2019

County	HUNT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007549			Owner Information	
SAYLE STREET GROUP HOME				LAKES REGIONAL MHMR CENTER	
6518 SAYLE ST				400 AIRPORT RD	
GREENVILLE	TX 75402			TERRELL TX 75160	
Phone (903) 455-7270	Fax			PHONE: (972) 388-2000	FAX: (972) 563-5322
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	HUNT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007282			Owner Information	
TERRY PLACE				COMMUNITY ACCESS INC	
2500 TERRY PL				2040 SHILOH RD	
GREENVILLE	TX 75402			TYLER TX 75703	
Phone (903) 455-4472	Fax (903) 454-3363			PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	04/01/2017

County	HUNT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007460			Owner Information	
TURTLE CREEK FAMILY LIVING				LAKES REGIONAL MHMR CENTER	
505 ERMINE				400 AIRPORT RD	
GREENVILLE	TX 75401			TERRELL TX 75160	
Phone (903) 455-3987	Fax			PHONE: (972) 388-2000	FAX: (972) 563-5322
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	HUNT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007543			Owner Information	
WINDY HILL GROUP HOME				LAKES REGIONAL MHMR CENTER	
5307 WINDY HILL RD				400 AIRPORT RD	
GREENVILLE	TX 75402			TERRELL TX 75160	
Phone (903) 454-7238	Fax			PHONE: (972) 388-2000	FAX: (972) 563-5322
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	JASPER	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007643			Owner Information	
WEST BAY HOUSE				THE BURKE CENTER	
46 WEST BAY				1111	
JASPER	TX 75951				TX
Phone (409) 384-2832	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	JASPER	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003906			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			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007457	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003965	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) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 12/17/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003964	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) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/02/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003673	Owner Information			
CARNATION LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC			
6270 CARNATION		4115 GALVESTON ROAD			
BEAUMONT	TX 77703	HOUSTON TX 77017			
Phone (409) 832-4112	Fax (409) 832-6974	PHONE: (713) 475-2220 FAX: (713) 475-2212			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007528	Owner Information			
CENTRAL HOUSE		ST GILES - BAYTOWN INC			
4655 HOLST ST		2203 KILGORE ROAD			
BEAUMONT	TX 77708	BAYTOWN TX 77520			
Phone (409) 833-4550	Fax (409) 833-0229	PHONE: (281) 837-1942 FAX: (281) 427-0586			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003672	Owner Information			
CHERYL LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC			
3895 CHERYL DR		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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003754			Owner Information	
COLE ROAD HOUSE				ST GILES - BAYTOWN INC	
5820 COLE RD				2203 KILGORE ROAD	
BEAUMONT	TX 77706			BAYTOWN TX	77520
Phone (409) 896-2345	Fax (409) 835-0229			PHONE: (281) 837-1942	FAX: (281) 427-0586
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2017	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003791			Owner Information	
HORIZON HOUSE				ST GILES - BAYTOWN INC	
4176 TREADWAY				2203 KILGORE ROAD	
BEAUMONT	TX 77706			BAYTOWN TX	77520
Phone (409) 833-4550	Fax (409) 833-0229			PHONE: (281) 837-1942	FAX: (281) 427-0586
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2017	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003689			Owner Information	
HUNTSMAN LIVING CENTER				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC	
535 CARNAHAN PLACE				4115 GALVESTON ROAD	
BEAUMONT	TX 77707			HOUSTON TX	77017
Phone (409) 832-4112	Fax (409) 832-6974			PHONE: (713) 475-2220	FAX: (713) 475-2212
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007307			Owner Information	
JERRY LIVING CENTER				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC	
4415 JERRY DR				4115 GALVESTON ROAD	
BEAUMONT	TX 77703			HOUSTON TX	77017
Phone (409) 832-4112	Fax (409) 832-8044			PHONE: (713) 475-2220	FAX: (713) 475-2212
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003966			Owner Information	
LANDIS GROUP HOME				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
9165 LANDIS				9901 LINN STATION ROAD	
BEAUMONT	TX 77707			LOUISVILLE KY	40223
Phone (409) 860-4337	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/01/2018	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003674			Owner Information	
MCANELLY COMMUNITY HOME				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC	
5125 MCANELLY				4115 GALVESTON ROAD	
BEAUMONT	TX 77708			HOUSTON TX	77017
Phone (409) 832-4112	Fax (409) 832-6974			PHONE: (713) 475-2220	FAX: (713) 475-2212
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County **JEFFERSON** Reg Svcs: **REGION 5 ICF/IID** Region **05 - BEAUMONT**

Facility Information: **Facility ID:** 007405 **Owner Information**
 MEADOWICK LIVING CENTER DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
 9640 MEADOWICK 4115 GALVESTON ROAD
 BEAUMONT TX 77706 HOUSTON TX 77017
Phone (409) 832-4112 **Fax** (409) 832-8044 **PHONE:** (713) 475-2220 **FAX:** (713) 475-2212
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 01/01/2019

County **JEFFERSON** Reg Svcs: **REGION 5 ICF/IID** Region **05 - BEAUMONT**

Facility Information: **Facility ID:** 007326 **Owner Information**
 NORTH HOUSE ST GILES - BAYTOWN INC
 8185 PARK N DR 2203 KILGORE ROAD
 BEAUMONT TX 77708 BAYTOWN TX 77520
Phone (409) 833-4550 **Fax** (409) 833-0229 **PHONE:** (281) 837-1942 **FAX:** (281) 427-0586
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 09/01/2017

County **JEFFERSON** Reg Svcs: **REGION 5 ICF/IID** Region **05 - BEAUMONT**

Facility Information: **Facility ID:** 003690 **Owner Information**
 NOTTINGHAM LIVING CENTER DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
 5965 NAVAJO TRAIL 4115 GALVESTON ROAD
 BEAUMONT TX 77708 HOUSTON TX 77017
Phone (409) 832-4112 **Fax** (409) 832-6974 **PHONE:** (713) 475-2220 **FAX:** (713) 475-2212
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 01/01/2019

County **JEFFERSON** Reg Svcs: **REGION 5 ICF/IID** Region **05 - BEAUMONT**

Facility Information: **Facility ID:** 003692 **Owner Information**
 PINEHAVEN COMMUNITY HOME DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
 10980 PINEHAVEN 4115 GALVESTON ROAD
 BEAUMONT TX 77713 HOUSTON TX 77017
Phone (409) 832-4112 **Fax** (409) 832-6974 **PHONE:** (713) 475-2220 **FAX:** (713) 475-2212
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 01/01/2019

County **JEFFERSON** Reg Svcs: **REGION 5 ICF/IID** Region **05 - BEAUMONT**

Facility Information: **Facility ID:** 003693 **Owner Information**
 SAMS WAY LIVING CENTER DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC
 1760 SAMS WAY 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: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 01/01/2019

County **JEFFERSON** Reg Svcs: **REGION 5 ICF/IID** Region **05 - BEAUMONT**

Facility Information: **Facility ID:** 003967 **Owner Information**
 SAN DIEGO GROUP HOME EDUCARE COMMUNITY LIVING CORPORATION - TEXAS
 7585 SAN DIEGO 9901 LINN STATION ROAD
 BEAUMONT TX 77708 LOUISVILLE KY 40223
Phone (409) 892-1784 **Fax** **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 02/28/2018

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003677			Owner Information	
THOUSAND OAKS LIVING CENTER				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC	
8255 SHILOH				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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007567			Owner Information	
GRIFFIN LIVING CENTER				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC	
3905 28TH STREET				4115 GALVESTON ROAD	
PORT ARTHUR	TX 77642			HOUSTON TX 77017	
Phone (409) 832-4112	Fax (409) 832-6974			PHONE: (713) 475-2220	FAX: (713) 475-2212
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007574			Owner Information	
MODEL LIVING CENTER				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC	
411 5TH AVE				4115 GALVESTON ROAD	
PORT ARTHUR	TX 77642			HOUSTON TX 77017	
Phone (409) 832-4112	Fax (409) 832-6974			PHONE: (713) 475-2220	FAX: (713) 475-2212
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	JEFFERSON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007530			Owner Information	
SHERIDAN LIVING CENTER				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF BEAUMONT, LLC	
2810 SHERIDAN				4115 GALVESTON ROAD	
PORT ARTHUR	TX 77640			HOUSTON TX 77017	
Phone (409) 983-3512	Fax (409) 832-6974			PHONE: (713) 475-2220	FAX: (713) 475-2212
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	JIM WELLS	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007295			Owner Information	
GREEN ACRES				ASSISTED HOME CARE INC	
5927 S HWY 281				704 E FIRST ST	
ALICE	TX 78332			ALICE TX 78332	
Phone (888) 528-8750	Fax (361) 771-4311			PHONE: (888) 528-8750	FAX: (361) 881-4311
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/09/2018	

County	JIM WELLS	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007309			Owner Information	
REYNOLDS HOME				ASSISTED HOME CARE INC	
601 N REYNOLDS				704 E FIRST ST	
ALICE	TX 78332			ALICE TX 78332	
Phone (361) 668-0126	Fax (361) 664-7776			PHONE: (888) 528-8750	FAX: (361) 881-4311
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/04/2017	

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID:	003929	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:
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	10/01/2017	

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID:	003973	Owner Information		
EMERALD POINT			PECAN VALLEY MHMR REGION		
271 DIAMOND LN N			2101 WEST PEARL ST		
BURLESON	TX	76028	GRANBURY	TX	76048
Phone	(817) 295-3056	Fax	(817) 641-3619	PHONE:	FAX:
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	GOVERNMENT BASED
			License Exp Dt:		

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID:	003961	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:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	GOVERNMENT BASED
			License Exp Dt:		

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID:	003822	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
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	01/09/2019	

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID:	003865	Owner Information		
COMMUNITY LIVING CONCEPTS INC			COMMUNITY LIVING CONCEPTS INC		
201 FEATHERSTON			110 E WALNUT ST		
CLEBURNE	TX	76031	KEENE	TX	76059
Phone	(817) 774-3613	Fax	(817) 558-9560	PHONE:	(817) 558-9559
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	13
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	01/09/2019	

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID:	003806	Owner Information		
COMMUNITY LIVING CONCEPTS INC			COMMUNITY LIVING CONCEPTS INC		
1709 FM 2135			110 E WALNUT ST		
CLEBURNE	TX	76031	KEENE	TX	76059
Phone	(817) 558-9559	Fax	(817) 558-9560	PHONE:	(817) 558-9559
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	12
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	01/09/2019	

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007484	Owner Information			
FEATHERSTON		ROCK HOUSE SUPPORT SERVICES INC			
402 FEATHERSTON ST		2252 LINGLEVILLE ROAD HWY 8			
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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003969	Owner Information			
HIGHLAND ESTATES		PECAN VALLEY MHMR REGION			
1018 HIGHLAND ROAD		2101 WEST PEARL ST			
CLEBURNE	TX 76031	GRANBURY TX 76048			
Phone (817) 556-3720	Fax (817) 641-3619	PHONE: FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003962	Owner Information			
QUAIL PARK		PECAN VALLEY MHMR REGION			
805 QUAIL PARK RUSH		2101 WEST PEARL ST			
CLEBURNE	TX 76031	GRANBURY TX 76048			
Phone (817) 556-3720	Fax (817) 641-3619	PHONE: FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003970	Owner Information			
ROLLING ACRES		PECAN VALLEY MHMR REGION			
2901 FM 2280		2101 WEST PEARL ST			
CLEBURNE	TX 76031	GRANBURY TX 76048			
Phone (817) 558-0642	Fax (817) 558-0952	PHONE: FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003924	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) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 12/03/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003625	Owner Information			
BLUEBONNET RESIDENTIAL CENTER 1		SCP ACQUISITION PARTNERS LTD			
524 N PEARSON ST		4244 RIVER BIRCH RD			
GODLEY	TX 76044-3702	FORT WORTH TX 76137			
Phone (817) 389-3442	Fax (817) 389-2354	PHONE: (817) 847-5741 FAX: (817) 847-5721			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003622			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/09/2019	

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003820			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/09/2019	

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003972			Owner Information	
LITTLEBROOK ESTATES				PECAN VALLEY MHMR REGION	
105 LITTLEBROOK ROAD				2101 WEST PEARL ST	
JOSHUA	TX 76058			GRANBURY TX 76048	
Phone (817) 645-0634	Fax (817) 641-3619			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	JOHNSON	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007366			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/09/2019	

County	JONES	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003705			Owner Information	
SAGEBRUSH LIVING CENTER				SAGEBRUSH LIVING CENTER LTD	
1101 COLUMBIA ST				845 PROTON RD	
STAMFORD	TX 79553			SAN ANTONIO TX 78258	
Phone (325) 773-2791	Fax (325) 773-2448			PHONE: (210) 340-7155	FAX: (210) 340-4832
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 86			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/01/2017	

County	LEE	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007583			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/26/2018	

County	LEE	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007523			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/08/2018	

County	LEE	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007471			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 10/08/2017	

County	LEE	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007610			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 06/01/2018	

County	LIBERTY	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003904			Owner Information	
LEE STREET HOUSE				TRI COUNTY MHMR SERVICES	
802 LEE ST				PO BOX 3067	
CLEVELAND	TX 77327			CONROE	TX 77305
Phone (719) 592-3651	Fax (409) 756-8331			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	LIBERTY	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003891			Owner Information	
LEGION STREET HOUSE				TRI COUNTY MHMR SERVICES	
206 CHARLES BARKER				PO BOX 3067	
CLEVELAND	TX 77327			CONROE	TX 77305
Phone (409) 756-8331	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	LIBERTY	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003982			Owner Information	
AVENUE B HOUSE				TRI COUNTY MHMR SERVICES	
201 AVE B RTE 3 BOX 65 P				PO BOX 3067	
LIBERTY	TX 77575			CONROE	TX 77305
Phone (409) 336-2629	Fax (409) 756-8331			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County LIBERTY Reg Svcs: UNIT 21 (ICF/MR) Region 06 - HOUSTON

Facility Information:	Facility ID: 007566			Owner Information
HOLLY STREET HOUSE				TRI COUNTY MHMR SERVICES
1420 HOLLY ST				PO BOX 3067
LIBERTY	TX 77575			CONROE TX 77305
Phone (409) 756-8122	Fax			PHONE:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	FAX:	
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID
PRIVATE Beds: 0	TITLE 18/19: 0			SERVICE TYPE: GOVERNMENT BASED
				License Exp Dt:

County LIMESTONE Reg Svcs: ICF-IID (AUSTIN REGION) Region 07 - AUSTIN

Facility Information:	Facility ID: 007512			Owner Information
COMMERCE HOUSE				CEN-TEX ASSOCIATION FOR RETARDED CHILDREN
811 E COMMERCE				PO DRAWER 750
MEXIA	TX 76667			MEXIA TX 76667
Phone (254) 562-6241	Fax (254) 562-5924			PHONE: (254) 562-2891
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	FAX: (254) 562-7656	
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID
PRIVATE Beds: 0	TITLE 18/19: 0			SERVICE TYPE: PRIVATELY OWNED
				License Exp Dt: 03/02/2018

County LIMESTONE Reg Svcs: ICF-IID (AUSTIN REGION) Region 07 - AUSTIN

Facility Information:	Facility ID: 007513			Owner Information
FAIRWAY HOUSE				CEN-TEX ASSOCIATION FOR RETARDED CHILDREN
1000 FAIRWAY				PO DRAWER 750
MEXIA	TX 76667			MEXIA TX 76667
Phone (254) 562-7960	Fax (254) 562-5924			PHONE: (254) 562-2891
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	FAX: (254) 562-7656	
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID
PRIVATE Beds: 0	TITLE 18/19: 0			SERVICE TYPE: PRIVATELY OWNED
				License Exp Dt: 03/03/2018

County LIMESTONE Reg Svcs: ICF-IID (AUSTIN REGION) Region 07 - AUSTIN

Facility Information:	Facility ID: 007105			Owner Information
MEXIA STATE SUPPORTED LIVING CENTER				DADS
HIGHWAY 171				PO BOX 12668
MEXIA	TX 76667			AUSTIN TX 78711
Phone (254) 562-2821	Fax (254) 562-1444			PHONE: (512) 454-3761
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 616	FAX:	
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID
PRIVATE Beds: 0	TITLE 18/19: 0			SERVICE TYPE: STATE SCHOOL/STATE CENTER
				License Exp Dt:

County LIMESTONE Reg Svcs: ICF-IID (AUSTIN REGION) Region 07 - AUSTIN

Facility Information:	Facility ID: 007586			Owner Information
TYLER HOUSE				CEN-TEX ASSOCIATION FOR RETARDED CHILDREN
830 E TYLER				PO DRAWER 750
MEXIA	TX 76667			MEXIA TX 76667
Phone (254) 562-6466	Fax (254) 562-5924			PHONE: (254) 562-2891
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	FAX: (254) 562-7656	
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID
PRIVATE Beds: 0	TITLE 18/19: 0			SERVICE TYPE: PRIVATELY OWNED
				License Exp Dt: 02/05/2018

County LUBBOCK Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK

Facility Information:	Facility ID: 003908			Owner Information
IDALOU COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
606 S MAIN				9901 LINN STATION ROAD
IDALOU	TX 79329			LOUISVILLE KY 40223-3808
Phone (806) 894-4902	Fax (806) 894-9605			PHONE: (502) 394-2100
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	FAX: (502) 394-2285	
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID
PRIVATE Beds: 0	TITLE 18/19: 0			SERVICE TYPE: PRIVATELY OWNED
				License Exp Dt: 01/01/2019

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK

Facility Information: Facility ID: 007330 Owner Information
 23RD MANOR ANNADALE MANOR INC.
 5423 23RD ST 7614 BAYLOR
 LUBBOCK TX 79407 LUBBOCK TX 79416
Phone (806) 632-6588 **Fax**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (806) 632-6588 **FAX:**
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 07/01/2017

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK

Facility Information: Facility ID: 003848 Owner Information
 41ST STREET COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 3615 41ST ST 9901 LINN STATION ROAD
 LUBBOCK TX 79413 LOUISVILLE KY 40223-3808
Phone (806) 894-4902 **Fax** (806) 894-9605 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 01/01/2019
PRIVATE Beds: 0 **TITLE 18/19:** 0

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK

Facility Information: Facility ID: 007344 Owner Information
 5735 DARTMOUTH DRIVE CALAB INC
 5735 DARTMOUTH DR 3803 S ROBINSON RD
 LUBBOCK TX 79416 GRAND PRAIRIE TX 75052-1239
Phone (806) 793-6608 **Fax** (806) 767-0687 **PHONE:** (972) 263-2112 **FAX:** (972) 263-2115
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 09/01/2017
PRIVATE Beds: 0 **TITLE 18/19:** 0

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK

Facility Information: Facility ID: 003679 Owner Information
 5TH STREET COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 7423 5TH ST 9901 LINN STATION ROAD
 LUBBOCK TX 79416-6519 LOUISVILLE KY 40223-3808
Phone (806) 894-4902 **Fax** (806) 894-9605 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2285
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 01/01/2019
PRIVATE Beds: 0 **TITLE 18/19:** 0

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK

Facility Information: Facility ID: 007447 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: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 09/01/2017
PRIVATE Beds: 0 **TITLE 18/19:** 0

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK

Facility Information: Facility ID: 007448 Owner Information
 7409 RICHMOND AVENUE CALAB INC
 7409 RICHMOND AVE 3803 S ROBINSON RD
 LUBBOCK TX 79424 GRAND PRAIRIE TX 75052-1239
Phone (806) 795-8920 **Fax** (806) 767-0687 **PHONE:** (972) 263-2112 **FAX:** (972) 263-2115
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0 **License Exp Dt:** 09/01/2017
PRIVATE Beds: 0 **TITLE 18/19:** 0

County	LUBBOCK	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 003881			Owner Information	
97TH STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2404 97TH ST				9901 LINN STATION ROAD	
LUBBOCK	TX 79423-4406			LOUISVILLE	KY 40223-3808
Phone (806) 894-4902	Fax (806) 894-9605			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	LUBBOCK	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007201			Owner Information	
AGNES DENT HOMES I				CONNIE FULBRIGHT	
4805 16TH ST				4805 16TH ST	
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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/01/2018	

County	LUBBOCK	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007350			Owner Information	
B & B SERVICES				BRANDIE FULBRIGHT	
5322 22ND ST				5322 22ND STREET	
LUBBOCK	TX 79407			LUBBOCK	TX 79407
Phone (210) 268-7759	Fax			PHONE: (210) 268-1159	FAX: (361) 998-9748
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 10/01/2018	

County	LUBBOCK	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007334			Owner Information	
CAPROCK				ROCK HOUSE SUPPORT SERVICES INC	
6201 LYNNHAVEN DR				2252 LINGLEVILLE ROAD HWY 8	
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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 10/01/2018	

County	LUBBOCK	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007443			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2018	

County	LUBBOCK	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 003872			Owner Information	
JUNEAU COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2502 JUNEAU AVE				9901 LINN STATION ROAD	
LUBBOCK	TX 79407			LOUISVILLE	KY 40223-3808
Phone (806) 894-4902	Fax (806) 894-9605			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK
Facility Information: Facility ID: 003807 Owner Information
LUBBOCK REGIONAL M H M R 2 EAST LUBBOCK REGIONAL M H M R CENTER
8405 19TH STREET 1210 TEXAS AVENUE
LUBBOCK TX 79407 LUBBOCK TX 79407
Phone (806) 792-1359 **Fax** (806) 741-0913 **PHONE:** **FAX:**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK
Facility Information: Facility ID: 003704 Owner Information
LUBBOCK REGIONAL MHMR CENTER 1 30TH ST LUBBOCK REGIONAL M H M R CENTER
1711 30TH ST 1210 TEXAS AVENUE
LUBBOCK TX 79408 LUBBOCK TX 79407
Phone (806) 799-1998 **Fax** **PHONE:** **FAX:**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK
Facility Information: Facility ID: 007654 Owner Information
LUBBOCK REGIONAL MHMR CENTER 3 CENTRAL LUBBOCK REGIONAL M H M R CENTER
6302 34TH ST 1210 TEXAS AVENUE
LUBBOCK TX 79407 LUBBOCK TX 79407
Phone (806) 791-5408 **Fax** **PHONE:** **FAX:**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** GOVERNMENT BASED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK
Facility Information: Facility ID: 007107 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** **PHONE:** (512) 454-3761 **FAX:**
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 436 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** STATE SCHOOL/STATE CENTER
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:**

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK
Facility Information: Facility ID: 003917 Owner Information
MOSAIC MOSAIC
3425 GRINNELL 2245 MIDWAY RD ,STE 300
LUBBOCK TX 79415 CARROLLTON TX 75006
Phone (806) 794-9334 **Fax** (806) 794-9337 **PHONE:** (972) 866-9989 **FAX:** (972) 991-0834
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 01/01/2017

County **LUBBOCK** Reg Svcs: HIGH PLAINS ICF/MR Region 01 - LUBBOCK
Facility Information: Facility ID: 007591 Owner Information
MOSAIC MOSAIC
3419 54TH ST 2245 MIDWAY RD ,STE 300
LUBBOCK TX 79412 CARROLLTON TX 75006
Phone (806) 794-9334 **Fax** (806) 794-9337 **PHONE:** (972) 866-9989 **FAX:** (972) 991-0834
TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE:** PRIVATELY OWNED
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 01/01/2017

County	LUBBOCK	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 003951			Owner Information	
MOSAIC				MOSAIC	
5814 6TH ST				2245 MIDWAY RD	,STE 300
LUBBOCK	TX 79416			CARROLLTON	TX 75006
Phone (806) 794-9334	Fax (806) 794-9337			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	LUBBOCK	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007491			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			PHONE: (806) 632-6588	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/01/2018	

County	MADISON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007557			Owner Information	
MOSAIC				MOSAIC	
103 E VISER				2245 MIDWAY RD	,STE 300
MADISONVILLE	TX 77864			CARROLLTON	TX 75006
Phone (979) 823-7622	Fax (979) 775-5733			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2017	

County	MCLENNAN	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003826			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			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	MCLENNAN	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007628			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	MEDINA	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007327			Owner Information	
28TH STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1506 28TH ST				9901 LINN STATION ROAD	
HONDO	TX 78861-3208			LOUISVILLE	KY 40223-3808
Phone (830) 741-4624	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003959	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/23/2018			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007279	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 06/25/2018			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003984	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/13/2017			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003819	Owner Information			
MARCWOOD ONE		MARC INC			
2801 NORTH A ST		2701 NORTH A ST			
MIDLAND	TX 79705	MIDLAND	TX	79705	
Phone (432) 695-9901	Fax (432) 695-9909	PHONE: (432) 695-9901	FAX:		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2017			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003787	Owner Information			
MARCWOOD TWO		MARC INC			
2901 NORTH A ST		2701 NORTH A ST			
MIDLAND	TX 79705	MIDLAND	TX	79705	
Phone (432) 695-9901	Fax (432) 695-9909	PHONE: (432) 695-9901	FAX:		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2017			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007243	Owner Information			
ROCK HOUSE MICHIGAN		ROCK HOUSE SUPPORT SERVICES INC			
811 W MICHIGAN		2252 LINGLEVILLE ROAD HWY 8			
MIDLAND	TX 79701	STEPHENVILLE	TX	76401	
Phone (432) 682-1424	Fax (432) 685-6167	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2018			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007618	Owner Information			
ROCK HOUSE SPENCE		ROCK HOUSE SUPPORT SERVICES INC			
4403 SPENCE		2252 LINGLEVILLE ROAD HWY 8			
MIDLAND	TX 79707	STEPHENVILLE TX 76401			
Phone (432) 699-4128	Fax (432) 682-6167	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2018			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003642	Owner Information			
ROCK HOUSE TRAIL		ROCK HOUSE SUPPORT SERVICES INC			
2806 ARROWHEAD TRAILS		2252 LINGLEVILLE ROAD HWY 8			
MIDLAND	TX 79705	STEPHENVILLE TX 76401			
Phone (432) 694-8351	Fax (432) 682-6167	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2018			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003657	Owner Information			
ROCK HOUSE TREVINO		ROCK HOUSE SUPPORT SERVICES INC			
4314 TREVINO		2252 LINGLEVILLE ROAD HWY 8			
MIDLAND	TX 79705	STEPHENVILLE TX 76401			
Phone (432) 685-5057	Fax (432) 682-6167	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2018			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003985	Owner Information			
SAINT ANDREWS		MARC INC			
4512 SAINT ANDREWS		2701 NORTH A ST			
MIDLAND	TX 79707	MIDLAND TX 79705			
Phone (432) 695-9920	Fax (432) 695-9909	PHONE: (432) 695-9901	FAX:		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/13/2017			

County	MIDLAND	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007612	Owner Information			
WEST ROCK		ROCK HOUSE SUPPORT SERVICES INC			
708 DEVONIAN		2252 LINGLEVILLE ROAD HWY 8			
MIDLAND	TX 79703	STEPHENVILLE TX 76401			
Phone (432) 697-8320	Fax (432) 682-6167	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2016			

County	MILLS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007625	Owner Information			
JOHNSON HOMES		TDAF LLC			
210 CR 112		PO BOX 27			
GOLDTHWAITE	TX 76844	GOLDTHWAITE TX 76844			
Phone (325) 985-3544	Fax (325) 985-3575	PHONE: (325) 985-3544	FAX: (325) 985-3575		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 04/10/2018			

County	MONTGOMERY	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003882			Owner Information	
NORTH THOMPSON HOUSE				TRI COUNTY MHMR SERVICES	
2223 N THOMPSON ST				PO BOX 3067	
CONROE	TX 77303			CONROE	TX 77305
Phone (713) 760-3660	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	MONTGOMERY	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003905			Owner Information	
PATRICIA STREET HOUSE				TRI COUNTY MHMR SERVICES	
104 PATRICIA ST				PO BOX 3067	
CONROE	TX 77301			CONROE	TX 77305
Phone (409) 760-4074	Fax (409) 756-8331			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	MONTGOMERY	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 003883			Owner Information	
SHENANDOAH HOUSE				TRI COUNTY MHMR SERVICES	
28902 ENCHANTED DRIVE				PO BOX 3067	
SPRING	TX 77381			CONROE	TX 77305
Phone (281) 292-3712	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	NACOGDOCHES	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007658			Owner Information	
NACOGDOCHES HOUSE				THE BURKE CENTER	
2712 S E STALLINGS DR				4101 SOUTH MEDFORD DR	
NACOGDOCHES	TX 75961			LUFKIN	TX 75901
Phone (936) 564-3147	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 12			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003773			Owner Information	
45TH STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1348 N 45TH ST				9901 LINN STATION ROAD	
CORSICANA	TX 75110-1733			LOUISVILLE	KY 40223-3808
Phone (903) 872-2200	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003836			Owner Information	
45TH STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1348 1/2 N 45TH ST				9901 LINN STATION ROAD	
CORSICANA	TX 75110-1733			LOUISVILLE	KY 40223-3808
Phone (903) 872-2200	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007222	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: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007445	Owner Information			
DONAHO HOUSE		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1516 W 5TH AVE		9901 LINN STATION ROAD			
CORSICANA	TX 75110-4207	LOUISVILLE KY 40223-3808			
Phone (903) 872-9568	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007217	Owner Information			
EDWARDS COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
701 W 4TH AVE		9901 LINN STATION ROAD			
CORSICANA	TX 75110-4551	LOUISVILLE KY 40223-3808			
Phone (903) 872-8006	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007335	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/09/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007315	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/11/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007454	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/25/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007506	Owner Information			
OAKLAWN HOUSE		CEN-TEX ASSOCIATION FOR RETARDED CHILDREN			
1102 OAKLAWN		PO DRAWER 750			
CORSICANA	TX 75110	MEXIA TX 76667			
Phone (903) 872-6083	Fax (903) 872-0895	PHONE: (254) 562-2891 FAX: (254) 562-7656			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 02/03/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007577	Owner Information			
SUNSET ACRES HOUSE		CEN-TEX ASSOCIATION FOR RETARDED CHILDREN			
5835 NW COUNTY RD 2091		PO DRAWER 750			
CORSICANA	TX 75110	MEXIA TX 76667			
Phone (903) 872-6138	Fax (903) 872-0895	PHONE: (254) 562-2891 FAX: (254) 562-7656			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 12/14/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NAVARRO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007519	Owner Information			
TAMMY HOUSE		CEN-TEX ASSOCIATION FOR RETARDED CHILDREN			
1312 TAMMY		PO DRAWER 750			
CORSICANA	TX 75110	MEXIA TX 76667			
Phone (903) 872-6086	Fax (903) 872-0895	PHONE: (254) 562-2891 FAX: (254) 562-7656			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/23/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NEWTON	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003996	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:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NOLAN	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007225	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/23/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NOLAN	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007657	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: (325) 695-2112 FAX: (325) 794-0023			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007511	Owner Information			
BROCKHAMPTON HOUSE		LMS CONCEPTS INC			
6102 BROCKHAMPTON		PO BOX 270755			
CORPUS CHRISTI	TX 78414	CORPUS CHRISTI TX		78427-0755	
Phone (361) 992-7763	Fax (361) 852-2181	PHONE: (361) 854-9332		FAX: (361) 852-2181	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 02/12/2018	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007124	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: 0	TITLE 18: 0	ICF/IID: 5		PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt:	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007111	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: 0	TITLE 18: 0	ICF/IID: 432		PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt:	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007581	Owner Information			
CROSSGATE HOUSE		ANCHOR HABILITATION SERVICES LLC			
5502 CROSSGATE N		18443 REDLAND RD			
CORPUS CHRISTI	TX 78413	SAN ANTONIO TX		78259-3571	
Phone (361) 657-0247	Fax (361) 657-0250	PHONE: (361) 657-0247		FAX: (361) 657-0250	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2018	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003664	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		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) 394-2285	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 08/01/2017	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003660	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		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) 394-2285	
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 08/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007258	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		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) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:	08/01/2017		

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007265	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		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) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:	08/01/2019		

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003858	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
4038 KILLARMET		9901 LINN STATION ROAD			
CORPUS CHRISTI TX 78413		LOUISVILLE KY 40223			
Phone (361) 852-3928	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:	08/01/2017		

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 003659	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
5502 BOWIE		9901 LINN STATION ROAD			
CORPUS CHRISTI TX 78415-1965		LOUISVILLE KY 40223			
Phone (361) 854-7333	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:	08/27/2017		

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007433	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION-TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
4053 MOUNTAIN VIEW		9901 LINN STATION ROAD			
CORPUS CHRISTI TX 78410		LOUISVILLE KY 40223			
Phone (361) 241-9921	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:	09/01/2017		

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007363	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION-TEXAS		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	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:	09/01/2017		

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 105083			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			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 08/01/2019	

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007123			Owner Information	
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: 0	TITLE 18: 0	ICF/IID: 5			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	NUECES	Reg Svcs:	CORPUS CHRISTI 61	Region	11 - CORPUS CHRISTI
Facility Information:	Facility ID: 007391			Owner Information	
WINTERPARK HOUSE				ANCHOR HABILITATION SERVICES LLC	
7022 WINTERPARK				18443 REDLAND RD	
CORPUS CHRISTI	TX 78413			SAN ANTONIO	TX 78259-3571
Phone (361) 657-0247	Fax (361) 657-0250			PHONE: (361) 657-0247	FAX: (361) 657-0250
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/01/2018	

County	ORANGE	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 003871			Owner Information	
CYPRESS STREET GROUP HOME				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
1302 W. CYPRESS AVENUE				9901 LINN STATION ROAD	
ORANGE	TX 77630			LOUISVILLE	KY 40223
Phone (409) 882-9442	Fax (409) 882-9900			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 08/01/2017	

County	ORANGE	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007482			Owner Information	
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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	PALO PINTO	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003946			Owner Information	
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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	PARKER	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007223	Owner Information			
ELM COURT		MAINSTREAM HABILITATION SERVICES OF TEXAS INC			
928 ELM COURT		1649 SE PARKWAY			
AZLE	TX 76020	AZLE TX 76020			
Phone (817) 270-2747	Fax (817) 270-1477	PHONE: (817) 270-2747 FAX: (817) 270-1477			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/11/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	PARKER	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007209	Owner Information			
TANGLEWOOD		MAINSTREAM HABILITATION SERVICES OF TEXAS INC			
1613 TANGLEWOOD		1649 SE PARKWAY			
AZLE	TX 76020	AZLE TX 76020			
Phone (817) 221-4945	Fax (817) 270-1477	PHONE: (817) 270-2747 FAX: (817) 270-1477			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/11/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	PARKER	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003610	Owner Information			
MILL STREET		PECAN VALLEY MHMR REGION			
1212 S MILL ST		PO BOX 973			
WEATHERFORD	TX 76086	STEPHENVILLE TX 76401			
Phone (817) 598-0559	Fax (817) 599-7636	PHONE: FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	POLK	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007537	Owner Information			
NEW DAY HOUSE		NEW DAY INTERMEDIATE CARE LLC			
4530 HWY 190E		11722 GRAY FOREST TRAIL			
LIVINGSTON	TX 77351	TOMBALL TX 77377			
Phone (936) 327-7075	Fax (936) 327-5143	PHONE: (832) 860-8417 FAX: (832) 559-8552			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	RANDALL	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007613	Owner Information			
ANDOVER		ADVO COMPANIES INC			
7006 ANDOVER		PO BOX 51744			
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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/29/2016			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	RANDALL	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007311	Owner Information			
AVONDALE		ADVO COMPANIES INC			
6911 VISION		PO BOX 51744			
AMARILLO	TX 79119	AMARILLO TX 79159			
Phone (806) 342-0600	Fax (806) 342-0900	PHONE: (806) 342-0600 FAX: (806) 342-0900			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/30/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	RANDALL	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007619			Owner Information	
EL PASO				ADVO COMPANIES INC	
8511 EL PASO DR				PO BOX 51744	
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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 08/09/2018	

County	RANDALL	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007273			Owner Information	
HAMPTON				ADVO COMPANIES INC	
6004 HAMPTON				PO BOX 51744	
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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 06/03/2018	

County	RANDALL	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007271			Owner Information	
MARY DELL				ADVO COMPANIES INC	
5718 MARY DELL				PO BOX 51744	
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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 06/23/2018	

County	RANDALL	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007490			Owner Information	
SIMPSON				ADVO COMPANIES INC	
7800 SIMPSON				PO BOX 51744	
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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/11/2017	

County	RANDALL	Reg Svcs:	HIGH PLAINS ICF/MR	Region	01 - LUBBOCK
Facility Information:	Facility ID: 007518			Owner Information	
IDLEWOOD COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
4 IDLEWOOD				9901 LINN STATION ROAD	
CANYON	TX 79015			LOUISVILLE KY 40223-3808	
Phone (806) 894-4902	Fax (806) 894-9605			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	RUSK	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007539			Owner Information	
CROSBY COMMUNITY HOME				CROSBY COMMUNITY HOME INC	
102 CROSBY DR				112 S WARD DR	
HENDERSON	TX 75652			LONGVIEW TX 75604	
Phone (903) 655-0118	Fax (903) 295-7394			PHONE: (903) 295-7391	FAX: (903) 295-7394
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 06/08/2018	

County	RUSK	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007331			Owner Information	
PETERSON COMMUNITY HOME				S S L & H INC	
1522 PETERSON				112 S WARD	
HENDERSON	TX 75652			LONGVIEW	TX 75604
Phone (903) 657-3495	Fax (903) 295-7394			PHONE: (903) 295-7391	FAX: (903) 295-7394
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 11/08/2017	

County	RUSK	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007257			Owner Information	
TRUMAN DRIVE COMMUNITY HOME				D & S RESIDENTIAL SERVICES LP	
103 TRUMAN				8911 N CAPITAL OF TX HWY	.BLDG 1 STE 1300
HENDERSON	TX 75652			AUSTIN	TX 78759
Phone (903) 657-8923	Fax (903) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/01/2017	

County	RUSK	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007579			Owner Information	
EVERGREEN STEVENS COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
107 STEVENS RD				10810 SANDEN DR	
KILGORE	TX 75662			DALLAS	TX 75238
Phone (903) 643-7022	Fax (903) 678-3508			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/20/2017	

County	SABINE	Reg Svcs:	REGION 5 ICF/IID	Region	05 - BEAUMONT
Facility Information:	Facility ID: 007607			Owner Information	
PINELAND HOUSE				THE BURKE CENTER	
TEMPLE AVE AT DELTA HEIGHTS				1111	
PINELAND	TX 75968				TX
Phone (409) 584-2868	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 003687			Owner Information	
CHAMPAGNE HOUSE				JOY B CHAMPAGNE	
303 MOUNT SYLVAN RD				PO BOX 1749	
LINDALE	TX 75771			LINDALE	TX 75771
Phone (903) 882-8045	Fax (903) 882-1627			PHONE: (903) 882-8337	FAX: (903) 882-1627
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/02/2018	

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007547			Owner Information	
JEFFRIES HOUSE				CHAMPAGNE INCORPORATED	
314 JEFFRIES				410 EAGLE SPIRIT DR	
LINDALE	TX 75771			LINDALE	TX 75771
Phone (903) 882-8337	Fax (903) 882-1627			PHONE: (903) 882-8337	FAX: (903) 882-1627
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/09/2018	

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 010353			Owner Information	
ANN ROAD GROUP HOME				ANDREWS CENTER	
3109 COUNTY RD 4167				2323 W FRONT ST	
TYLER	TX 75701			TYLER	TX 75702
Phone (903) 597-8823	Fax (903) 535-7386			PHONE: (903) 567-1351	FAX: (903) 535-7384
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007372			Owner Information	
BRECKENRIDGE VILLAGE OF TYLER - BLUEBONNET HOUSE				BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC	
15062 CR 1145				15062 CR 1145	
TYLER	TX 75704			TYLER	TX 75704
Phone (903) 596-8100	Fax (903) 596-8104			PHONE: (903) 596-8100	FAX: (903) 596-8104
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	11/01/2017

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007213			Owner Information	
BRECKENRIDGE VILLAGE OF TYLER - MAGNOLIA HOUSE				BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC	
15062 CR 1145				15062 CR 1145	
TYLER	TX 75704			TYLER	TX 75704
Phone (903) 596-8100	Fax (903) 596-8104			PHONE: (903) 596-8100	FAX: (903) 596-8104
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	02/01/2019

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007620			Owner Information	
BRECKENRIDGE VILLAGE OF TYLER - MALLARD HOUSE				BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC	
15062 CR 1145				15062 CR 1145	
TYLER	TX 75704			TYLER	TX 75704
Phone (903) 596-8100	Fax (903) 596-8104			PHONE: (903) 596-8100	FAX: (903) 596-8104
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	11/01/2017

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 106432			Owner Information	
BRECKENRIDGE VILLAGE OF TYLER- ROSE HOUSE				BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC	
15062 COUNTY ROAD 1145				15062 CR 1145	
TYLER	TX 75704			TYLER	TX 75704
Phone (903) 596-8100	Fax (903) 596-8104			PHONE: (903) 596-8100	FAX: (903) 596-8104
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	11/10/2017

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 106368			Owner Information	
BRECKENRIDGE VILLAGE OF TYLER-BARNABAS HOUSE				BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC	
15062 COUNTY ROAD 1145				15062 CR 1145	
TYLER	TX 75704			TYLER	TX 75704
Phone (903) 596-8100	Fax (903) 596-8104			PHONE: (903) 596-8100	FAX: (903) 596-8104
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt:	09/18/2017

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 105449
 BRECKENRIDGE VILLAGE OF TYLER-EAGLES NEST HOUSE
 15062 CR 1145
 TYLER TX 75704

Phone (903) 596-8100 **Fax** (903) 596-8104

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 BAPTIST CARE FACILITIES FOR PERSONS WITH MENTAL DISABILITIES INC
 15062 CR 1145
 TYLER TX 75704
PHONE: (903) 596-8100 **FAX:** (903) 596-8104
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 02/08/2019

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007286
 COPELAND HOUSE
 3600 NEW COPELAND RD
 TYLER TX 75701

Phone (903) 581-8812 **Fax** (903) 526-0881

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 02/28/2019

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007342
 GAIL HOUSE
 3323 GAIL LN
 TYLER TX 75701

Phone (903) 566-1441 **Fax** (903) 526-0881

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 05/19/2018

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 007593
 MARTHA HOUSE
 2616 POUNDS ST
 TYLER TX 75701

Phone (903) 531-9960 **Fax** (903) 526-0881

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 03/18/2018

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 003634
 PETTIT HOUSE
 1519 PETTIT ST
 TYLER TX 75701

Phone (903) 509-9932 **Fax** (903) 526-0881

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt: 10/01/2017

County **SMITH** Reg Svcs: ICF/IID TEAM Region 04 - TYLER

Facility Information: Facility ID: 003776
 PHILLIPS GROUP HOME
 210 WEST PHILLIPS
 TYLER TX 75701

Phone (903) 593-7191 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 12
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

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 Exp Dt:

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007345			Owner Information	
PRESTON HOUSE				COMMUNITY ACCESS INC	
2525 PRESTON				2040 SHILOH RD	
TYLER	TX 75701			TYLER TX 75703	
Phone (903) 595-4430	Fax (903) 526-0881			PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 10/15/2017	

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007496			Owner Information	
SHAFFER HOUSE				COMMUNITY ACCESS INC	
2812 SHAFFER LN				2040 SHILOH RD	
TYLER	TX 75702			TYLER TX 75703	
Phone (903) 595-5392	Fax (903) 526-0881			PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/08/2018	

County	SMITH	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007590			Owner Information	
FOREST HOUSE				COMMUNITY ACCESS INC	
306 FOREST S				2040 SHILOH RD	
WHITEHOUSE	TX 75791			TYLER TX 75703	
Phone (903) 839-0881	Fax (903) 526-0881			PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/04/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007419			Owner Information	
1501 LOVERS LN				CALAB INC	
1501 E LOVERS LN				3803 S ROBINSON RD	
ARLINGTON	TX 76010			GRAND PRAIRIE TX 75052-1239	
Phone (817) 226-5553	Fax (972) 606-4792			PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007230			Owner Information	
2309 CLEARWOOD COURT				CALAB INC	
2309 CLEARWOOD CT				3803 S ROBINSON RD	
ARLINGTON	TX 76014			GRAND PRAIRIE TX 75052-1239	
Phone (817) 226-1346	Fax (972) 606-4792			PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007352			Owner Information	
2410 EDINBURGH				CALAB INC	
2410 EDINBURGH				3803 S ROBINSON RD	
ARLINGTON	TX 76018			GRAND PRAIRIE TX 75052-1239	
Phone (817) 784-3626	Fax (972) 606-4792			PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007245			Owner Information	
4209 BLOSSOM TRAIL				CALAB INC	
4209 BLOSSOM TR				3803 S ROBINSON RD	
ARLINGTON	TX 76016			GRAND PRAIRIE TX	75052-1239
Phone (817) 516-7577	Fax (972) 606-4792			PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 104605			Owner Information	
A & M CARE INC				A & M CARE INC	
2605 GLASSBORO CIR				2410 E HWY 377	
ARLINGTON	TX 76015			GRANBURY TX	76049
Phone (817) 795-7999	Fax (817) 548-0911			PHONE: (817) 795-7999	FAX: (817) 548-0911
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 06/17/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007584			Owner Information	
AMICUS AT RIFLEMAN				AMICUS, INC	
405 RIFLEMAN TRAIL				1129 N LITTLE SCHOOL RD	
ARLINGTON	TX 76018			ARLINGTON TX	76017-1900
Phone (817) 467-3626	Fax (817) 563-7906			PHONE: (817) 563-7900	FAX: (817) 563-7906
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007526			Owner Information	
AMICUS AT SHAWN				AMICUS, INC	
517 SHAWN COURT				1129 N LITTLE SCHOOL RD	
ARLINGTON	TX 76014			ARLINGTON TX	76017-1900
Phone (817) 784-1806	Fax (817) 563-7906			PHONE: (817) 563-7900	FAX: (817) 563-7906
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/01/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007589			Owner Information	
AMICUS AT XAVIER				AMICUS, INC	
817 XAVIER DR				1129 N LITTLE SCHOOL RD	
ARLINGTON	TX 76001			ARLINGTON TX	76017-1900
Phone (817) 467-3731	Fax (817) 563-7906			PHONE: (817) 563-7900	FAX: (817) 563-7906
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/01/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007473			Owner Information	
BOSQUE COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1919 BOSQUE LN				9901 LINN STATION ROAD	
ARLINGTON	TX 76006			LOUISVILLE KY	40223-3808
Phone (817) 548-9444	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007817	Owner Information			
CALIFORNIA		TARRANT COUNTY MHMR SERVICES			
2812 CALIFORNIA		PO BOX 2603			
ARLINGTON	TX 76016	FORT WORTH TX 76113			
Phone (817) 860-6257	Fax	PHONE: (817) 569-5634 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007302	Owner Information			
CEDAR OAKS COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1000 COKE RD		9901 LINN STATION ROAD			
ARLINGTON	TX 76010	LOUISVILLE KY 40223-3808			
Phone (817) 459-3556	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003676	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
5004 MISTY WOOD DR		9901 LINN STATION ROAD			
ARLINGTON	TX 76017	LOUISVILLE KY 40223			
Phone (817) 516-7469	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007277	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
2310 SHARPSHIRE LN		9901 LINN STATION ROAD			
ARLINGTON	TX 76014	LOUISVILLE KY 40223			
Phone (817) 784-0406	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003601	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
1824 S FIELDER		9901 LINN STATION ROAD			
ARLINGTON	TX 76013	LOUISVILLE KY 40223			
Phone (817) 461-6234	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007281	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
4700 MANDALAY DR		9901 LINN STATION ROAD			
ARLINGTON	TX 76016	LOUISVILLE KY 40223			
Phone (817) 572-7461	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County **TARRANT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 101452
 EVERGREEN ECHO SUMMIT COMMUNITY HOME
 6218 ECHO SUMMIT LN
 ARLINGTON TX 76017

Phone (817) 478-0774 **Fax** (972) 386-9509

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 05/28/2019

County **TARRANT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 007562
 EVERGREEN ELMGROVE COMMUNITY HOME
 4211 ELMGROVE
 ARLINGTON TX 76015

Phone (817) 375-5033 **Fax** (972) 386-9509

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **TARRANT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 007563
 EVERGREEN ENDICOTT COMMUNITY HOME
 1502 ENDICOTT
 ARLINGTON TX 76018

Phone (817) 375-5009 **Fax** (972) 386-9509

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 11/01/2017

County **TARRANT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 101525
 EVERGREEN JEANNETTE EARLY COMMUNITY HOME
 329 MONTANA DR
 ARLINGTON TX 76002

Phone (817) 468-4471 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 08/12/2019

County **TARRANT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 101454
 EVERGREEN SALIDA COMMUNITY HOME
 911 SALIDA DR
 ARLINGTON TX 76001

Phone (817) 477-9722 **Fax**

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 06/06/2017

County **TARRANT** Reg Svcs: **IID TEAM** Region **03 - ARLINGTON**

Facility Information: **Facility ID:** 101819
 EVERGREEN WAGNER COMMUNITY HOME
 7905 PEREGRINE TRAIL
 ARLINGTON TX 76001

Phone (817) 477-5600 **Fax** (972) 386-9509

TOTAL Lic Capacity: 0 **TITLE 18:** 0 **ICF/IID:** 6
Cert Alzh Capacity: 0 **TITLE19:** 0
PRIVATE Beds: 0 **TITLE 18/19:** 0

Owner Information
 EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC
 10810 SANDEN DR
 DALLAS TX 75238
PHONE: (972) 386-4834 **FAX:**
PROGRAM TYPE: ICF/IID **SERVICE TYPE** PRIVATELY OWNED
License Exp Dt: 05/18/2018

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007301	Owner Information			
FOX HILL COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
3202 FOX HILL DR		9901 LINN STATION ROAD			
ARLINGTON	TX 76015	LOUISVILLE KY 40223-3808			
Phone (817) 468-1444	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003952	Owner Information			
MAGNOLIA COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
500 MAGNOLIA		9901 LINN STATION ROAD			
ARLINGTON	TX 76012	LOUISVILLE KY 40223-3808			
Phone (817) 543-0807	Fax (713) 622-9141	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003665	Owner Information			
NEWSTART LIVING CENTER V		NEWSTART INC			
4503 PALOMINO CT		PO BOX 331629			
ARLINGTON	TX 76017	FORT WORTH TX 76163			
Phone (817) 294-9675	Fax (817) 294-9907	PHONE: (817) 294-9675 FAX: (817) 294-9907			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 05/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007524	Owner Information			
QUINCY HOUSE		A & M CARE INC			
2004 QUINCY CT		2410 E HWY 377			
ARLINGTON	TX 76013	GRANBURY TX 76049			
Phone (817) 548-0911	Fax (817) 459-4818	PHONE: (817) 795-7999 FAX: (817) 548-0911			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 04/08/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007576	Owner Information			
RACQUET CLUB		TARRANT COUNTY MHMR SERVICES			
4809 RACQUET CLUB DRIVE		PO BOX 2603			
ARLINGTON	TX 76017-2625	FORT WORTH TX 76113			
Phone (817) 569-5632	Fax (817) 569-4130	PHONE: (817) 569-5634 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007441	Owner Information			
REVERCHON COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
2121 REVERCHON DR		9901 LINN STATION ROAD			
ARLINGTON	TX 76017	LOUISVILLE KY 40223-3808			
Phone (817) 557-5417	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003850	Owner Information			
SPRING CREEK COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
4806 SPRING CREEK RD		9901 LINN STATION ROAD			
ARLINGTON TX 76017-1228		LOUISVILLE KY 40223-3808			
Phone (817) 478-9801	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 01/01/2019			

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007451	Owner Information			
DENVER TRAIL		MAINSTREAM HABILITATION SERVICES OF TEXAS INC			
129 DENVER TRAIL		1649 SE PARKWAY			
AZLE TX 76020		AZLE TX 76020			
Phone (817) 270-2747	Fax (817) 270-1477	PHONE: (817) 270-2747	FAX: (817) 270-1477		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 07/29/2019			

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003957	Owner Information			
JAMES STREET COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
708 JAMES ST		9901 LINN STATION ROAD			
AZLE TX 76020		LOUISVILLE KY 40223-3808			
Phone (817) 444-0095	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 01/01/2019			

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007414	Owner Information			
LAKEVIEW COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1748 SPINNAKER LN		9901 LINN STATION ROAD			
AZLE TX 76020		LOUISVILLE KY 40223-3808			
Phone (817) 444-7177	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 01/01/2019			

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007422	Owner Information			
LAMPLIGHTER COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
104 LAMPLIGHTER CT		9901 LINN STATION ROAD			
AZLE TX 76020		LOUISVILLE KY 40223-3808			
Phone (817) 237-0385	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 01/01/2019			

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007395	Owner Information			
TRAINING RESIDENCE 6		TARRANT COUNTY MHMR SERVICES			
1619 PIPELINE ROAD		PO BOX 2603			
BEDFORD TX 76022		FORT WORTH TX 76113			
Phone (817) 354-8340	Fax	PHONE: (817) 569-5634	FAX:		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE GOVERNMENT BASED			
		License Exp Dt:			

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007809	Owner Information			
WALNUT COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
3824 WALNUT DR		9901 LINN STATION ROAD			
BEDFORD	TX 76021	LOUISVILLE KY 40223-3808			
Phone (972) 929-1145	Fax (214) 251-1465	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003953	Owner Information			
COZBY COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
106 COZBY ST S		9901 LINN STATION ROAD			
BENBROOK	TX 76126	LOUISVILLE KY 40223-3808			
Phone (817) 249-6269	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003635	Owner Information			
STELLA MAE		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
716 STELLA MAE		9901 LINN STATION ROAD			
BURLESON	TX 76028	LOUISVILLE KY 40223			
Phone (817) 293-4732	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/20/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007397	Owner Information			
BUILDER ROAD		TARRANT COUNTY MHMR SERVICES			
2200 BUILDER ROAD		PO BOX 2603			
CROWLEY	TX 76036-4615	FORT WORTH TX 76113			
Phone (817) 332-4778	Fax	PHONE: (817) 569-5634 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003845	Owner Information			
NEWSTART LIVING CENTER I		NEWSTART INC			
305 N BEVERLY ST		PO BOX 331629			
CROWLEY	TX 76036	FORT WORTH TX 76163			
Phone (817) 297-1325	Fax (817) 294-9907	PHONE: (817) 294-9675 FAX: (817) 294-9907			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003670	Owner Information			
SUMMER HOUSE		ROCK HOUSE SUPPORT SERVICES INC			
1925 CATTLE DRIVE CT		2252 LINGLEVILLE ROAD HWY 8			
CROWLEY	TX 76036	STEPHENVILLE TX 76401			
Phone (512) 863-5095	Fax (512) 869-2176	PHONE: (254) 968-4004 FAX: (254) 965-8653			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 10/05/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007575			Owner Information	
AMICUS AT MILLS				AMICUS, INC	
512 S MILLS DR				1129 N LITTLE SCHOOL RD	
EULESS	TX 76040			ARLINGTON TX	76017-1900
Phone (817) 355-9661	Fax (817) 563-7906			PHONE: (817) 563-7900	FAX: (817) 563-7906
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007262			Owner Information	
CHAMBERS CREEK COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
613 CHAMBERS CRK				9901 LINN STATION ROAD	
EVERMAN	TX 76140			LOUISVILLE KY	40223-3808
Phone (817) 551-7783	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003870			Owner Information	
NEWSTART LIVING CENTER II				NEWSTART INC	
1000 COURY RD				PO BOX 331629	
EVERMAN	TX 76140			FORT WORTH TX	76163
Phone (817) 294-9675	Fax (817) 294-9907			PHONE: (817) 294-9675	FAX: (817) 294-9907
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 11/02/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003931			Owner Information	
NEWSTART LIVING CENTER I I I				NEWSTART INC	
5124 QUEEN ANNE DR				PO BOX 331629	
FOREST HILL	TX 76119			FORT WORTH TX	76163
Phone (817) 294-9675	Fax (817) 294-9907			PHONE: (817) 294-9675	FAX: (817) 294-9907
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 05/01/2019	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 105597			Owner Information	
2YORK				ROCK HOUSE SUPPORT SERVICES INC	
2 YORK DRIVE				2252 LINGLEVILLE ROAD HWY 8	
FORT WORTH	TX 76134			STEPHENVILLE TX	76401
Phone (817) 615-8848	Fax (817) 294-4516			PHONE: (254) 968-4004	FAX: (254) 965-8653
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/19/2019	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003855			Owner Information	
BARCELONA				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
4308 BARCELONA				9901 LINN STATION ROAD	
FORT WORTH	TX 76133-5410			LOUISVILLE KY	40223-3808
Phone (817) 292-0766	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/12/2019	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007802	Owner Information			
CIBOLO HOUSE		TARRANT COUNTY MHMR SERVICES			
3704 CIBOLO		PO BOX 2603			
FORT WORTH	TX 76133	FORT WORTH TX 76113			
Phone (817) 292-8505	Fax	PHONE: (817) 569-5634 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007544	Owner Information			
COUNTRY MANOR COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1812 COUNTRY MANOR RD		9901 LINN STATION ROAD			
FORT WORTH	TX 76133-3500	LOUISVILLE KY 40223-3808			
Phone (817) 293-7046	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003683	Owner Information			
CRAIG STREET		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
7504 CRAIG ST		9901 LINN STATION ROAD			
FORT WORTH	TX 76112	LOUISVILLE KY 40223			
Phone (817) 451-2228	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/16/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007240	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
5009 MARBLE FALLS		9901 LINN STATION ROAD			
FORT WORTH	TX 76103	LOUISVILLE KY 40223			
Phone (817) 429-0137	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007226	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
1433 BARRON LN		9901 LINN STATION ROAD			
FORT WORTH	TX 76112	LOUISVILLE KY 40223			
Phone (817) 654-1052	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007388	Owner Information			
FAIRMEADOWS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
3309 FAIRMEADOWS		9901 LINN STATION ROAD			
FORT WORTH	TX 76123	LOUISVILLE KY 40223			
Phone (817) 292-7328	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/20/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007529	Owner Information			
FOREST CREEK		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
2520 FOREST CREEK DR		9901 LINN STATION ROAD			
FORT WORTH	TX 76123	LOUISVILLE KY 40223			
Phone (817) 294-4015	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/20/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003636	Owner Information			
HASTINGS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
5320 HASTINGS		9901 LINN STATION ROAD			
FORT WORTH	TX 76133	LOUISVILLE KY 40223			
Phone (817) 370-1254	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/20/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007303	Owner Information			
HUNTWICK		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
3744 HUNTWICK DR		9901 LINN STATION ROAD			
FORT WORTH	TX 76123	LOUISVILLE KY 40223			
Phone (817) 370-2956	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/19/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003849	Owner Information			
KINGSWOOD COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
6717 KINGSWOOD DR		9901 LINN STATION ROAD			
FORT WORTH	TX 76133-5317	LOUISVILLE KY 40223-3808			
Phone (817) 294-9425	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/20/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007551	Owner Information			
LONGMEADOW COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
4120 LONGMEADOW WAY		9901 LINN STATION ROAD			
FORT WORTH	TX 76134	LOUISVILLE KY 40223-3808			
Phone (817) 292-0533	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007329	Owner Information			
MOUNTAIN RIDGE		MAINSTREAM HABILITATION SERVICES OF TEXAS INC			
717 MOUNTAIN RIDGE COURT WEST		1649 SE PARKWAY			
FORT WORTH	TX 76135	AZLE TX 76020			
Phone (817) 270-2747	Fax (817) 270-1477	PHONE: (817) 270-2747 FAX: (817) 270-1477			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/11/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003843			Owner Information	
OAKLAND PARK				SOUTHERN CONCEPTS INC	
4613/15 MENZER				PO BOX 758	
FORT WORTH	TX 76103			GRANBURY TX 76048	
Phone (817) 496-0252	Fax (817) 579-6611			PHONE: (817) 573-6922	FAX: (817) 579-6611
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 04/01/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007285			Owner Information	
OHARA				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
8321 OHARA				9901 LINN STATION ROAD	
FORT WORTH	TX 76123			LOUISVILLE KY 40223	
Phone (817) 294-4945	Fax (817) 563-1575			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 06/20/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007815			Owner Information	
POCO				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
6505 POCO COURT				9901 LINN STATION ROAD	
FORT WORTH	TX 76133			LOUISVILLE KY 40223-3808	
Phone (817) 294-9663	Fax (817) 663-5090			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 09/13/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007476			Owner Information	
SAFE CARE III				SCP ACQUISITION PARTNERS LTD	
4244 RIVER BIRCH				4244 RIVER BIRCH RD	
FORT WORTH	TX 76137			FORT WORTH TX 76137	
Phone (817) 847-5741	Fax (817) 847-5721			PHONE: (817) 847-5741	FAX: (817) 847-5721
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/01/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007464			Owner Information	
SAFE CARE IV				SCP ACQUISITION PARTNERS LTD	
7105 BENTLEY				4244 RIVER BIRCH RD	
FORT WORTH	TX 76137			FORT WORTH TX 76137	
Phone (817) 577-2490	Fax (817) 847-5741			PHONE: (817) 847-5741	FAX: (817) 847-5721
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/01/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003829			Owner Information	
TARRANT COUNTY MHMR SERVICES TRAINING RESIDENCE 2				TARRANT COUNTY MHMR SERVICES	
701 SANDY LN				PO BOX 2603	
FORT WORTH	TX 76120			FORT WORTH TX 76113	
Phone (817) 446-8324	Fax			PHONE: (817) 569-5634	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003812			Owner Information	
TARRANT COUNTY MHMR SERVICES TRAINING RESIDENCE 5				TARRANT COUNTY MHMR SERVICES	
4833 DIAZ				PO BOX 2603	
FORT WORTH	TX 76107			FORT WORTH TX 76113	
Phone (817) 731-3522	Fax			PHONE: (817) 569-5634	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007370			Owner Information	
TRAINING RESIDENCE 7				TARRANT COUNTY MHMR SERVICES	
6312 KINGSWOOD				PO BOX 2603	
FORT WORTH	TX 76133			FORT WORTH TX 76113	
Phone (817) 370-9465	Fax			PHONE: (817) 569-5634	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007351			Owner Information	
TRAINING RESIDENCE 8 TARRANT COUNTY MHMR				TARRANT COUNTY MHMR SERVICES	
6341 JUNEAU				PO BOX 2603	
FORT WORTH	TX 76116			FORT WORTH TX 76113	
Phone (817) 737-2919	Fax			PHONE: (817) 569-5634	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003648			Owner Information	
VINEWOOD				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
1641 VINEWOOD				9901 LINN STATION ROAD	
FORT WORTH	TX 76112			LOUISVILLE KY 40223	
Phone (817) 457-7095	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 02/27/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003641			Owner Information	
WHITMAN				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
6524 WHITMAN				9901 LINN STATION ROAD	
FORT WORTH	TX 76133			LOUISVILLE KY 40223	
Phone (817) 294-8229	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/22/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003739			Owner Information	
WILLIAMS ROAD				TARRANT COUNTY MHMR SERVICES	
1136 WILLIAMS ROAD				PO BOX 2603	
FORT WORTH	TX 76120			FORT WORTH TX 76113	
Phone (817) 731-3985	Fax			PHONE: (817) 569-5634	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
				License Exp Dt:	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007477	Owner Information			
WINIFRED COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
5724 WINIFRED DR		9901 LINN STATION ROAD			
FORT WORTH	TX 76133	LOUISVILLE KY 40223-3808			
Phone (817) 292-5398	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007637	Owner Information			
WORRELL		TARRANT COUNTY MHMR SERVICES			
5682 WORRELL		PO BOX 2603			
FORT WORTH	TX 76133	FORT WORTH TX 76113			
Phone (817) 569-5634	Fax	PHONE: (817) 569-5634 FAX:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/20/2003			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007614	Owner Information			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
4333 COVENTRY DR		9901 LINN STATION ROAD			
GRAND PRAIRIE	TX 75052	LOUISVILLE KY 40223			
Phone (972) 647-2311	Fax (972) 606-1804	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007453	Owner Information			
WALNUT CREEK RESIDENTIAL SERVICES, INC.		WALNUT CREEK RESIDENTIAL SERVICES INC			
4611 YALE DR.		2846 BIRMINGHAM DR			
GRAND PRAIRIE	TX 75052	GRAND PRAIRIE TX 75052			
Phone (972) 641-7696	Fax (972) 641-7695	PHONE: (972) 641-7696 FAX: (972) 641-7695			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/29/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007417	Owner Information			
BROOKWOOD II		SOUTHLAKE EDUCATIONAL CENTER INC			
649 CIRCLE VIEW S		2846 BIRMINGHAM DR			
HURST	TX 76054	GRAND PRAIRIE TX 75052			
Phone (817) 268-8015	Fax (972) 641-7695	PHONE: (972) 641-7696 FAX: (972) 641-7695			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003942	Owner Information			
HURSTVIEW COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
540 HURSTVIEW		9901 LINN STATION ROAD			
HURST	TX 76053-6605	LOUISVILLE KY 40223-3808			
Phone (817) 282-6362	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 003998			Owner Information	
NEWSTART LIVING CENTER IV				NEWSTART INC	
201 WISTERIA				PO BOX 331629	
MANSFIELD	TX 76063			FORT WORTH TX 76163	
Phone (817) 294-9675	Fax (817) 294-9907			PHONE: (817) 294-9675	FAX: (817) 294-9907
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 05/01/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007276			Owner Information	
BROOKWOOD I				LANGUAGE RESOURCE CENTER INC	
2900 BROOKWOOD LN				2846 BIRMINGHAM DR	
SOUTHLAKE	TX 76092			GRAND PRAIRIE TX 75052	
Phone (817) 329-1098	Fax (972) 641-7696			PHONE: (972) 641-7696	FAX: (972) 641-7696
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/01/2019	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007623			Owner Information	
BROOKWOOD I I I				21ST CENTURY LIVING CENTERS INC	
2410 TAYLOR ST				2846 BIRMINGHAM DR	
SOUTHLAKE	TX 76092			GRAND PRAIRIE TX 75052	
Phone (817) 424-3338	Fax (972) 641-7695			PHONE: (972) 641-7696	FAX: (972) 641-7695
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/01/2019	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007353			Owner Information	
SAFE CARE I				SCP ACQUISITION PARTNERS LTD	
6517 BROOKSIDE DR				4244 RIVER BIRCH RD	
WATAUGA	TX 76148			FORT WORTH TX 76137	
Phone (817) 485-9529	Fax (817) 847-5721			PHONE: (817) 847-5741	FAX: (817) 847-5721
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/01/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007410			Owner Information	
SAFE CARE II				SCP ACQUISITION PARTNERS LTD	
8005 LAZY BROOK DR				4244 RIVER BIRCH RD	
WATAUGA	TX 76148			FORT WORTH TX 76137	
Phone (817) 485-6807	Fax (817) 847-5721			PHONE: (817) 847-5741	FAX: (817) 847-5721
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/01/2018	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007425			Owner Information	
ALYSSA 1				MHS OF TEXAS II INC	
9220 ALYSSA DR				9220 ALYSSA	
WHITE SETTLEMENT	TX 76108			WHITE SETTLEMENT TX 76108	
Phone (817) 270-2747	Fax (817) 270-1477			PHONE: (817) 270-2747	FAX: (817) 270-1477
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/01/2017	

County	TARRANT	Reg Svcs:	IID TEAM	Region	03 - ARLINGTON
Facility Information:	Facility ID: 007305			Owner Information	
ALYSSA 2				MHS OF TEXAS II INC	
9212 ALYSSA				9220 ALYSSA	
WHITE SETTLEMENT	TX 76108			WHITE SETTLEMENT TX	76108
Phone (817) 270-2747	Fax (817) 270-1477			PHONE: (817) 270-2747	FAX: (817) 270-1477
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 08/01/2019	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003728			Owner Information	
ABILENE COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
3110 BUFFALO GAP RD				33 CYPRESS BLVD	,SUITE 100
ABILENE	TX 79605			ROUND ROCK TX	78665
Phone (325) 691-0810	Fax (325) 691-1817			PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/15/2018	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007100			Owner Information	
ABILENE STATE SUPPORTED LIVING CENTER				DADS	
2501 MAPLE ST				PO BOX 12668	
ABILENE	TX 79602			AUSTIN TX	78711
Phone (325) 692-4053	Fax (325) 795-3853			PHONE: (512) 454-3761	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 662			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
				License Exp Dt:	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007383			Owner Information	
BACON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
634 BACON DR				9901 LINN STATION ROAD	
ABILENE	TX 79601-2051			LOUISVILLE KY	40223-3808
Phone (325) 676-1473	Fax (325) 676-1673			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003749			Owner Information	
BIG SKY RANCH				D & S RESIDENTIAL SERVICES LP	
2234 B AMY LYN AVE				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
ABILENE	TX 79603			AUSTIN TX	78759
Phone (325) 676-5671	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/01/2017	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007324			Owner Information	
BRENDA COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2326 BRENDA ST				9901 LINN STATION ROAD	
ABILENE	TX 79605-1118			LOUISVILLE KY	40223-3808
Phone (325) 676-1473	Fax (325) 676-1673			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007354			Owner Information	
EAST LAKE				HILL RESOURCES INC	
3325 E LAKE RD				1071 N JUDGE ELY BLVD	# 6424
ABILENE	TX 79601			ABILENE TX	79601
Phone (325) 673-3346	Fax (325) 794-0023			PHONE: (325) 673-3346	FAX: (325) 794-0023
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/10/2018	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007803			Owner Information	
HAWTHORNE HOUSE				DISABILITY RESOURCES INC	
526 HAWTHORNE ST				3602 N. CLACK ST.	
ABILENE	TX 79605			ABILENE TX	79601
Phone (325) 695-1516	Fax (325) 677-6815			PHONE: (325) 669-3670	FAX: (325) 673-7829
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 10/30/2017	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003667			Owner Information	
HIGH LIFE				SOMA RESOURCES INC	
#2 HIGH LIFE CIR				2449 S WILLIS	,STE 201
ABILENE	TX 79606			ABILENE TX	79605
Phone (325) 690-1508	Fax (915) 695-2707			PHONE: (325) 695-7860	FAX: (325) 695-2707
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 06/01/2018	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007501			Owner Information	
HIGHLAND COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1366 HIGHLAND AVE				9901 LINN STATION ROAD	
ABILENE	TX 79605-4251			LOUISVILLE KY	40223-3808
Phone (325) 676-1473	Fax (325) 676-1673			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 106669			Owner Information	
KENWOOD HOUSE				DISABILITY RESOURCES INC	
951 KENWOOD				3602 N. CLACK ST.	
ABILENE	TX 79601			ABILENE TX	79601
Phone (325) 669-3670	Fax (325) 665-8749			PHONE: (325) 669-3670	FAX: (325) 673-7829
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 04/11/2019	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007259			Owner Information	
LEA FARMS RESIDENCE				GRACE RESIDENTIAL ENTERPRISES	
1318 PIEDMONT				14504 COMANS RD	,APT 1204
ABILENE	TX 79601			ABILENE TX	79602
Phone (325) 673-3397	Fax (325) 673-3397			PHONE: (512) 426-7618	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 04/05/2018	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007568			Owner Information	
LOVE & CARE RESIDENTIAL SERVICES LLC				LOVE & CARE RESIDENTIAL SERVICES LLC	
1317 LAWYERS LN				1317 LAWYER'S LANE	
ABILENE	TX 79602			ABILENE TX 79602	
Phone (325) 673-2559	Fax (325) 673-2559			PHONE: (325) 673-2559	FAX: (325) 673-2559
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 10/01/2017	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003770			Owner Information	
MESQUITE VILLA				D & S RESIDENTIAL SERVICES LP	
2234 A AMY LYN AVE				8911 N CAPITAL OF TX HWY	.BLDG 1 STE 1300
ABILENE	TX 79603			AUSTIN TX 78759	
Phone (325) 676-5662	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/08/2018	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007814			Owner Information	
NORTH 9TH HOUSE				DISABILITY RESOURCES INC	
4210 N 9TH				3602 N. CLACK ST.	
ABILENE	TX 79603			ABILENE TX 79601	
Phone (325) 677-5026	Fax			PHONE: (325) 669-3670	FAX: (325) 673-7829
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 11/04/2017	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007298			Owner Information	
NORTH WILLIS				SOMA RESOURCES INC	
1855 N WILLIS ST				2449 S WILLIS	.STE 201
ABILENE	TX 79603			ABILENE TX 79605	
Phone (325) 673-8837	Fax (325) 695-2707			PHONE: (325) 695-7860	FAX: (325) 695-2707
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 06/01/2018	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 106671			Owner Information	
ORSBURN HOUSE				DISABILITY RESOURCES INC	
3258 VARNER LANE				3602 N. CLACK ST.	
ABILENE	TX 79601			ABILENE TX 79601	
Phone (325) 669-3670	Fax (325) 665-8749			PHONE: (325) 669-3670	FAX: (325) 673-7829
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 12/13/2018	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007386			Owner Information	
OVER STREET				SOMA RESOURCES INC	
3190 OVER ST				2449 S WILLIS	.STE 201
ABILENE	TX 79605			ABILENE TX 79605	
Phone (325) 691-0906	Fax (325) 695-2707			PHONE: (325) 695-7860	FAX: (325) 695-2707
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 06/01/2018	

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 010198	Owner Information			
PARSONS COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
910 PARSONS RD		9901 LINN STATION ROAD			
ABILENE	TX 79602-3110	LOUISVILLE KY 40223-3808			
Phone (325) 676-1473	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/03/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007510	Owner Information			
RICHLAND		SOMA RESOURCES INC			
2010 RICHLAND ST		2449 S WILLIS ,STE 201			
ABILENE	TX 79605	ABILENE TX 79605			
Phone (325) 673-1418	Fax (325) 695-2707	PHONE: (325) 695-7860 FAX: (325) 695-2707			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007251	Owner Information			
ROYAL COURT		SOMA RESOURCES INC			
4601 ROYAL CT		2449 S WILLIS ,STE 201			
ABILENE	TX 79605	ABILENE TX 79605			
Phone (325) 695-7860	Fax (325) 695-2707	PHONE: (325) 695-7860 FAX: (325) 695-2707			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007254	Owner Information			
STEPPING STONES RESIDENTIAL RESOURCES		HILL RESOURCES II INC			
965 WASHINGTON BLVD		1071 N JUDGE ELY BLVD ,# 6424			
ABILENE	TX 79601	ABILENE TX 79601			
Phone (325) 673-3346	Fax (325) 794-0023	PHONE: (325) 673-3346 FAX: (325) 794-0023			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 12/01/2017			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TAYLOR	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007578	Owner Information			
WOODRIDGE		SOMA RESOURCES INC			
3410 WOODRIDGE ST		2449 S WILLIS ,STE 201			
ABILENE	TX 79605	ABILENE TX 79605			
Phone (325) 692-6800	Fax (325) 695-2707	PHONE: (325) 695-7860 FAX: (325) 695-2707			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TITUS	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007517	Owner Information			
PLEASANT LIVING INC		PLEASANT LIVING INC			
2003 HAPPY ST		2003 HAPPY STREET			
MOUNT PLEASANT	TX 75455	MOUNT PLEASANT TX 75456			
Phone (903) 572-6402	Fax (903) 572-6403	PHONE: (903) 572-6402 FAX: (903) 572-6403			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 05/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007108			Owner Information	
SAN ANGELO STATE SUPPORTED LIVING CENTER				DADS	
HIGHWAY 87				PO BOX 12668	
CARLSBAD		TX	76934	AUSTIN	TX 78711
Phone	(325) 465-4391	Fax	(325) 465-2135	PHONE:	(512) 454-3761
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	375
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	STATE SCHOOL/STATE CENTER
				License Exp Dt:	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007596			Owner Information	
BLUEBONNET HOMES 1				BLUEBONNET HOMES INC	
1822 CORDELL				128 S MAGDALEN	
SAN ANGELO		TX	76901	SAN ANGELO	TX 76903
Phone	(325) 944-4374	Fax	(325) 659-3769	PHONE:	(325) 658-6664
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	04/06/2018

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007357			Owner Information	
BLUEBONNET HOMES 2				BLUEBONNET HOMES INC	
236 WESTWOOD				128 S MAGDALEN	
SAN ANGELO		TX	76901	SAN ANGELO	TX 76903
Phone	(325) 947-1300	Fax	(325) 659-3769	PHONE:	(325) 658-6664
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	01/22/2018

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007358			Owner Information	
BLUEBONNET HOMES 3				BLUEBONNET HOMES INC	
1135 E 25TH				128 S MAGDALEN	
SAN ANGELO		TX	76903	SAN ANGELO	TX 76903
Phone	(325) 658-6664	Fax	(325) 659-3769	PHONE:	(325) 658-6664
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	01/23/2018

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007401			Owner Information	
CAPITAL HEIGHTS HOME				D & S RESIDENTIAL SERVICES LP	
1706 IDAHO				8911 N CAPITAL OF TX HWY ,BLDG 1 STE 1300	
SAN ANGELO		TX	76904	AUSTIN	TX 78759
Phone	(325) 944-4096	Fax	(512) 327-5355	PHONE:	(512) 327-2325
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	12/01/2017

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007235			Owner Information	
CASA DE CONCHO				D & S RESIDENTIAL SERVICES LP	
2706 WATSON				8911 N CAPITAL OF TX HWY ,BLDG 1 STE 1300	
SAN ANGELO		TX	76903	AUSTIN	TX 78759
Phone	(325) 658-1957	Fax	(512) 327-5355	PHONE:	(512) 327-2325
TOTAL Lic Capacity:	0	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	12/01/2017

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003632			Owner Information	
CASA DE MIMOSA				D & S RESIDENTIAL SERVICES LP	
1041 E 44TH ST				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
SAN ANGELO	TX 76903			AUSTIN TX	78759
Phone (325) 653-5962	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/07/2018	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003609			Owner Information	
CASA DE TRES RIOS				D & S RESIDENTIAL SERVICES LP	
1342 TRES RIOS				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
SAN ANGELO	TX 76903			AUSTIN TX	78759
Phone (325) 651-6723	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007582			Owner Information	
D&S TERRACE PLACE				D & S RESIDENTIAL SERVICES LP	
42 TERRACE DR				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
SAN ANGELO	TX 76905			AUSTIN TX	78759
Phone (325) 651-9383	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003889			Owner Information	
MOSAIC				MOSAIC	
4801 BERMUDA				2245 MIDWAY RD	,STE 300
SAN ANGELO	TX 76904			CARROLLTON TX	75006
Phone (325) 651-3333	Fax (325) 651-8110			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007338			Owner Information	
MOSAIC				MOSAIC	
4829 BERMUDA				2245 MIDWAY RD	,STE 300
SAN ANGELO	TX 76904			CARROLLTON TX	75006
Phone (325) 651-3333	Fax (325) 651-8110			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 4			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007339			Owner Information	
MOSAIC				MOSAIC	
3613 WILDEWOOD				2245 MIDWAY RD	,STE 300
SAN ANGELO	TX 76904			CARROLLTON TX	75006
Phone (325) 651-3333	Fax (325) 651-8110			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/01/2019	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003945			Owner Information	
MOSAIC				MOSAIC	
2742 PALO DURO				2245 MIDWAY RD	,STE 300
SAN ANGELO	TX 76904			CARROLLTON	TX 75006
Phone (325) 651-3333	Fax (325) 651-8110			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2017	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003916			Owner Information	
MOSAIC				MOSAIC	
165 EDINBURGH				2245 MIDWAY RD	,STE 300
SAN ANGELO	TX 76904			CARROLLTON	TX 75006
Phone (325) 651-3333	Fax (325) 651-8110			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 04/30/2018	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003923			Owner Information	
MOSAIC				MOSAIC	
3221 SOUTHLAND				2245 MIDWAY RD	,STE 300
SAN ANGELO	TX 76904			CARROLLTON	TX 75006
Phone (325) 651-3333	Fax (325) 651-8110			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2019	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 003606			Owner Information	
MOSAIC				MOSAIC	
3217 CLEARVIEW				2245 MIDWAY RD	,STE 300
SAN ANGELO	TX 76904			CARROLLTON	TX 75006
Phone (325) 651-3333	Fax (325) 651-8110			PHONE: (972) 866-9989	FAX: (972) 991-0834
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2017	

County	TOM GREEN	Reg Svcs:	ICF/IID	Region	09 - ABILENE
Facility Information:	Facility ID: 007656			Owner Information	
SAN ANGELO INDEPENDENT LIVING TRAINING RESIDENCE				THE INSTITUTE OF COGNITIVE DEVELOP, INC	
20 S KOENIGHEIM				PO BOX 5018	
SAN ANGELO	TX 76903			SAN ANGELO	TX 76902
Phone (325) 655-3884	Fax (325) 658-8441			PHONE: (325) 658-8631	FAX: (325) 659-2070
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/22/2018	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003646			Owner Information	
ALDWYCHE				PREMIEANT INCORPORATED	
5444 FAIRMONT CIR				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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 01/01/2018	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003752			Owner Information	
ALLANDALE				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
6110 A BULLARD DR				9901 LINN STATION ROAD	
AUSTIN	TX 78731			LOUISVILLE	KY 40223
Phone (512) 451-5801	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 12			PROGRAM TYPE: ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0			SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	10/01/2018

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007249			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: 0	TITLE 18: 0	ICF/IID: 6			PROGRAM TYPE: ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0			SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	01/27/2018

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007101			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: 0	TITLE 18: 0	ICF/IID: 474			PROGRAM TYPE: ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0			SERVICE TYPE	STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007389			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			PROGRAM TYPE: ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0			SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	10/01/2018

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007367			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			PROGRAM TYPE: ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0			SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	10/01/2018

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007599			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			PROGRAM TYPE: ICF/IID
Cert Alzh Capacity: 0	TITLE19: 0			SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	11/01/2017

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003621	Owner Information			
BLUFF CANYON COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
11101 BLUFF CANYON		33 CYPRESS BLVD		,SUITE 100	
AUSTIN	TX 78754	ROUND ROCK		TX	78665
Phone (512) 339-8016	Fax	PHONE: (512) 336-0800	FAX: (512) 336-0812		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 03/15/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007312	Owner Information			
BOWIE HOUSE		PREMIEANT INCORPORATED			
6900 WHISPERING OAKS 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/27/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003631	Owner Information			
CABANA COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
12004 CABANA LN		33 CYPRESS BLVD		,SUITE 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 03/15/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007483	Owner Information			
CHINATREE COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
8106 U S 290 WEST		8911 N CAPITAL OF TX HWY		,BLDG 1 STE 1300	
AUSTIN	TX 78735	AUSTIN		TX	78759
Phone (512) 288-0126	Fax (512) 327-7181	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007631	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) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 10/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003695	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/27/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007379			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 10/01/2018	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007264			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 10/01/2018	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007323			Owner Information	
GRACY FARMS				D & S RESIDENTIAL SERVICES LP	
1512 GRACY FARMS LN				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
AUSTIN	TX 78758			AUSTIN	TX 78759
Phone (512) 832-8964	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007429			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 11/01/2017	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007475			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/27/2018	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007805			Owner Information	
KEOTA				D & S RESIDENTIAL SERVICES LP	
4508 KEOTA DR				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
AUSTIN	TX 78749			AUSTIN	TX 78759
Phone (512) 280-9135	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007452			Owner Information	
LINCOLN HOUSE				AUSTIN HEALTH RESOURCES INC	
1007 COLLINGSWORTH DR				9609 NEW FOUNDLAND CIRCLE	
AUSTIN	TX 78753			AUSTIN TX 78758	
Phone (512) 835-8955	Fax (512) 835-8812	ICF/IID: 6	PHONE: (512) 835-8955	FAX: (512) 895-8812	
TOTAL Lic Capacity: 0	TITLE 18: 0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 06/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003793			Owner Information	
MARY LEE FOUNDATION SOUTHPOINTE I				MARY LEE FOUNDATION	
1338 LAMAR SQUARE DR				1339 LAMAR SQUARE DR	
AUSTIN	TX 78704			AUSTIN TX 78704	
Phone (512) 442-6077	Fax (512) 442-6825	ICF/IID: 13	PHONE: (512) 443-5777	FAX: (512) 443-5807	
TOTAL Lic Capacity: 0	TITLE 18: 0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 11/03/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003832			Owner Information	
MARY LEE FOUNDATION SOUTHPOINTE I I				MARY LEE FOUNDATION	
1336 LAMAR SQUARE DR				1339 LAMAR SQUARE DR	
AUSTIN	TX 78704			AUSTIN TX 78704	
Phone (512) 442-6077	Fax (512) 442-6825	ICF/IID: 13	PHONE: (512) 443-5777	FAX: (512) 443-5807	
TOTAL Lic Capacity: 0	TITLE 18: 0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 11/03/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007242			Owner Information	
MARYWOOD				PREMIEANT INCORPORATED	
4700 GANYMEDE LN				1110 W WILLIAM CANNON ,BLDG 2	
AUSTIN	TX 78727			AUSTIN TX 78745	
Phone (512) 916-1632	Fax (512) 916-1639	ICF/IID: 6	PHONE: (512) 916-1632	FAX: (512) 916-1639	
TOTAL Lic Capacity: 0	TITLE 18: 0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007627			Owner Information	
OAKTREE COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
3509 CONVICT HILL RD				8911 N CAPITAL OF TX HWY ,BLDG 1 STE 1300	
AUSTIN	TX 78745			AUSTIN TX 78759	
Phone (512) 892-1084	Fax (512) 327-7181	ICF/IID: 6	PHONE: (512) 327-2325	FAX: (512) 327-5355	
TOTAL Lic Capacity: 0	TITLE 18: 0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/31/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003663			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	ICF/IID: 6	PHONE: (512) 916-1632	FAX: (512) 916-1639	
TOTAL Lic Capacity: 0	TITLE 18: 0		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003661	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 05/02/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007545	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	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 10/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007804	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007320	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) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 10/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007611	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/27/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 102153	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) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 11/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007231			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 11/01/2017	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007418			Owner Information	
THE COTTAGE				MARY LEE FOUNDATION	
1334 LAMAR SQUARE DR				1339 LAMAR SQUARE DR	
AUSTIN	TX 78704			AUSTIN	TX 78704
Phone (512) 442-6077	Fax (512) 442-6825			PHONE: (512) 443-5777	FAX: (512) 443-5807
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 08/10/2019	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003639			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 01/27/2018	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003647			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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/03/2019	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 102416			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 11/01/2017	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007274			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) 394-2285
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 11/01/2017	

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003974	Owner Information			
PFLUGERVILLE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
514 OAT MEADOW DRIVE		9901 LINN STATION ROAD			
PFLUGERVILLE	TX 78660-4347	LOUISVILLE KY 40223-3808			
Phone (512) 251-0427	Fax (713) 622-9141	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	TRAVIS	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007633	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) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 03/01/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	UPSHUR	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 007293	Owner Information			
WOODBINE COMMUNITY HOME		D & S RESIDENTIAL SERVICES LP			
2402 WOODBINE		8911 N CAPITAL OF TX HWY ,BLDG 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	UVALDE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007343	Owner Information			
DOROTHY JO COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
625 DOROTHY JO CIR		9901 LINN STATION ROAD			
UVALDE	TX 78801-4434	LOUISVILLE KY 40223-3808			
Phone (830) 278-1905	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	UVALDE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007500	Owner Information			
NOPAL COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
802 E NOPAL ST		9901 LINN STATION ROAD			
UVALDE	TX 78801-5400	LOUISVILLE KY 40223-3808			
Phone (830) 278-6958	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	VAL VERDE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007290	Owner Information			
JOHN GLENN COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
110 JOHN GLENN DR		9901 LINN STATION ROAD			
DEL RIO	TX 78840-2315	LOUISVILLE KY 40223-3808			
Phone (830) 774-3904	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	VAL VERDE	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007237	Owner Information			
MICHELLE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
93 MICHELLE DR		9901 LINN STATION ROAD			
DEL RIO	TX 78840-2621	LOUISVILLE KY 40223-3808			
Phone (830) 775-9594	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	VAN ZANDT	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 003841	Owner Information			
CANTON GROUP HOME MILLCREEK FEMALES		ANDREWS CENTER			
1611 MILLCREEK		2323 W FRONT ST			
CANTON	TX 75103	TYLER TX 75702			
Phone (903) 567-4526	Fax	PHONE: (903) 567-1351 FAX: (903) 535-7384			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 8	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	VAN ZANDT	Reg Svcs:	ICF/IID TEAM	Region	04 - TYLER
Facility Information:	Facility ID: 003772	Owner Information			
ELLIOTT DRIVE GROUP HOME		ANDREWS CENTER			
1738 ELLIOTT DR		2323 W FRONT ST			
CANTON	TX 75103	TYLER TX 75702			
Phone (903) 567-4541	Fax	PHONE: (903) 567-1351 FAX: (903) 535-7384			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 10	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt:			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	VICTORIA	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003938	Owner Information			
EDINBURGH HOME		UCG CENTRAL TEXAS HOLDINGS LLC			
306 EDINBURGH		750 RUSK			
VICTORIA	TX 77904	NEW BRAUNFELS TX 78130			
Phone (512) 578-2940	Fax	PHONE: (830) 372-2920 FAX: (214) 723-5331			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	VICTORIA	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 007304	Owner Information			
NORTHCREST GROUP HOME		UCG CENTRAL TEXAS HOLDINGS LLC			
902 BELLEVUE		750 RUSK			
VICTORIA	TX 77904	NEW BRAUNFELS TX 78130			
Phone (512) 578-1527	Fax	PHONE: (830) 372-2920 FAX: (214) 723-5331			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE GOVERNMENT BASED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	VICTORIA	Reg Svcs:	TEAM ICF-IID	Region	08 - SAN ANTONIO
Facility Information:	Facility ID: 003926	Owner Information			
VICTORIA GROUP HOME		UCG CENTRAL TEXAS HOLDINGS LLC			
2006 N WHEELER		750 RUSK			
VICTORIA	TX 77901	NEW BRAUNFELS TX 78130			
Phone (512) 575-1558	Fax	PHONE: (830) 372-2920 FAX: (214) 723-5331			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2018			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	WALKER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007504	Owner Information			
HUNTSVILLE HOUSE		TRI COUNTY MHMR SERVICES			
63 STATE HWY 75 N		PO BOX 3067			
HUNTSVILLE	TX 77340	CONROE TX 77305			
Phone (409) 760-2008	Fax	PHONE:			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	FAX:		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE: GOVERNMENT BASED			
		License Exp Dt:			

County	WALLER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 105801	Owner Information			
WILLOW RIVER FARMS - #12		THE CENTER SERVING PERSONS WITH MENTAL RETARDATION			
4073 FM 3318		3550 WEST DALLAS			
BROOKSHIRE	TX 77423	HOUSTON TX 77019			
Phone (713) 525-8300	Fax (979) 885-1007	PHONE: (713) 525-8400			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	FAX: (713) 525-8334		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE: PRIVATELY OWNED			
		License Exp Dt: 03/18/2018			

County	WALLER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 105802	Owner Information			
WILLOW RIVER FARMS - #4		THE CENTER SERVING PERSONS WITH MENTAL RETARDATION			
4073 FM 3318		3550 WEST DALLAS			
BROOKSHIRE	TX 77423	HOUSTON TX 77019			
Phone (713) 525-8300	Fax (979) 885-1007	PHONE: (713) 525-8400			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	FAX: (713) 525-8334		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE: PRIVATELY OWNED			
		License Exp Dt: 03/18/2018			

County	WALLER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 103355	Owner Information			
WILLOW RIVER FARMS (1B)		THE CENTER SERVING PERSONS WITH MENTAL RETARDATION			
4073 FM 3318 - 1B		3550 WEST DALLAS			
BROOKSHIRE	TX 77423	HOUSTON TX 77019			
Phone (713) 525-8300	Fax (979) 885-1007	PHONE: (713) 525-8400			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 5	FAX: (713) 525-8334		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE: PRIVATELY OWNED			
		License Exp Dt: 04/11/2018			

County	WALLER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 103354	Owner Information			
WILLOW RIVER FARMS (1A)		THE CENTER SERVING PERSONS WITH MENTAL RETARDATION			
4073 FM 3318 - 1A		3550 WEST DALLAS			
BROOKSHIRE	TX 77423	HOUSTON TX 77019			
Phone (979) 885-1007	Fax (979) 885-1007	PHONE: (713) 525-8400			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 4	FAX: (713) 525-8334		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE: PRIVATELY OWNED			
		License Exp Dt: 04/11/2018			

County	WALLER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 103357	Owner Information			
WILLOW RIVER FARMS (5A)		THE CENTER SERVING PERSONS WITH MENTAL RETARDATION			
4073 FM 3318 - 5A		3550 WEST DALLAS			
BROOKSHIRE	TX 77423	HOUSTON TX 77019			
Phone (713) 525-8300	Fax (979) 885-1007	PHONE: (713) 525-8400			
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 5	FAX: (713) 525-8334		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE: PRIVATELY OWNED			
		License Exp Dt: 04/10/2018			

County	WALLER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 103356			Owner Information	
WILLOW RIVER FARMS (5B)				THE CENTER SERVING PERSONS WITH MENTAL RETARDATION	
4073 FM 3318 - 5B				3550 WEST DALLAS	
BROOKSHIRE	TX 77423			HOUSTON TX 77019	
Phone (713) 525-8300	Fax (979) 885-1007			PHONE: (713) 525-8400	FAX: (713) 525-8334
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 5			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/10/2018	

County	WALLER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 101330			Owner Information	
WILLOW RIVER FARMS 10				THE CENTER SERVING PERSONS WITH MENTAL RETARDATION	
4073 FM 3318				3550 WEST DALLAS	
BROOKSHIRE	TX 77423			HOUSTON TX 77019	
Phone (713) 525-8300	Fax (979) 885-1007			PHONE: (713) 525-8400	FAX: (713) 525-8334
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/11/2019	

County	WALLER	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 101331			Owner Information	
WILLOW RIVER FARMS 11				THE CENTER SERVING PERSONS WITH MENTAL RETARDATION	
4073 FM 3318				3550 WEST DALLAS	
BROOKSHIRE	TX 77423			HOUSTON TX 77019	
Phone (713) 525-8300	Fax (979) 885-1007			PHONE: (713) 525-8400	FAX: (713) 525-8334
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/12/2019	

County	WASHINGTON	Reg Svcs:	UNIT 21 (ICF/MR)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007110			Owner Information	
BRENNHAM STATE SUPPORTED LIVING CENTER				DADS	
HIGHWAY 36 SOUTH				PO BOX 12668	
BRENNHAM	TX 77833			AUSTIN TX 78711	
Phone (979) 836-4511	Fax (979) 277-1865			PHONE: (512) 454-3761	FAX:
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 520			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE STATE SCHOOL/STATE CENTER
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	WHARTON	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007820			Owner Information	
EL CAMPO #2				MEMEEHA LLC	
4912 NORTH FM 441 RD				1909 WEST LOOP	
EL CAMPO	TX 77437			EL CAMPO TX 77437	
Phone (979) 543-4186	Fax (979) 543-8517			PHONE: (979) 543-4186	FAX: (979) 543-8517
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	WHARTON	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007822			Owner Information	
EL CAMPO #3				MEMEEHA LLC	
4200 CR 360				1909 WEST LOOP	
EL CAMPO	TX 77437			EL CAMPO TX 77437	
Phone (979) 543-4186	Fax (979) 543-8517			PHONE: (979) 543-4186	FAX: (979) 543-8517
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 09/22/2018	

County	WHARTON	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007819			Owner Information	
EL CAMPO 1				MEMEEHA LLC	
3396 CR 355				1909 WEST LOOP	
EL CAMPO	TX 77437			EL CAMPO	TX 77437
Phone (979) 543-4186	Fax (979) 543-8517			PHONE: (979) 543-4186	FAX: (979) 543-8517
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	WHARTON	Reg Svcs:	UNIT 21 (ICF/MR)	Region	06 - HOUSTON
Facility Information:	Facility ID: 007821			Owner Information	
EL CAMPO 4				MEMEEHA LLC	
577 C.R. 346				1909 WEST LOOP	
EL CAMPO	TX 77437			EL CAMPO	TX 77437
Phone (979) 543-4186	Fax (979) 543-8517			PHONE: (979) 543-4186	FAX: (979) 543-8517
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	WICHITA	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007361			Owner Information	
CUMBERLAND COURT				HIGH PLAINS HEALTH PROVIDERS INC	
2114 8TH ST				1505 P B LN	
WICHITA FALLS	TX 76301			WICHITA FALLS	TX 76302
Phone (940) 322-2948	Fax			PHONE: (940) 766-6751	FAX: (940) 766-6753
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/01/2018	

County	WICHITA	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007556			Owner Information	
HAMLIN HOUSE				HIGH PLAINS HEALTH PROVIDERS INC	
1509 P B LN				1505 P B LN	
WICHITA FALLS	TX 76302			WICHITA FALLS	TX 76302
Phone (940) 322-8104	Fax (940) 766-6753			PHONE: (940) 766-6751	FAX: (940) 766-6753
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 08/17/2018	

County	WICHITA	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003827			Owner Information	
HORIZON HOUSE				HELEN FARABEE CENTER	
1604 ARLINGTON ST				PO BOX 8266	
WICHITA FALLS	TX 76302			WICHITA FALLS	TX 76307
Phone (940) 723-8048	Fax (940) 723-8048			PHONE: (940) 397-3101	FAX: (940) 397-3150
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	WICHITA	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007360			Owner Information	
MIRAMAR				HIGH PLAINS HEALTH PROVIDERS INC	
2911 AVE L				1505 P B LN	
WICHITA FALLS	TX 76309			WICHITA FALLS	TX 76302
Phone (940) 767-4548	Fax (940) 766-6753			PHONE: (940) 766-6751	FAX: (940) 766-6753
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/01/2018	

County	WICHITA	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003853			Owner Information	
NORRIS PLACE				HELEN FARABEE CENTER	
1555 NORRIS ST				PO BOX 8266	
WICHITA FALLS	TX 76302			WICHITA FALLS TX	76307
Phone (940) 397-3362	Fax (940) 397-3388			PHONE: (940) 397-3101	FAX: (940) 397-3150
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE GOVERNMENT BASED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt:	

County	WICHITA	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 003759			Owner Information	
OUACHITA FLATS				D & S RESIDENTIAL SERVICES LP	
6086 KOVARIK RD				8911 N CAPITAL OF TX HWY	,BLDG 1 STE 1300
WICHITA FALLS	TX 76310-1513			AUSTIN TX	78759
Phone (940) 723-5410	Fax (940) 723-5564			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	WICHITA	Reg Svcs:	ICF/IID	Region	02 - ABILENE
Facility Information:	Facility ID: 007426			Owner Information	
SOMERSET HILLS				HIGH PLAINS HEALTH PROVIDERS INC	
4515 LAKEVIEW DR				1505 P B LN	
WICHITA FALLS	TX 76308			WICHITA FALLS TX	76302
Phone (940) 691-6704	Fax (940) 766-6753			PHONE: (940) 766-6751	FAX: (940) 766-6753
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 07/02/2018	

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007538			Owner Information	
GRANT HOUSE				AUSTIN HEALTH RESOURCES INC	
11602 FLINNWOOD CIR				9609 NEW FOUNDLAND CIRCLE	
AUSTIN	TX 78750			AUSTIN TX	78758
Phone (512) 331-6970	Fax (512) 835-8812			PHONE: (512) 835-8955	FAX: (512) 895-8812
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 06/01/2018	

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 106799			Owner Information	
APPLETREE COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
2507 BOIS D ARC LANE				8911 N CAPITAL OF TX HWY	,BLDG 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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/07/2019	

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007310			Owner Information	
CEDAR PARK COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
611 POMEGRANATE PASS				8911 N CAPITAL OF TX HWY	,BLDG 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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2017	

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007468	Owner Information			
DRIFTWOOD COMMUNITY HOME		D & S RESIDENTIAL SERVICES LP			
2304 DIJON		8911 N CAPITAL OF TX HWY		,BLDG 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003810	Owner Information			
HILL COUNTRY COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
1406 PECAN ST		8911 N CAPITAL OF TX HWY		,BLDG 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: 0	TITLE 18: 0	ICF/IID: 10	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003644	Owner Information			
RIVIERA COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
2401 DIJON DR		8911 N CAPITAL OF TX HWY		,BLDG 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/01/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 103555	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/18/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 104838	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 08/22/2017		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 103554	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/17/2018		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 103553	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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/05/2018			

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003784	Owner Information			
ROCK HOUSE OF GEORGETOWN 1		ROCK HOUSE SUPPORT SERVICES INC			
4142 WILLIAMS DR		2252 LINGLEVILLE ROAD HWY 8			
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: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2018			

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003813	Owner Information			
ROCK HOUSE OF GEORGETOWN 2		ROCK HOUSE SUPPORT SERVICES INC			
4146 WILLIAMS DR		2252 LINGLEVILLE ROAD HWY 8			
GEORGETOWN	TX 78628	STEPHENVILLE TX 76401			
Phone (512) 869-4662	Fax (512) 869-2176	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 13	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 10/01/2018			

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007430	Owner Information			
SUMMER HOUSE II		ROCK HOUSE SUPPORT SERVICES INC			
208 MESA DR		2252 LINGLEVILLE ROAD HWY 8			
GEORGETOWN	TX 78628	STEPHENVILLE TX 76401			
Phone (512) 869-0212	Fax (512) 869-2176	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/01/2019			

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007412	Owner Information			
COUNTY GLEN COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
308 COUNTY GLEN		33 CYPRESS BLVD ,SUITE 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: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/15/2018			

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007808	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: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2019			

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003626			Owner Information	
GREYSON COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
2316 PEARSON WAY				33 CYPRESS BLVD	,SUITE 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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 10/19/2017	

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007444			Owner Information	
MUSTANG COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
4207 DEER TRACT				33 CYPRESS BLVD	,SUITE 100
ROUND ROCK	TX 78681			ROUND ROCK	TX 78665
Phone (512) 246-0434	Fax (512) 246-0052			PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/15/2018	

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 007605			Owner Information	
MALLARD COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
1609 MALLARD				33 CYPRESS BLVD	,SUITE 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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/15/2018	

County	WILLIAMSON	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	07 - AUSTIN
Facility Information:	Facility ID: 003680			Owner Information	
TAYLOR COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
4600 NORTH DRIVE				33 CYPRESS BLVD	,SUITE 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: 0	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 03/15/2018	