

Texas Health and Human Services Commission

ICF/IID Directory

Sorted by: County, City, Facility Name

County	Anderson	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003868	Owner Information			
ELKHART INN COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
208 Farm to Market Road 1817		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
ELKHART TX 75839		LOUISVILLE KY 40222			
Phone (903) 764-5072	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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			
Facility Information:	Facility ID: 007294	Owner Information			
CRESTVIEW COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
216 CREST DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
PALESTINE TX 75801		LOUISVILLE KY 40222			
Phone (903) 729-1898	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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			
Facility Information:	Facility ID: 003685	Owner Information			
MAVERICK COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
427 MAVERICK DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
PALESTINE TX 75801		LOUISVILLE KY 40222			
Phone (903) 723-0777	Fax (713) 622-9141	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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			
Facility Information:	Facility ID: 007456	Owner Information			
REDWOOD TERRACE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
115 REDWOOD DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
PALESTINE TX 75801		LOUISVILLE KY 40222			
Phone (903) 729-6700	Fax (713) 622-9141	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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			
Facility Information:	Facility ID: 003928	Owner Information			
WESTWOOD COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
219 BROOKVIEW LN		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
PALESTINE TX 75801		LOUISVILLE KY 40222			
Phone (903) 729-8711	Fax (713) 622-9141	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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			
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: 6	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	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 007534			Owner Information	
510 JEFFERSON				ST GILES LIVING CENTERS INC	
510 JEFFERSON				3010 S FIRST	
LUFKIN	TX 75901			LUFKIN	TX 75901
Phone (936) 639-1615	Fax (936) 639-1632			PHONE: (936) 639-1615	FAX: (936) 639-1632
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 003860			Owner Information	
COOPER COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
105 COOPER ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
LUFKIN	TX 75904			LOUISVILLE	KY 40222
Phone (936) 639-1573	Fax (713) 622-9141			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	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	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 007522			Owner Information	
HOWARD HOUSE				ST GILES LIVING CENTERS INC	
2007 HOWARD STREET				3010 S FIRST	
LUFKIN	TX 75901			LUFKIN	TX 75901
Phone (936) 639-1610	Fax (936) 639-1632			PHONE: (936) 639-1615	FAX: (936) 639-1632
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 003857			Owner Information	
HUDSON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
164 FREEMAN CEMETERY RD				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
LUFKIN	TX 75904			LOUISVILLE	KY 40222
Phone (936) 875-3078	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 007439			Owner Information	
KARLA HOUSE				ST GILES - BAYTOWN INC	
107 KARLA DR				3010 S FIRST	
LUFKIN	TX 75901			LUFKIN	TX 75901
Phone (936) 275-3466	Fax (936) 275-9732			PHONE: (281) 837-1942	FAX: (281) 427-0586
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 007406	Owner Information			
MARKUS HOUSE		ST GILES LIVING CENTERS INC			
912 MARKUS		3010 S FIRST			
LUFKIN	TX 75901	LUFKIN TX 75901			
Phone (936) 639-1615	Fax (936) 639-1632	PHONE: (936) 639-1615	FAX: (936) 639-1632		
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
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:	FAX:		
TOTAL Lic Capacity: 6	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: 01/01/2021			

County	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
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:	FAX:		
TOTAL Lic Capacity: 6	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: 01/01/2021			

County	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 003862	Owner Information			
WESTSIDE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
6895 FM 3150		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
LUFKIN	TX 75904	LOUISVILLE KY 40222			
Phone (936) 639-1575	Fax (936) 639-5063	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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: 09/23/2020			

County	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 003899	Owner Information			
WHITE DOVE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
462 WHITE DOVE DRIVE		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
LUFKIN	TX 75904	LOUISVILLE KY 40222			
Phone (936) 824-4422	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Angelina	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 007103	Owner Information			
LUFKIN STATE SUPPORTED LIVING CENTER		DADS			
6844 US-69		PO BOX 12668			
Pollok	TX 75969	AUSTIN TX 78711			
Phone (936) 634-3353	Fax (956) 853-8521	PHONE: (512) 454-3761	FAX:		
TOTAL Lic Capacity: 486	TITLE 18: 0	ICF/IID: 486	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	Archer	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 003797			Owner Information	
OUACHITA ACRES				D & S RESIDENTIAL SERVICES LP	
7752 STATE HWY 79 SOUTH				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
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: 13	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: 12/01/2019	

County	Austin	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007270			Owner Information	
BELLVILLE COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
305 S THOMAS ST				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
BELLVILLE	TX 77418			AUSTIN TX 78759	
Phone (979) 865-8112	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 07/01/2019	

County	Bastrop	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003762			Owner Information	
BASTROP COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
133 PLUM ST				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
BASTROP	TX 78602			AUSTIN TX 78759	
Phone (512) 321-3316	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 8	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: 07/01/2019	

County	Bastrop	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007634			Owner Information	
JEFFERSON COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
1405 JEFFERSON ST				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
BASTROP	TX 78602			AUSTIN TX 78759	
Phone (512) 303-7638	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 07/01/2019	

County	Bastrop	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007635			Owner Information	
LAKEVIEW COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
223 MATTHEW COVE				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
BASTROP	TX 78602			AUSTIN TX 78759	
Phone (512) 303-6758	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 07/01/2019	

County	Bastrop	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003991			Owner Information	
SMITHVILLE COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
602 HICKORY				33 CYPRESS BLVDSUITE 100 ,	
SMITHVILLE	TX 78957			ROUND ROCK TX 78665	
Phone (512) 237-3715	Fax (979) 968-6598			PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 6	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: 03/15/2020	

County	Bell	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007459	Owner Information			
PROSPECT COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1805 CANYON CREEK DRIVE		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
TEMPLE	TX	LOUISVILLE KY 40222			
Phone (254) 773-4173	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2021			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Bell	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007219	Owner Information			
TAYLORS COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
221 TAYLORS DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
TEMPLE	TX 76502	LOUISVILLE KY 40222			
Phone (254) 773-6700	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2021			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Bell	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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:	FAX:		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2021			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007376	Owner Information			
COUNCIL OAKS @ MISTY RIDGE		COUNCIL OAKS COMMUNITY OPTIONS LTD			
7005 MISTY RIDGE		11901 TOEPPERWEINSTE 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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 05/01/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007318	Owner Information			
COUNCIL OAKS AT NUGGET CREEK		COUNCIL OAKS COMMUNITY OPTIONS LTD			
10022 NUGGET CREEK		11901 TOEPPERWEINSTE 1001			
CONVERSE	TX 78109	SAN ANTONIO TX 78233			
Phone (210) 945-9124	Fax	PHONE: (210) 646-0717	FAX: (210) 599-9789		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003652	Owner Information			
COUNCIL OAKS AT TROUT RIDGE		COUNCIL OAKS COMMUNITY OPTIONS LTD			
10026 TROUT RIDGE		11901 TOEPPERWEINSTE 1001			
CONVERSE	TX 78109	SAN ANTONIO TX 78233			
Phone (210) 590-3909	Fax	PHONE: (210) 646-0717	FAX: (210) 599-9789		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	104463	Owner Information		
COUNCIL OAKS FLATLAND TRAIL			COUNCIL OAKS COMMUNITY OPTIONS LTD		
10304 FLATLAND TRAIL			11901 TOEPPERWEINSTE 1001		
CONVERSE	TX	78109			
Phone	(210) 659-9553	Fax	(210) 599-9789	SAN ANTONIO	TX 78233
TOTAL Lic Capacity:	6	TITLE 18:	0	PHONE:	(210) 646-0717
Cert Alzh Capacity:		TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	09/17/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	101821	Owner Information		
SPRUCE RIDGE			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
10026 SPRUCE RIDGE DR			9901 LINN STATION ROAD		
CONVERSE	TX	78109			
Phone	(210) 590-1348	Fax		LOUISVILLE	KY 40223
TOTAL Lic Capacity:	6	TITLE 18:	0	PHONE:	(502) 394-2100
Cert Alzh Capacity:		TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	11/01/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007601	Owner Information		
10115 CEDARMONT			CALAB, Inc.		
10115 CEDARMONT			3803 S ROBINSON RD		
SAN ANTONIO	TX	78245			
Phone	(210) 520-2539	Fax	(210) 647-7637	GRAND PRAIRIE	TX 75052-1239
TOTAL Lic Capacity:	6	TITLE 18:	0	PHONE:	(972) 263-2112
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	05/04/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007602	Owner Information		
11311 MORINO PARK			CALAB, Inc.		
11311 MORINO PARK			3803 S ROBINSON RD		
SAN ANTONIO	TX	78249			
Phone	(210) 694-4418	Fax	(210) 647-7637	GRAND PRAIRIE	TX 75052-1239
TOTAL Lic Capacity:	6	TITLE 18:	0	PHONE:	(972) 263-2112
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	05/05/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007347	Owner Information		
7123 SPRING MORNING			CALAB, Inc.		
7123 SPRING MORNING			3803 S ROBINSON RD		
SAN ANTONIO	TX	78249			
Phone	(210) 690-3258	Fax	(210) 647-7637	GRAND PRAIRIE	TX 75052-1239
TOTAL Lic Capacity:	6	TITLE 18:	0	PHONE:	(972) 263-2112
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	09/01/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007600	Owner Information		
9519 AUTUMN BREEZE			CALAB, Inc.		
9519 AUTUMN BREEZE			3803 S ROBINSON RD		
SAN ANTONIO	TX	78250			
Phone	(210) 520-0561	Fax	(210) 647-7637	GRAND PRAIRIE	TX 75052-1239
TOTAL Lic Capacity:	6	TITLE 18:	0	PHONE:	(972) 263-2112
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	05/03/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369		
TOTAL Lic Capacity: 6	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: 12/01/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369		
TOTAL Lic Capacity: 6	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: 11/20/2019			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 6	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: 12/18/2019			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 6	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: 07/12/2019			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 101793	Owner Information			
BOULDER OAKS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
14038 BOULDER OAKS		9901 LINN STATION ROAD			
SAN ANTONIO	TX 78247	LOUISVILLE KY 40223			
Phone (210) 490-4656	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2369		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2019			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003668	Owner Information			
BOULDER OAKS		REACHING MAXIMUM INDEPENDENCE, INC			
14022 BOULDER OAKS		6336 MONTGOMERY DR			
SAN ANTONIO	TX 78247	SAN ANTONIO TX 78239			
Phone (210) 494-4915	Fax	PHONE: (210) 656-6674	FAX: (210) 656-0199		
TOTAL Lic Capacity: 6	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: 04/29/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8	
Facility Information:	Facility ID:	007409	Owner Information			
BREES			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
222 BREES			9901 LINN STATION ROAD			
SAN ANTONIO	TX	78209	LOUISVILLE	KY	40223	
Phone	(210) 820-3712	Fax				
TOTAL Lic Capacity:	6	TITLE 18:	0	ICF/IID:	6	
Cert Alzh Capacity:	0	TITLE19:	0	PHONE:	(502) 394-2100	
PRIVATE Beds:	0	TITLE 18/19:	0	FAX:	(502) 394-2369	
			PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	12/01/2020		

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8	
Facility Information:	Facility ID:	106866	Owner Information			
BROOKHOLLOW			REACHING MAXIMUM INDEPENDENCE, INC			
14026 BROOKHOLLOW BLVD.			6336 MONTGOMERY DR			
SAN ANTONIO	TX	78232	SAN ANTONIO	TX	78239	
Phone	(210) 656-6674	Fax	(210) 656-0199			
TOTAL Lic Capacity:	6	TITLE 18:	0	ICF/IID:	6	
Cert Alzh Capacity:		TITLE19:	0	PHONE:	(210) 656-6674	
PRIVATE Beds:	0	TITLE 18/19:	0	FAX:	(210) 656-0199	
			PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	07/01/2020		

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8	
Facility Information:	Facility ID:	106502	Owner Information			
BURR HILL			SOUTH TEXAS COMMUNITY LIVING CORP			
16402 BURR HILL STREET			18 AUGUSTA PINES DRSTE 140 E			
SAN ANTONIO	TX	78247	SPRING	TX	77389	
Phone	(210) 646-0302	Fax	(210) 494-7228			
TOTAL Lic Capacity:	5	TITLE 18:	0	ICF/IID:	5	
Cert Alzh Capacity:		TITLE19:	0	PHONE:	(281) 351-1758	
PRIVATE Beds:	0	TITLE 18/19:	0	FAX:	(210) 255-4500	
			PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	01/25/2021		

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8	
Facility Information:	Facility ID:	007487	Owner Information			
CADES COVE HOUSE			COMPLETE LIFE CARE			
6647 CADES COVE			6647 CADES COVE			
SAN ANTONIO	TX	78238	SAN ANTONIO	TX	78238	
Phone	(210) 520-0774	Fax	(210) 520-7260			
TOTAL Lic Capacity:	6	TITLE 18:	0	ICF/IID:	6	
Cert Alzh Capacity:	0	TITLE19:	0	PHONE:	(210) 520-0774	
PRIVATE Beds:	0	TITLE 18/19:	0	FAX:	(210) 520-7260	
			PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	12/03/2019		

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8	
Facility Information:	Facility ID:	007348	Owner Information			
CHISOLM TRAIL			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
2815 CHISOLM TRL			9901 LINN STATION ROAD			
SAN ANTONIO	TX	78217	LOUISVILLE	KY	40223	
Phone	(210) 820-3650	Fax				
TOTAL Lic Capacity:	6	TITLE 18:	0	ICF/IID:	6	
Cert Alzh Capacity:	0	TITLE19:	0	PHONE:		
PRIVATE Beds:	0	TITLE 18/19:	0	FAX:		
			PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	12/01/2020		

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8	
Facility Information:	Facility ID:	007553	Owner Information			
COUNCIL OAKS AT ALMARION WAY			COUNCIL OAKS COMMUNITY OPTIONS LTD			
9430 ALMARION WAY			11901 TOEPPERWEINSTE 1001			
SAN ANTONIO	TX	78250	SAN ANTONIO	TX	78233	
Phone	(210) 684-7510	Fax	(512) 346-4125			
TOTAL Lic Capacity:	6	TITLE 18:	0	ICF/IID:	6	
Cert Alzh Capacity:	0	TITLE19:	0	PHONE:	(210) 646-0717	
PRIVATE Beds:	0	TITLE 18/19:	0	FAX:	(210) 599-9789	
			PROGRAM TYPE:	ICF/IID	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	11/01/2019		

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003698	Owner Information		
COUNCIL OAKS AT BEECH TRAIL			COUNCIL OAKS COMMUNITY OPTIONS LTD		
7031 BEECH TRAIL			11901 TOEPPERWEINSTE 1001		
SAN ANTONIO	TX	78244	SAN ANTONIO	TX	78233
Phone	(210) 666-1224	Fax	PHONE:	(210) 646-0717	FAX: (210) 599-9789
TOTAL Lic Capacity:	6	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:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003844	Owner Information		
COUNCIL OAKS AT CHERRY GLADE			COUNCIL OAKS COMMUNITY OPTIONS LTD		
8303 CHERRY GLADE			11901 TOEPPERWEINSTE 1001		
SAN ANTONIO	TX	78244	SAN ANTONIO	TX	78233
Phone	(210) 658-9288	Fax	(210) 599-9789	PHONE:	(210) 646-0717
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 599-9789
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	02/01/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007234	Owner Information		
COUNCIL OAKS AT CLOUDY RIDGE			COUNCIL OAKS COMMUNITY OPTIONS LTD		
6124 CLOUDY RIDGE			11901 TOEPPERWEINSTE 1001		
SAN ANTONIO	TX	78247	SAN ANTONIO	TX	78233
Phone	(210) 637-6506	Fax		PHONE:	(210) 646-0717
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 599-9789
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007466	Owner Information		
COUNCIL OAKS AT COUNTRY CROSS			COUNCIL OAKS COMMUNITY OPTIONS LTD		
6815 COUNTRY CROSS			11901 TOEPPERWEINSTE 1001		
SAN ANTONIO	TX	78240	SAN ANTONIO	TX	78233
Phone	(210) 697-9760	Fax		PHONE:	(210) 646-0717
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 599-9789
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007337	Owner Information		
COUNCIL OAKS AT SHALLOW CREEK			COUNCIL OAKS COMMUNITY OPTIONS LTD		
8211 SHALLOW CREEK			11901 TOEPPERWEINSTE 1001		
SAN ANTONIO	TX	78251	SAN ANTONIO	TX	78233
Phone	(210) 680-2778	Fax		PHONE:	(210) 646-0717
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 599-9789
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007546	Owner Information		
COUNCIL OAKS AT SHALLOW RIDGE			COUNCIL OAKS COMMUNITY OPTIONS LTD		
8722 SHALLOW RIDGE			11901 TOEPPERWEINSTE 1001		
SAN ANTONIO	TX	78239	SAN ANTONIO	TX	78233
Phone	(210) 590-2912	Fax		PHONE:	(210) 646-0717
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 599-9789
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 10	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	8
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: 6	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	8
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:	FAX:
TOTAL Lic Capacity: 6	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: 12/01/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 6	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: 08/05/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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	8
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) 394-2369
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/03/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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	8
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) 394-2369		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/09/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003718	Owner Information			
EISENHauer GROUP HOME		BEXAR CO BOARD OF TRUSTEES MHMR SVCS DBA THE CTR FOR HC SVCS			
2927 EISENHauer ROAD		3031 IH 10 WEST			
SAN ANTONIO TX 78209		SAN ANTONIO TX 78201			
Phone (210) 659-5857	Fax	PHONE:	FAX:		
TOTAL Lic Capacity: 10	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	8
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: 6	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: 10/26/2019			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369		
TOTAL Lic Capacity: 6	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: 04/20/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007415	Owner Information			
FEATHER RIDGE		SOUTH TEXAS COMMUNITY LIVING CORP			
13055 FEATHER RIDGE		18 AUGUSTA PINES DRSTE 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: 6	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: 03/01/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007467	Owner Information		
FLORAL WAY COMMUNITY HOME			SOUTH TEXAS COMMUNITY LIVING CORP		
2934 FLORAL WAY			18 AUGUSTA PINES DRSTE 140 E		
SAN ANTONIO	TX	78247	SPRING TX	77389	
Phone	(210) 402-1267	Fax	(210) 494-7228	PHONE:	(281) 351-1758
TOTAL Lic Capacity:	6	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:	03/01/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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
TOTAL Lic Capacity:	6	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:	05/01/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007438	Owner Information		
FOUNTAIN LAKE			SOUTH TEXAS COMMUNITY LIVING CORP		
5227 FOUNTAIN LAKE			18 AUGUSTA PINES DRSTE 140 E		
SAN ANTONIO	TX	78244	SPRING TX	77389	
Phone	(210) 662-7076	Fax	(210) 494-7228	PHONE:	(281) 351-1758
TOTAL Lic Capacity:	6	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:	03/01/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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
TOTAL Lic Capacity:	6	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:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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	LOUISVILLE KY	40223	
Phone	(210) 493-9079	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	01/30/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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
TOTAL Lic Capacity:	6	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:	04/29/2018	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 6	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: 09/22/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 6	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: 03/14/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 6	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: 09/12/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369
TOTAL Lic Capacity: 6	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: 10/25/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 6	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: 11/20/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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:	FAX:
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007499	Owner Information		
KOPFLOW HOME			MISSION ROAD DEVELOPMENTAL CENTER		
460 KOPFLOW			8706 MISSION RD		
SAN ANTONIO	TX	78221	SAN ANTONIO	TX	78214
Phone	(210) 921-9396	Fax	(210) 924-9265	PHONE:	(210) 334-2437
TOTAL Lic Capacity:	6	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:	01/21/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007435	Owner Information		
LAKE SUNSET COURT			SOUTH TEXAS COMMUNITY LIVING CORP		
3507 LAKE SUNSET CT			18 AUGUSTA PINES DRSTE 140 E		
SAN ANTONIO	TX	78217	SPRING	TX	77389
Phone	(210) 656-2106	Fax	(210) 494-7228	PHONE:	(281) 351-1758
TOTAL Lic Capacity:	6	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:	03/01/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	106203	Owner Information		
LAKEWAY			SOUTH TEXAS COMMUNITY LIVING CORP		
4417 LAKEWAY			18 AUGUSTA PINES DRSTE 140 E		
SAN ANTONIO	TX	78244	SPRING	TX	77389
Phone	(210) 662-5920	Fax	(210) 494-7228	PHONE:	(281) 351-1758
TOTAL Lic Capacity:	6	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:	05/27/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003935	Owner Information		
LAMBETH COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
4935 LAMBETH ST			805 N WHITTINGTON PARKWAY, SUITE 40 ,		
SAN ANTONIO	TX	78228	LOUISVILLE	KY	40222
Phone	(210) 509-9938	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	10/20/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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
TOTAL Lic Capacity:	6	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:	11/01/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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
TOTAL Lic Capacity:	12	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:	10/22/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003629	Owner Information		
MAYFAIR			REACHING MAXIMUM INDEPENDENCE, INC		
3118 MAYFAIR			6336 MONTGOMERY DR		
SAN ANTONIO	TX	78217			78239
Phone	(210) 656-6674	Fax	(210) 656-0199	PHONE:	(210) 656-6674
TOTAL Lic Capacity:	6	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:	11/01/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007292	Owner Information		
MOCKINGBIRD HOME			MISSION ROAD DEVELOPMENTAL CENTER		
7618 MOCKINGBIRD LN			8706 MISSION RD		
SAN ANTONIO	TX	78229			78214
Phone	(210) 349-8125	Fax	(210) 349-8149	PHONE:	(210) 334-2437
TOTAL Lic Capacity:	6	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:	07/18/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003630	Owner Information		
NEW WORLD			REACHING MAXIMUM INDEPENDENCE, INC		
7950 NEW WORLD			6336 MONTGOMERY DR		
SAN ANTONIO	TX	78239			78239
Phone	(210) 656-6674	Fax	(210) 656-0199	PHONE:	(210) 656-6674
TOTAL Lic Capacity:	6	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:	12/05/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	104625	Owner Information		
OASIS HOME			WHITBY ROAD ALLIANCE INC		
6487 WHITBY RD			6487 WHITBY RD		
SAN ANTONIO	TX	78240			78240-2198
Phone	(210) 696-2410	Fax	(210) 699-1866	PHONE:	(210) 696-2410
TOTAL Lic Capacity:	8	TITLE 18:	0	ICF/IID:	8
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	08/10/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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			78201
Phone	(210) 661-1338	Fax	(210) 661-2620	PHONE:	(210) 661-6262
TOTAL Lic Capacity:	6	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:	01/31/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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			40223
Phone	(210) 491-0610	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	03/01/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003603	Owner Information		
PEPPERIDGE ADULT LIVING CENTER			SPECIALIZED HOME LIFE		
4611 WETZ			PO BOX 33487		
SAN ANTONIO	TX	78217	SAN ANTONIO	TX	78265
Phone	(210) 599-8656	Fax			
TOTAL Lic Capacity:	6	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:	06/01/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007508	Owner Information		
QUAIL RUN			COMPLETE LIFE CARE		
7422 QUAIL RUN			6647 CADES COVE		
SAN ANTONIO	TX	78209	SAN ANTONIO	TX	78238
Phone	(210) 805-8950	Fax	(210) 520-7260	PHONE:	(210) 520-0774
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 520-7260
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	02/05/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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	PHONE:	(210) 805-0802
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 805-0744
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	11/23/2018	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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	PHONE:	(210) 805-0802
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 805-0744
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	09/08/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 805-0744
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	8
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
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(210) 805-0744
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	05/19/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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			PHONE: (210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 07/14/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 11/14/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007478			Owner Information	
REGENCY COMMUNITY SERVICES INC PINETREE				REGENCY COMMUNITY SERVICES INC	
2002 PINETREE LN				2391 NE LOOP 410STE 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: 6	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: 10/01/2019			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 104052			Owner Information	
ROLLING MEADOWS GROUP HOME				UCG CENTRAL TEXAS HOLDINGS LLC	
7419 OBBLIGATO				P.O. BOX 310695	
SAN ANTONIO	TX 78266			NEW BRAUNFELS TX 78131-0695	
Phone (210) 651-1851	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 09/01/2019			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369
TOTAL Lic Capacity: 6	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: 01/27/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007287			Owner Information	
SAGE TRAIL				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
14231 SAGE TRL				9901 LINN STATION ROAD	
SAN ANTONIO	TX 78231			LOUISVILLE KY 40223	
Phone (210) 493-8809	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2369
TOTAL Lic Capacity: 6	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: 12/01/2020			

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007114	Owner Information		
SAN ANTONIO STATE SUPPORTED LIVING CENTER			DADS		
6711 S NEW BRAUNFELS AVE			PO BOX 12668		
SAN ANTONIO	TX	78223	AUSTIN	TX	78711
Phone	(210) 532-9610	Fax	(210) 531-5183	PHONE:	(512) 454-3761
TOTAL Lic Capacity:	339	TITLE 18:	0	ICF/IID:	339
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	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007811	Owner Information		
SHADYWOOD			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
215 SHADYWOOD			9901 LINN STATION ROAD		
SAN ANTONIO	TX	78216	LOUISVILLE	KY	40223
Phone	(210) 829-0024	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	11/01/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007603	Owner Information		
SILVER QUAIL			HOME AT SILVER QUAIL INC		
8706 SILVER QUAIL			8706 SILVER QUAIL		
SAN ANTONIO	TX	78250	SAN ANTONIO	TX	78250
Phone	(210) 509-3548	Fax	(210) 509-0586	PHONE:	(210) 509-0114
TOTAL Lic Capacity:	6	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:	10/01/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007481	Owner Information		
SPRING DOVE			SOUTH TEXAS COMMUNITY LIVING CORP		
5822 SPRING DOVE			18 AUGUSTA PINES DRSTE 140 E		
SAN ANTONIO	TX	78247	SPRING	TX	77389
Phone	(210) 590-1346	Fax	(210) 494-7228	PHONE:	(281) 351-1758
TOTAL Lic Capacity:	6	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:	03/01/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003681	Owner Information		
SPRING HARVEST HOUSE			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
9714 SPRING HARVEST			9901 LINN STATION ROAD		
SAN ANTONIO	TX	78254	LOUISVILLE	KY	40223
Phone	(210) 681-8776	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	06/20/2020

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	101810	Owner Information		
STORMY SUNSET			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
5223 STORMY SUNSET			9901 LINN STATION ROAD		
SAN ANTONIO	TX	78247	LOUISVILLE	KY	40223
Phone	(210) 590-6745	Fax		PHONE:	
TOTAL Lic Capacity:	6	TITLE 18:	0	ICF/IID:	6
Cert Alzh Capacity:		TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	11/01/2019

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003633	Owner Information		
SUNNY GROVE			REACHING MAXIMUM INDEPENDENCE, INC		
4706 SUNNY GROVE			6336 MONTGOMERY DR		
SAN ANTONIO	TX	78217	SAN ANTONIO	TX	78239
Phone	(210) 655-9353	Fax	(210) 656-6674	FAX:	(210) 656-0199
TOTAL Lic Capacity:	6	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:	12/18/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007520	Owner Information		
SWANDALE			DREAMS COME TRUE INC		
3242 SWANDALE			3242 SWANDALE ST		
SAN ANTONIO	TX	78230	SAN ANTONIO	TX	78230
Phone	(210) 979-6420	Fax	(210) 308-7411	FAX:	(210) 308-7411
TOTAL Lic Capacity:	6	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:	03/25/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007639	Owner Information		
THATCH			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
8820 THATCH			9901 LINN STATION ROAD		
SAN ANTONIO	TX	78240	LOUISVILLE	KY	40223
Phone	(210) 509-8189	Fax	(502) 394-2100	FAX:	(502) 394-2369
TOTAL Lic Capacity:	6	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:	12/01/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003696	Owner Information		
TIMBER MEADOW			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
5401 TIMBER MEADOW			9901 LINN STATION ROAD		
SAN ANTONIO	TX	78250	LOUISVILLE	KY	40223
Phone	(210) 680-1818	Fax	(502) 394-2100	FAX:	(502) 394-2369
TOTAL Lic Capacity:	6	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:	08/29/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	101823	Owner Information		
VISTA BRIAR			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
17002 VISTA BRIAR DR			9901 LINN STATION ROAD		
SAN ANTONIO	TX	78247	LOUISVILLE	KY	40223
Phone	(210) 599-4030	Fax	(502) 394-2100	FAX:	(502) 394-2369
TOTAL Lic Capacity:	6	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:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007488	Owner Information		
VISTA CREEK COMMUNITY HOME			SOUTH TEXAS COMMUNITY LIVING CORP		
5403 VISTA CREEK			18 AUGUSTA PINES DRSTE 140 E		
SAN ANTONIO	TX	78247	SPRING	TX	77389
Phone	(210) 599-3624	Fax	(281) 351-1758	FAX:	(210) 255-4500
TOTAL Lic Capacity:	6	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:	03/01/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	102604	Owner Information		
VISTA RUN			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
5303 VISTA RUN			9901 LINN STATION ROAD		
SAN ANTONIO	TX	78247	LOUISVILLE	KY	40223
Phone	(210) 653-8261	Fax	PHONE:	(502) 394-2100	FAX: (502) 394-2369
TOTAL Lic Capacity:	6	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:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007291	Owner Information		
WELLES HARBOR			REACHING MAXIMUM INDEPENDENCE, INC		
8730 WELLES HARBOR			6336 MONTGOMERY DR		
SAN ANTONIO	TX	78240	SAN ANTONIO	TX	78239
Phone	(210) 558-6998	Fax	(210) 656-6674	PHONE:	(210) 656-0199
TOTAL Lic Capacity:	6	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:	07/09/2020	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007420	Owner Information		
WHISPER VALLEY			EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		
10934 WHISPER VALLEY			9901 LINN STATION ROAD		
SAN ANTONIO	TX	78230	LOUISVILLE	KY	40223
Phone	(210) 492-3727	Fax	PHONE:	(502) 394-2100	FAX: (502) 394-2369
TOTAL Lic Capacity:	6	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:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007319	Owner Information		
WOODLAND HILLS			R & K SPECIALIZED HOMES INC		
9418 WOODLAND HILLS			1550 NE LOOP 410 STE 206		
SAN ANTONIO	TX	78250	SAN ANTONIO	TX	78209
Phone	(210) 680-3632	Fax	PHONE:	(210) 805-0802	FAX: (210) 805-0744
TOTAL Lic Capacity:	6	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:	09/27/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	007250	Owner Information		
COUNCIL OAKS AT PHOENIX			COUNCIL OAKS COMMUNITY OPTIONS LTD		
8418 PHOENIX			11901 TOEPPERWEINSTE 1001		
SELMA	TX	78154	SAN ANTONIO	TX	78233
Phone	(210) 945-8038	Fax	PHONE:	(210) 646-0717	FAX: (210) 599-9789
TOTAL Lic Capacity:	6	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:	11/01/2019	

County	Bexar	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID:	003948	Owner Information		
GUILFORD FORGE COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
250 GUILFORD FORGE			805 N WHITTINGTON PARKWAY, SUITE 40 ,		
UNIVERSAL CITY	TX	78148	LOUISVILLE	KY	40222
Phone	(210) 658-0412	Fax	PHONE:	(502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity:	6	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	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003645	Owner Information			
EVERGREEN NORTHWOOD COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
113 NORTHWOOD NASH TX 75569		10810 SANDEN DR			
Phone (903) 831-4239	Fax (903) 792-1861	DALLAS TX		75238	
TOTAL Lic Capacity: 6	TITLE 18: 0	PHONE: (972) 386-4834	FAX:		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	ICF/IID: 6	License Exp Dt:	02/23/2020	

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003628	Owner Information			
EVERGREEN COOPER LANE COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
3312 COOPER LN TEXARKANA TX 75503		10810 SANDEN DR			
Phone (903) 831-4632	Fax (903) 792-1861	DALLAS TX		75238	
TOTAL Lic Capacity: 6	TITLE 18: 0	PHONE: (972) 386-4834	FAX:		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	ICF/IID: 6	License Exp Dt:	11/21/2019	

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007248	Owner Information			
EVERGREEN FORTUNE COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
3002 FORTUNE AVE TEXARKANA TX 75503		10810 SANDEN DR			
Phone (903) 838-5625	Fax (903) 792-1861	DALLAS TX		75238	
TOTAL Lic Capacity: 6	TITLE 18: 0	PHONE: (972) 386-4834	FAX:		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	ICF/IID: 6	License Exp Dt:	03/20/2020	

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003637	Owner Information			
EVERGREEN MARYLAND COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
106 MARYLAND TEXARKANA TX 75501		10810 SANDEN DR			
Phone (903) 831-4967	Fax (903) 792-1861	DALLAS TX		75238	
TOTAL Lic Capacity: 6	TITLE 18: 0	PHONE: (972) 386-4834	FAX:		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	ICF/IID: 6	License Exp Dt:	01/31/2020	

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003638	Owner Information			
EVERGREEN MEADOW LANE COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
#20 MEADOW LN TEXARKANA TX 75503		10810 SANDEN DR			
Phone (903) 792-2529	Fax (903) 792-1861	DALLAS TX		75238	
TOTAL Lic Capacity: 6	TITLE 18: 0	PHONE: (972) 386-4834	FAX:		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	ICF/IID: 6	License Exp Dt:	12/22/2020	

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007203	Owner Information			
EVERGREEN MOORES LANE COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
3611 MOORES LN TEXARKANA TX 75503		10810 SANDEN DR			
Phone (903) 832-2682	Fax (903) 792-1861	DALLAS TX		75238	
TOTAL Lic Capacity: 6	TITLE 18: 0	PHONE: (972) 386-4834	FAX:		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	ICF/IID: 6	License Exp Dt:	10/10/2019	

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007403			Owner Information	
EVERGREEN PINE KNOLL COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
3603 PINE KNOLL		10810 SANDEN DR			
TEXARKANA	TX 75503			DALLAS	TX 75238
Phone (903) 793-0193	Fax (903) 793-3129			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 6	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:	03/05/2020

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007617			Owner Information	
NEW HORIZONS ELIZABETH		HORIZONS GENERAL PARTNERSHIP			
4820 ELIZABETH ST		4904 ELIZABETH ST			
TEXARKANA	TX 75503			TEXARKANA	TX 75503
Phone (903) 794-0509	Fax (903) 793-6460			PHONE: (903) 794-0509	FAX: (903) 793-6460
TOTAL Lic Capacity: 6	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:	07/22/2020

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007408			Owner Information	
NEW HORIZONS MAGNOLIA		HORIZONS GENERAL PARTNERSHIP			
4125 MAGNOLIA ST		4904 ELIZABETH ST			
TEXARKANA	TX 75503			TEXARKANA	TX 75503
Phone (903) 794-0509	Fax (903) 793-6460			PHONE: (903) 794-0509	FAX: (903) 793-6460
TOTAL Lic Capacity: 6	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:	05/15/2020

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007569			Owner Information	
NEW HORIZONS STILLWELL		HORIZONS GENERAL PARTNERSHIP			
2611 STILLWELL DR		4904 ELIZABETH ST			
TEXARKANA	TX 75503			TEXARKANA	TX 75503
Phone (903) 794-0509	Fax (903) 793-6460			PHONE: (903) 794-0509	FAX: (903) 793-6460
TOTAL Lic Capacity: 6	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:	11/23/2019

County	Bowie	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007407			Owner Information	
NEW HORIZONS WEST 27TH ST		HORIZONS GENERAL PARTNERSHIP			
404 W 27TH ST		4904 ELIZABETH ST			
TEXARKANA	TX 75503			TEXARKANA	TX 75503
Phone (903) 794-0509	Fax (903) 793-6460			PHONE: (903) 794-0509	FAX: (903) 793-6460
TOTAL Lic Capacity: 6	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:	05/13/2020

County	Brazoria	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
Phone (281) 388-2726	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2249
TOTAL Lic Capacity: 6	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:	03/01/2020

County	Brazoria	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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			
Phone (281) 331-7413	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2249		
TOTAL Lic Capacity: 6	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: 07/20/2020			

County	Brazoria	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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) 394-2369		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 08/01/2019			

County	Brazoria	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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			
Phone (281) 992-8176	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2249		
TOTAL Lic Capacity: 6	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: 09/07/2020			

County	Brazoria	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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			
Phone (281) 992-8510	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2249		
TOTAL Lic Capacity: 6	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: 02/28/2020			

County	Brazos	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 8	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	Brazos	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007561	Owner Information			
MOSAIC		MOSAIC			
3706 CARTER CREEK PKWY		2245 MIDWAY ROAD 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: 6	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: 01/01/2021			

County	Brown	Reg Svcs:	ICF/IID	Region	2
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				
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PHONE: (325) 646-9574	FAX: (325) 646-7911	
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	Brown	Reg Svcs:	ICF/IID	Region	2
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				
TOTAL Lic Capacity: 13	TITLE 18: 0	ICF/IID: 13	PHONE: (325) 646-9574	FAX: (325) 646-7911	
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	Brown	Reg Svcs:	ICF/IID	Region	2
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				
TOTAL Lic Capacity: 13	TITLE 18: 0	ICF/IID: 13	PHONE: (325) 646-9574	FAX: (325) 646-7911	
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	Burnet	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003675	Owner Information			
BERTRAM COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
648 W CEDAR ST		8911 N CAPITAL OF TX HWYBLDG 1 STE			
BERTRAM	TX 78605	AUSTIN TX 78759			
Phone (512) 355-3005	Fax (512) 327-5355				
TOTAL Lic Capacity: 6	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: 12/01/2019		

County	Burnet	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007505	Owner Information			
BLUEBONNET COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
1260 HWY 29 W		8911 N CAPITAL OF TX HWYBLDG 1 STE			
BERTRAM	TX 78605	AUSTIN TX 78759			
Phone (512) 355-3012	Fax (512) 327-5355				
TOTAL Lic Capacity: 6	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: 12/01/2019		

County	Burnet	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007450	Owner Information			
WOODVIEW COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
407 CR 320		8911 N CAPITAL OF TX HWYBLDG 1 STE			
BERTRAM	TX 78605	AUSTIN TX 78759			
Phone (512) 355-3213	Fax (512) 327-5355				
TOTAL Lic Capacity: 6	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: 12/01/2019		

County	Burnet	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003879	Owner Information			
HIGHLAND LAKES COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
705 KINCHELOE		8911 N CAPITAL OF TX HWYBLDG 1 STE ,			
BURNET	TX 78611	AUSTIN TX 78759			
Phone (512) 756-4404	Fax (512) 327-5355	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 6	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: 12/01/2019			

County	Burnet	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007221	Owner Information			
SUNSET COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
313 SUNSET DR		8911 N CAPITAL OF TX HWYBLDG 1 STE ,			
BURNET	TX 78611	AUSTIN TX 78759			
Phone (512) 756-6782	Fax (512) 327-5355	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 6	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: 12/01/2019			

County	Burnet	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003763	Owner Information			
BURNET COUNTY COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
1513 BLUEBONNET DR		8911 N CAPITAL OF TX HWYBLDG 1 STE ,			
MARBLE FALLS	TX 78654	AUSTIN TX 78759			
Phone (830) 693-3449	Fax (512) 327-5355	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 8	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: 12/01/2019			

County	Caldwell	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007624	Owner Information			
CENTURY HOUSE		UCG CENTRAL TEXAS HOLDINGS LLC			
1604 CENTURY OAKS		P.O. BOX 310695 ,			
LOCKHART	TX 78644	NEW BRAUNFELS TX 78131-0695			
Phone (512) 398-6721	Fax (214) 723-5331	PHONE: (830) 372-2920	FAX: (214) 723-5331		
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Caldwell	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003949	Owner Information			
LOCKHART COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1501 SUNRISE TER DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
LOCKHART	TX 78644	LOUISVILLE KY 40222			
Phone (512) 376-6550	Fax (512) 302-3978	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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: 01/01/2021			

County	Calhoun	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003955	Owner Information			
CALHOUN HOME		UCG CENTRAL TEXAS HOLDINGS LLC			
102 BURNET RD		P.O. BOX 310695 ,			
PORT LAVACA	TX 77979	NEW BRAUNFELS TX 78131-0695			
Phone (512) 552-4316	Fax (512) 575-0611	PHONE: (830) 372-2920	FAX: (214) 723-5331		
TOTAL Lic Capacity: 6	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: 03/01/2020			

County	Cameron	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 003744			Owner Information	
CARING PALMS HEALTH CARE CENTER				CARING PALMS HEALTH CARE CENTER INC	
1415 W WASHINGTON ST				1415 W. WASHINGTON STREET	
BROWNSVILLE	TX 78520			BROWNSVILLE TX 78520	
Phone (956) 546-3714	Fax			PHONE: (817) 992-2028	FAX:
TOTAL Lic Capacity: 72	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: 04/01/2020	

County	Cameron	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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: 6	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: 09/22/2019	

County	Cameron	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 007244			Owner Information	
ADRIAN COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2214 ADRIAN ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
HARLINGEN	TX 78550			LOUISVILLE KY 40222	
Phone (956) 428-3874	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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
Facility Information:	Facility ID: 003954			Owner Information	
DOMINION COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
133 W DOMINION				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
HARLINGEN	TX 78550			LOUISVILLE KY 40222	
Phone (956) 421-4035	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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
Facility Information:	Facility ID: 003983			Owner Information	
EAST WASHINGTON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1907 E WASHINGTON AVE				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
HARLINGEN	TX			LOUISVILLE KY 40222	
Phone (956) 423-1942	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Cameron	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 007236			Owner Information	
MARIPOSA COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2505 MARIPOSA				9901 LINN STATION ROAD	
HARLINGEN	TX			LOUISVILLE KY 40223-3808	
Phone (956) 428-1666	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Cameron	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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: 110	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
Facility Information:	Facility ID: 003979			Owner Information	
SAM HOUSTON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
580 N SAM HOUSTON BLVD				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
SAN BENITO	TX			LOUISVILLE KY	40222
Phone (956) 399-1020	Fax (512) 328-8211			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Cass	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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: 09/18/2019	

County	Cass	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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: 07/09/2020	

County	Cherokee	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 010279			Owner Information	
ATCHISON GROUP HOME				BLUEBONNET HOMES INC	
514 Co Rd 4204 No 796				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: 6	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	4
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 (325) 659-2070			PHONE: (325) 658-6664	FAX: (325) 659-3769
TOTAL Lic Capacity: 6	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: 11/01/2020	

County	Cherokee	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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:	11/01/2018	

County	Cherokee	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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	Cherokee	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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	Collin	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID:	007421	Owner Information		
CHERRYWOOD COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
2900 PORT O CALL			805 N WHITTINGTON PARKWAY, SUITE 40 ,		
PLANO	TX	75075	LOUISVILLE	KY	40222
Phone	(972) 867-4159	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	12/05/2019	

County	Collin	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID:	007306	Owner Information		
COLLIN COUNTY MHMR AT MULLINS			LIFEPATH SYSTEMS		
1313 MULLINS			1111		
PLANO	TX	75025		TX	
Phone	(214) 424-4814	Fax		PHONE:	
TOTAL Lic Capacity:	6	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	Collin	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID:	007269	Owner Information		
CROSS BEND HOUSE			LIFEPATH SYSTEMS		
3019 CROSS BEND			1111		
PLANO	TX	75023		TX	
Phone	(214) 596-8916	Fax		PHONE:	
TOTAL Lic Capacity:	6	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	Collin	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007493	Owner Information			
LONGHORN COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
957 LONGHORN DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
PLANO	TX 75023	LOUISVILLE KY 40222			
Phone (972) 517-3762	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Collin	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007402	Owner Information			
RIVERBEND COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
3700 GRIFBRICK		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
PLANO	TX	LOUISVILLE KY 40222			
Phone (972) 612-0394	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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: 01/01/2021			

County	Colorado	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003993	Owner Information			
WEIMAR COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
104 WEST SAINT CHARLES		33 CYPRESS BLVDSUITE 100 ,			
WEIMAR	TX 78962	ROUND ROCK TX 78665			
Phone (979) 725-8826	Fax	PHONE: (512) 336-0800	FAX: (512) 336-0812		
TOTAL Lic Capacity: 6	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: 03/15/2020			

County	Comal	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003611	Owner Information			
BESS HOUSE		ANIOL III LLC			
157 BESS		PO BOX 310695 ,			
NEW BRAUNFELS	TX 78130	NEW BRAUNFELS TX 78131			
Phone (830) 620-6174	Fax (830) 629-2373	PHONE: (713) 271-7777	FAX:		
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Comal	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003997	Owner Information			
EARL HOUSE		ANIOL III LLC			
926 EARL DR		PO BOX 310695 ,			
NEW BRAUNFELS	TX 78130	NEW BRAUNFELS TX 78131			
Phone (830) 620-0141	Fax (830) 629-2373	PHONE: (713) 271-7777	FAX:		
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Comal	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007260	Owner Information			
GRANADA HOUSE		ANIOL III LLC			
457 GRANADA		PO BOX 310695 ,			
NEW BRAUNFELS	TX 78130	NEW BRAUNFELS TX 78131			
Phone (830) 620-0025	Fax (830) 629-2373	PHONE: (713) 271-7777	FAX:		
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Comal	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007233			Owner Information	
MARIGOLD HOUSE				ANIOL III LLC	
1639 MARIGOLD				PO BOX 310695	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS TX	78131
Phone (830) 620-9604	Fax (830) 629-2373			PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Comal	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007232			Owner Information	
RAPIDS HOUSE				ANIOL III LLC	
1220 RAPIDS RD				PO BOX 310695	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS TX	78131
Phone (830) 620-0759	Fax (830) 629-2373			PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Comal	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003811			Owner Information	
RIVER GARDENS				ANIOL III LLC	
750 RUSK AVE				PO BOX 310695	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS TX	78131
Phone (830) 629-4400	Fax (830) 629-2373			PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 160	TITLE 18: 0	ICF/IID: 160			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
		License Exp Dt: 09/01/2019			

County	Comal	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007241			Owner Information	
SPRINGHILL HOUSE				ANIOL III LLC	
984 SPRINGHILL DR				PO BOX 310695	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS TX	78131
Phone (830) 629-7545	Fax (830) 629-2373			PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Comal	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003617			Owner Information	
TIMBERHILL HOUSE				ANIOL III LLC	
1374 TIMBERHILL				PO BOX 310695	
NEW BRAUNFELS	TX 78130			NEW BRAUNFELS TX	78131
Phone (830) 629-5336	Fax (830) 629-2373			PHONE: (713) 271-7777	FAX:
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003968			Owner Information	
MOSAIC				MOSAIC	
2100 CEDAR CIR				2245 MIDWAY ROAD 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: 6	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: 01/01/2021			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003902			Owner Information	
MOSAIC				MOSAIC	
2321 GREENMEADOW				2245 MIDWAY ROAD 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: 6	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			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003950			Owner Information	
MOSAIC				MOSAIC	
1515 NORTHLAND				2245 MIDWAY ROAD 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: 6	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			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 05/07/2019			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 07/01/2020			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 07/23/2019			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 351-2500	FAX: (972) 476-1256
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
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	3
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: 6	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: 06/01/2019	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003835			Owner Information	
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
14255 HAYMEADOW DR				9901 LINN STATION ROAD	
DALLAS	TX 75240			LOUISVILLE KY 40223	
Phone 972-239-6643	Fax 972-239-7421			PHONE:	FAX:
TOTAL Lic Capacity: 6	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: 04/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 05/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 04/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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	3
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) 224-8530	FAX: (972) 224-0904
TOTAL Lic Capacity: 8	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: 09/01/2019	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity:	TITLE19: 0			License Exp Dt: 02/22/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 104131			Owner Information	
DEVONSHIRE HOME				DAYBREAK INC	
1225 DEVONSHIRE				4100 INTERNATIONAL PLAZASTE 800	
DESOTO	TX 75115			FORT WORTH TX 76109	
Phone (972) 230-2445		Fax (817) 447-3323		PHONE: (972) 223-6259	FAX: (972) 224-0904
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity:	TITLE19: 0			License Exp Dt: 09/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 224-8530	FAX: (972) 224-0904
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 104122			Owner Information	
MEADOW HILL HOME				DAYBREAK INC	
517 MEADOW HILL				4100 INTERNATIONAL PLAZASTE 800	
DESOTO	TX 75115			FORT WORTH TX 76109	
Phone (817) 477-2700		Fax (972) 224-0904		PHONE: (972) 223-6259	FAX: (972) 224-0904
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity:	TITLE19: 0			License Exp Dt: 09/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007651			Owner Information	
PRAIRIE CREEK				DAYBREAK INC	
920 PRAIRIE CREEK DR				4100 INTERNATIONAL PLAZASTE 800	
DESOTO	TX 75115			FORT WORTH TX 76109	
Phone (972) 223-1463		Fax (972) 224-0904		PHONE: (972) 223-6259	FAX: (972) 224-0904
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007652			Owner Information	
TATE				DAYBREAK INC	
525 TATE DR				4100 INTERNATIONAL PLAZASTE 800	
DESOTO	TX 75115			FORT WORTH TX 76109	
Phone (972) 223-6259		Fax (972) 224-0904		PHONE: (972) 223-6259	FAX: (972) 224-0904
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 09/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003890			Owner Information	
VALLEY GLEN				GREENBREAK INC	
219 VALLEY GLEN				3901 N. DALLAS AVE	
DESOTO	TX 75115			LANCASTER TX 75146	
Phone (972) 230-4643	Fax (972) 224-0904			PHONE: (972) 230-4643	FAX: (972) 224-0904
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 04/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 07/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	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	3
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: 6	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: 07/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007813			Owner Information	
EVERGREEN PYRAMID COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
706 PYRAMID				10810 SANDEN DR	
GARLAND	TX 75040			DALLAS TX 75238	
Phone (972) 495-0077	Fax (972) 386-9509			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 6	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: 08/05/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007621			Owner Information	
KNOLL POINT PLACE LLC				KNOLL POINT PLACE LLC	
3446 KNOLL POINT DR				3446 KNOLL POINT DR	
GARLAND	TX 75043			GARLAND TX 75043	
Phone (972) 226-2620	Fax (972) 226-2620			PHONE: (214) 384-9775	FAX: (972) 226-2620
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 08/01/2020			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007404			Owner Information	
TRINITY MANOR				TRINITY ICF MR INC	
2813 COUNTRY VALLEY RD				2813 COUNTRY VALLEY RD	
GARLAND	TX 75043			GARLAND TX 75043	
Phone (972) 202-9700	Fax (469) 298-3736			PHONE: (972) 412-4990	FAX: (972) 412-4402
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 02/28/2019			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007333			Owner Information	
1102 FORT SCOTT TRAIL				CALAB, Inc.	
1102 FORT SCOTT TRAIL				3803 S ROBINSON RD	
GRAND PRAIRIE	TX 75052			GRAND PRAIRIE TX 75052-1239	
Phone (972) 988-1217	Fax (972) 606-4792			PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 09/01/2019			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007266			Owner Information	
3502 GLENDA				CALAB, Inc.	
3502 GLENDA				3803 S ROBINSON RD	
GRAND PRAIRIE	TX 75051			GRAND PRAIRIE TX 75052-1239	
Phone (972) 263-6621	Fax (972) 606-4792			PHONE: (972) 263-2112	FAX: (972) 263-2115
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 09/01/2019			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007531			Owner Information	
AMICUS AT WOODSIDE				AMICUS INC	
2213 WOODSIDE DR				1129 N LITTLE SCHOOL RD	
GRAND PRAIRIE	TX 75051			ARLINGTON TX 76017-1900	
Phone (972) 988-9336	Fax (817) 563-7906			PHONE: (817) 563-7900	FAX: (817) 563-7906
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2020			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2020			

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	04/01/2020

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	01/01/2020

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	01/01/2020

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007810			Owner Information	
FULTON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2501 CRESTVIEW				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
IRVING TX 75062				LOUISVILLE KY 40222	
Phone	(972) 252-1087	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	10/13/2019

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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:	
TOTAL Lic Capacity:	6	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:	01/01/2021

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007503			Owner Information	
RINDIE COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1701 RINDIE ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
IRVING TX 75060				LOUISVILLE KY 40222	
Phone	(972) 254-1332	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003947			Owner Information	
BARRY LANE				GREENBREAK INC	
234 BARRY LANE				3901 N. DALLAS AVE	
LANCASTER	TX 75146			LANCASTER TX 75146	
Phone (972) 227-5900	Fax (214) 224-0904			PHONE: (972) 230-4643	FAX: (972) 224-0904
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 224-8530	FAX: (972) 224-0904
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 07/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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			DALLAS TX 75238	
Phone (972) 222-6622	Fax (972) 386-9509			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 6	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: 07/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/01/2020	

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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) 351-2500		Fax (972) 476-1256		PHONE: (214) 351-2500	FAX: (972) 476-1256
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 04/30/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
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			DALLAS	TX 75235-1716
Phone (214) 247-4544		Fax (214) 755-1735		PHONE: (214) 351-2500	FAX: (972) 476-1256
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 03/29/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007280			Owner Information	
MOSAIC				MOSAIC	
1509 VERSAILLES				2245 MIDWAY ROAD 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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 01/01/2021	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Dallas	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003901			Owner Information	
MOSAIC				MOSAIC	
1809 AUBURN				2245 MIDWAY ROAD 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: 6	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	3
Facility Information:	Facility ID: 007667			Owner Information	
BELL COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
2402 BERNARD				33 CYPRESS BLVDSUITE 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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 03/15/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Denton	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 10/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Denton	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007668			Owner Information	
CARTER COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
3805 CAMELOT				33 CYPRESS BLVDSUITE 100	
DENTON	TX 76205			ROUND ROCK TX 78665	
Phone (940) 382-4216	Fax			PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 6	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: 03/15/2020	

County	Denton	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007670			Owner Information	
DAVIS COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
1426 RUDDLELL				33 CYPRESS BLVDSUITE 100	
DENTON	TX 76201			ROUND ROCK TX 78665	
Phone (940) 566-8631	Fax			PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 6	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: 03/15/2020	

County	Denton	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007102			Owner Information	
DENTON STATE SUPPORTED LIVING CENTER				DADS	
3980 STATE SCHOOL RD				PO BOX 12668	
DENTON	TX 76210			AUSTIN TX 78711	
Phone (940) 891-0342	Fax (940) 591-3300			PHONE: (512) 454-3761	FAX:
TOTAL Lic Capacity: 716	TITLE 18: 0	ICF/IID: 716			
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	Denton	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 04/01/2020	

County	Denton	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 03/18/2020	

County	Denton	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007669			Owner Information	
NEWTON COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
3112 CEDAR HILL				33 CYPRESS BLVDSUITE 100	
DENTON	TX 76205			ROUND ROCK TX 78665	
Phone (940) 566-6746	Fax			PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 6	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: 03/15/2020	

County	Denton	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007671			Owner Information	
OAKBEND COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
1430 N RUDELL				33 CYPRESS BLVDSUITE 100	
DENTON	TX 76201			ROUND ROCK TX 78665	
Phone (940) 387-0831	Fax			PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 6	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:	03/15/2020		

County	Denton	Reg Svcs:	IID TEAM	Region	3
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: 6	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:	01/01/2021		

County	Denton	Reg Svcs:	IID TEAM	Region	3
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: 13	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:	01/01/2022		

County	Denton	Reg Svcs:	IID TEAM	Region	3
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: 13	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:	01/03/2019		

County	Denton	Reg Svcs:	IID TEAM	Region	3
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: 6	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:	12/18/2019		

County	Denton	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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:	10/01/2019		

County	Denton	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003894	Owner Information			
PINON HOUSE		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
4520 MILLER ROAD		9901 LINN STATION ROAD			
KRUM	TX 76249	LOUISVILLE KY 40223			
Phone (817) 387-1265	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2369		
TOTAL Lic Capacity: 6	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: 10/01/2019			

County	Denton	Reg Svcs:	IID TEAM	Region	3
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) 394-2369		
TOTAL Lic Capacity: 6	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: 01/23/2020			

County	Eastland	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 003814	Owner Information			
ROCK HOUSE SPRINGS		ROCK HOUSE SUPPORT SERVICES INC			
1105 LAGO VISTA		P.O. BOX 953			
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: 13	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: 08/01/2020			

County	Eastland	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 007650	Owner Information			
ROCK HOUSE SPRINGS II		ROCK HOUSE SUPPORT SERVICES INC			
401 LENS		P.O. BOX 953			
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: 6	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: 08/01/2020			

County	Ector	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003757	Owner Information			
MARIAH FLATS		D & S RESIDENTIAL SERVICES LP			
10036 W WESTLAND DR		8911 N CAPITAL OF TX HWYBLDG 1 STE			
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: 10	TITLE 18: 0	ICF/IID: 10			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	PRIVATELY OWNED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/01/2019			

County	Ector	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003616	Owner Information			
MORRIS HOUSE		PERMIAN BASIN MHMR			
5256 MORRIS ST		401 E ILLINOIS AVESTE 401			
ODESSA	TX 79764	MIDLAND TX 79701			
Phone (432) 530-2267	Fax	PHONE: (432) 570-3385	FAX:		
TOTAL Lic Capacity: 6	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	Ector	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID:	007238		Owner Information	
PARKER HOUSE				ROCK HOUSE SUPPORT SERVICES INC	
1510 PARKER DR				P.O. BOX 953	
ODESSA	TX	79761		STEPHENVILLE	TX 76401
Phone	(432) 362-3072	Fax	(432) 682-6167	PHONE:	(254) 968-4004
TOTAL Lic Capacity:	6	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:	10/01/2020

County	El Paso	Reg Svcs:	ICF/IID	Region	10
Facility Information:	Facility ID:	003834		Owner Information	
CASA DE LA PROMESA				EL PASO COMMUNITY MHMR CENTER	
5310 BLANCO Ave				PO BOX 9997	
EL PASO	TX	79905		EL PASO	TX 79990
Phone	(915) 747-3695	Fax		PHONE:	
TOTAL Lic Capacity:	8	TITLE 18:	0	ICF/IID:	8
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	El Paso	Reg Svcs:	ICF/IID	Region	10
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:	
TOTAL Lic Capacity:	6	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	El Paso	Reg Svcs:	ICF/IID	Region	10
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
TOTAL Lic Capacity:	155	TITLE 18:	0	ICF/IID:	155
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	El Paso	Reg Svcs:	ICF/IID	Region	10
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
TOTAL Lic Capacity:	6	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:	03/01/2020

County	El Paso	Reg Svcs:	ICF/IID	Region	10
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
TOTAL Lic Capacity:	6	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:	09/29/2019

County	El Paso	Reg Svcs:	ICF/IID	Region	10
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
TOTAL Lic Capacity:	6	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:	02/24/2019

County	El Paso	Reg Svcs:	ICF/IID	Region	10
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
TOTAL Lic Capacity:	6	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:	03/01/2020

County	El Paso	Reg Svcs:	ICF/IID	Region	10
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
TOTAL Lic Capacity:	6	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:	09/25/2019

County	El Paso	Reg Svcs:	ICF/IID	Region	10
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
TOTAL Lic Capacity:	6	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:	03/01/2020

County	El Paso	Reg Svcs:	ICF/IID	Region	10
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
TOTAL Lic Capacity:	6	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:	03/01/2020

County	El Paso	Reg Svcs:	ICF/IID	Region	10
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	79990
Phone	(915) 778-0935	Fax		PHONE:	
TOTAL Lic Capacity:	6	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	Ellis	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	02/09/2020	

County	Ellis	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	09/17/2020	

County	Ellis	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	05/18/2020	

County	Ellis	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	03/10/2020	

County	Erath	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID:	007373	Owner Information		
EAST ROCK			ROCK HOUSE SUPPORT SERVICES INC		
1485 BLACKJACK			P.O. BOX 953		
STEPHENVILLE	TX	76401	STEPHENVILLE	TX	76401
Phone	(254) 968-6119	Fax	(254) 968-6033	PHONE:	(254) 968-4004
TOTAL Lic Capacity:	6	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:	11/01/2020	

County	Erath	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID:	007552	Owner Information		
HARBIN HOUSE			ROCK HOUSE SUPPORT SERVICES INC		
909 HARBIN DR			P.O. BOX 953		
STEPHENVILLE	TX	76401	STEPHENVILLE	TX	76401
Phone	(254) 965-7016	Fax	(254) 968-6033	PHONE:	(254) 968-4004
TOTAL Lic Capacity:	6	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:	11/01/2020	

County	Erath	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003788			Owner Information	
NORTH ROCK 1				ROCK HOUSE SUPPORT SERVICES INC	
2250 LINGLEVILLE RD				P.O. BOX 953	
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: 13	TITLE 18: 0	ICF/IID: 13		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 11/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Erath	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003824			Owner Information	
NORTH ROCK 2				ROCK HOUSE SUPPORT SERVICES INC	
2248 LINGLEVILLE RD				P.O. BOX 953	
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: 13	TITLE 18: 0	ICF/IID: 13		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 11/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Erath	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003761			Owner Information	
ROCK HOUSE				ROCK HOUSE SUPPORT SERVICES INC	
2254 LINGLEVILLE RD				P.O. BOX 953	
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: 13	TITLE 18: 0	ICF/IID: 13		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 11/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Erath	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003766			Owner Information	
ROCK HOUSE 2				ROCK HOUSE SUPPORT SERVICES INC	
2326 DENMAN ST				P.O. BOX 953	
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: 13	TITLE 18: 0	ICF/IID: 13		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 11/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Erath	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007423			Owner Information	
WARM SPRINGS				ROCK HOUSE SUPPORT SERVICES INC	
788 N NEBLETT				P.O. BOX 953	
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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 11/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Fayette	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 11/07/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Fayette	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003682	Owner Information			
MAIN STREET COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
520 N MAIN		33 CYPRESS BLVDSUITE 100			
LA GRANGE	TX 78945	ROUND ROCK	TX		78665
Phone (409) 968-6188	Fax	PHONE: (512) 336-0800	FAX:	(512) 336-0812	
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 03/15/2020		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Fayette	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007227	Owner Information			
MONROE COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
842 N MONROE		33 CYPRESS BLVDSUITE 100			
LA GRANGE	TX 78945	ROUND ROCK	TX		78665
Phone (979) 968-8821	Fax (979) 968-8821	PHONE: (512) 336-0800	FAX:	(512) 336-0812	
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 03/15/2020		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Fayette	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003678	Owner Information			
SHADY LANE COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
542 EAST PECAN STREET		33 CYPRESS BLVDSUITE 100			
LA GRANGE	TX 78945	ROUND ROCK	TX		78665
Phone (512) 336-0800	Fax (512) 336-0812	PHONE: (512) 336-0800	FAX:	(512) 336-0812	
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/18/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Fayette	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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	PHONE:	FAX:		
TOTAL Lic Capacity: 6	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	Fayette	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007673	Owner Information			
HIRSCH SCHWARTZ COMMUNITY RESIDENCE		BLUEBONNET TRAILS COMMUNITY MHMR			
2021 W US HWY 90		1111			
SCHULENBURG	TX 78956		TX		
Phone (979) 743-4488	Fax	PHONE:	FAX:		
TOTAL Lic Capacity: 6	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	Fayette	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 10/07/2020		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Fisher	Reg Svcs:	ICF/IID	Region	2
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: 6	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: 05/31/2020			

County	Fisher	Reg Svcs:	ICF/IID	Region	2
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: 6	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: 09/17/2019			

County	Fort Bend	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003656			Owner Information	
UCG - SOUTHMEADOW HOUSE				FROSTVIEW LANE LLC	
2814 WHISPERING CREEK				820 PARK TWO	
FRESNO	TX 77545			SUGAR LAND	TX 77478
Phone (713) 776-0805	Fax (713) 271-7777			PHONE: (713) 835-0527	FAX: (713) 271-8585
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Fort Bend	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007521			Owner Information	
HOUSTON IN A VISION II				HOUSTON IN-A-VISION INC	
3203 CYPRESS POINT DRIVE				820 PARK TWO	
MISSOURI CITY	TX 77459			SUGAR LAND	TX 77478
Phone (281) 416-0607	Fax (713) 271-8585			PHONE: (281) 495-7509	FAX: (713) 271-8585
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Fort Bend	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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: 6	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	Fort Bend	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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: 6	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 **Fort Bend** Reg Svcs: UNIT 21 (ICF/MR) Region 6

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
TOTAL Lic Capacity: 664 **TITLE 18:** 0 **ICF/IID:** 664 **PHONE:** (512) 454-3761 **FAX:**
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 6

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
Phone (281) 996-8808 **Fax**
TOTAL Lic Capacity: 6 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (502) 394-2100 **FAX:** (502) 394-2249
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 05/16/2020

County **Gonzales** Reg Svcs: TEAM ICF-IID Region 8

Facility Information: Facility ID: 003781 Owner Information
 GONZALES COMMUNITY HOME EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP
 310 DEWITT ST 805 N WHITTINGTON PARKWAY, SUITE 40 ,
 GONZALES TX 78629 LOUISVILLE KY 40222
Phone (830) 672-7421 **Fax**
TOTAL Lic Capacity: 8 **TITLE 18:** 0 **ICF/IID:** 8 **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 **Gonzales** Reg Svcs: TEAM ICF-IID Region 8

Facility Information: Facility ID: 007653 Owner Information
 GONZALES COUNTY COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
 3221 HWY 87 WEST 33 CYPRESS BLVDSUITE 100
 SMILEY TX 78159 ROUND ROCK TX 78665
Phone (830) 587-6157 **Fax** (830) 587-6408
TOTAL Lic Capacity: 6 **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:** 03/15/2020

County **Gonzales** Reg Svcs: TEAM ICF-IID Region 8

Facility Information: Facility ID: 007268 Owner Information
 SMILEY COMMUNITY RESIDENCE KENMAR RESIDENTIAL SERVICES INCORPORATED
 282 FM 3234 33 CYPRESS BLVDSUITE 100
 SMILEY TX 78159 ROUND ROCK TX 78665
Phone (830) 587-6253 **Fax** (830) 587-6237
TOTAL Lic Capacity: 6 **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:** 03/15/2020

County **Grayson** Reg Svcs: IID TEAM Region 3

Facility Information: Facility ID: 003738 Owner Information
 ALTERNATE LIVING FACILITY I MHMR SERVICES OF TEXOMA
 1101 S MIRICK AVE 315 W MCLAINPO BOX 1087 (ZIP 75091)
 DENISON TX 75020 SHERMAN TX 75092
Phone (903) 465-7383 **Fax**
TOTAL Lic Capacity: 10 **TITLE 18:** 0 **ICF/IID:** 10 **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	Grayson	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007314			Owner Information	
EDWARDS STREET HOUSE				EXCEPTIONALCARE INC	
603 EDWARDS ST				2402 W MORTON ST STE 140	
DENISON	TX 75020			DENISON TX 75020	
Phone (903) 463-6811	Fax (903) 465-8799			PHONE: (903) 465-8766	FAX: (903) 465-8799
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Grayson	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007638			Owner Information	
HYDE PARK HOUSE				EXCEPTIONALCARE INC	
1507 HYDE PARK AVE				2402 W MORTON ST STE 140	
DENISON	TX 75020			DENISON TX 75020	
Phone (903) 463-6922	Fax (903) 465-8799			PHONE: (903) 465-8766	FAX: (903) 465-8799
TOTAL Lic Capacity: 6	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: 01/31/2019	

County	Grayson	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 08/04/2020	

County	Grayson	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003769			Owner Information	
MHMR SVCS OF TEXOMA ALTERNATE LIVING FACILITY II				MHMR SERVICES OF TEXOMA	
1217 DESVOIGNES RD				315 W MCLAINPO BOX 1087 (ZIP 75091)	
DENISON	TX 75021			SHERMAN TX 75092	
Phone (903) 463-5210	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 10	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 GOVERNMENT BASED
				License Exp Dt:	

County	Grayson	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/03/2019	

County	Grayson	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 07/02/2019	

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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:	12/22/2019	

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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:	12/03/2019	

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID:	007224	Owner Information		
EVERGREEN DANVILLE ROAD COMMUNITY HOME			EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC		
1104 DANVILLE RD			10810 SANDEN DR		
KILGORE	TX	75662	DALLAS	TX	75238
Phone	(903) 984-9370	Fax	(903) 792-1861	PHONE:	(972) 386-4834
TOTAL Lic Capacity:	6	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:	08/14/2020	

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID:	007431	Owner Information		
ROYAL DRIVE COMMUNITY HOME			S & H HOMES INC		
3009 ROYAL DR			112 S WARD DR		
KILGORE	TX	75662	LONGVIEW	TX	75604
Phone	(903) 984-0486	Fax	(903) 295-7394	PHONE:	(903) 295-7391
TOTAL Lic Capacity:	6	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:	07/10/2020	

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID:	007541	Owner Information		
SCEYNE COMMUNITY HOME			R & K BARBER INC		
805 SCEYNE			112 S WARD		
KILGORE	TX	75662	LONGVIEW	TX	75604
Phone	(903) 983-3679	Fax	(903) 295-7394	PHONE:	(903) 295-7391
TOTAL Lic Capacity:	6	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:	06/11/2020	

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID:	007608	Owner Information		
CHAD COMMUNITY HOME			D & S RESIDENTIAL SERVICES LP		
1202 CHAD			8911 N CAPITAL OF TX HWYBLDG 1 STE		
LONGVIEW	TX	75604	AUSTIN	TX	78759
Phone	(903) 759-5744	Fax		PHONE:	(512) 327-2325
TOTAL Lic Capacity:	6	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:	12/01/2019	

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003714			Owner Information	
CONCORD MANOR				SABINE VALLEY CENTER	
414 S CENTER				PO BOX 6800	
LONGVIEW	TX 75601			LONGVIEW TX 75608	
Phone (903) 757-6040	Fax			PHONE:	FAX:
TOTAL Lic Capacity: 12	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: GOVERNMENT BASED			
		License Exp Dt:			

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007229			Owner Information	
EVERGREEN SPRING HILL COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
225 SYBLE LN				10810 SANDEN DR	
LONGVIEW	TX 75605			DALLAS TX 75238	
Phone (903) 297-4422	Fax (903) 295-9993			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 6	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: 12/29/2020			

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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: 01/23/2020			

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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: 02/27/2019			

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007255			Owner Information	
HONEYSUCKLE COMMUNITY HOME				D & S RESIDENTIAL SERVICES LP	
9 HONEYSUCKLE				8911 N CAPITAL OF TX HWYBLDG 1 STE	
LONGVIEW	TX 75604			AUSTIN TX 78759	
Phone (903) 297-3056	Fax			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 12/01/2019			

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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: 09/24/2019			

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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:	09/01/2020		

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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	4
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: 6	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:	09/01/2020		

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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	4
Facility Information:	Facility ID: 007297			Owner Information	
THELMA COMMUNITY HOME				D & S RESIDENTIAL SERVICES LP	
1009 THELMA				8911 N CAPITAL OF TX HWYBLDG 1 STE	
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: 6	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:	12/01/2019		

County	Gregg	Reg Svcs:	ICF/IID TEAM	Region	4
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: 8	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:	09/01/2020		

County	Guadalupe	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003786			Owner Information	
CASA GUADALUPE I				UCG CENTRAL TEXAS HOLDINGS LLC	
957 KUNKEL ST				P.O. BOX 310695	
SEGUIN	TX 78155			NEW BRAUNFELS TX 78131-0695	
Phone (830) 379-8539	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 8	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: 09/01/2019	

County	Guadalupe	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003830			Owner Information	
CASA GUADALUPE II				UCG CENTRAL TEXAS HOLDINGS LLC	
936 ZUNKER				P.O. BOX 310695	
SEGUIN	TX 78155			NEW BRAUNFELS TX 78131-0695	
Phone (830) 372-2920	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 8	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: 09/01/2019	

County	Guadalupe	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369
TOTAL Lic Capacity: 6	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: 09/01/2020	

County	Guadalupe	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003943			Owner Information	
MOSAIC				MOSAIC	
1622 WILLOW LN				2245 MIDWAY ROAD 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: 6	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	8
Facility Information:	Facility ID: 003999			Owner Information	
MOSAIC				MOSAIC	
974 E CEDAR				2245 MIDWAY ROAD STE 300	
SEGUIN	TX 78155			CARROLLTON TX 75006	
Phone (210) 967-0566	Fax (210) 967-6232			PHONE:	FAX:
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Guadalupe	Reg Svcs:	TEAM ICF-IID	Region	8
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) 394-2369
TOTAL Lic Capacity: 6	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: 05/20/2019	

County	Hale	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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	5
Facility Information:	Facility ID: 003809	Owner Information			
FRIES HOUSE		ST GILES - BAYTOWN INC			
190 E AVE J		3010 S FIRST			
SILSBEE	TX 77656	LUFKIN TX 75901			
Phone (409) 385-4050	Fax (214) 723-5331	PHONE: (281) 837-1942		FAX: (281) 427-0586	
TOTAL Lic Capacity: 8	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: 09/01/2019			

County	Hardin	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	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	5
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: 6	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	6
Facility Information:	Facility ID: 007570	Owner Information			
BURNING TREE LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
4902 BURNING TREE		468 HALLE PARK DR			
BAYTOWN	TX 77521	COLLIERVILLE TN 38017			
Phone (713) 475-2228	Fax (713) 475-2212	PHONE: (713) 475-2220		FAX: (713) 475-2332	
TOTAL Lic Capacity: 6	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	6
Facility Information:	Facility ID: 003605	Owner Information			
KILGORE HOUSE		ST GILES - BAYTOWN INC			
2203 KILGORE RD		3010 S FIRST			
BAYTOWN	TX 77520	LUFKIN TX 75901			
Phone (281) 837-1942	Fax (281) 427-0586	PHONE: (281) 837-1942		FAX: (281) 427-0586	
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007411	Owner Information		
MAPLEWOOD LIVING CENTER			DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC		
706 MAPLEWOOD ST			468 HALLE PARK DR		
BAYTOWN	TX	77520	COLLIERVILLE	TN	38017
Phone	(713) 475-2228	Fax	(713) 475-2212	PHONE:	(713) 475-2220
TOTAL Lic Capacity:	6	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:	01/01/2021	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003671	Owner Information		
MCFARLAND HOUSE			ST GILES - BAYTOWN INC		
1706 MCFARLAND			3010 S FIRST		
BAYTOWN	TX	77520	LUFKIN	TX	75901
Phone	(281) 837-8686	Fax	(713) 271-8585	PHONE:	(281) 837-1942
TOTAL Lic Capacity:	6	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:	09/01/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007381	Owner Information		
NORTH SHEPHERD HOUSE			ST GILES - BAYTOWN INC		
1112 N SHEPHERD			3010 S FIRST		
BAYTOWN	TX	77520	LUFKIN	TX	75901
Phone	(281) 837-6238	Fax	(713) 271-8585	PHONE:	(281) 837-1942
TOTAL Lic Capacity:	6	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:	09/01/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007565	Owner Information		
OLIVE LIVING CENTER			DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC		
2301 OLIVE CIRCLE			468 HALLE PARK DR		
BAYTOWN	TX	77522	COLLIERVILLE	TN	38017
Phone	(713) 475-2228	Fax	(713) 472-2212	PHONE:	(713) 475-2220
TOTAL Lic Capacity:	6	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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	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:	09/23/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	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:	03/10/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003608	Owner Information		
CYPRESS COTTAGE			REACH UNLIMITED INC		
11914 MUELLER CEMETERY RD			11832 MUELLER CEMETERY RDSTE 200		
CYPRESS	TX	77429	CYPRESS	TX	77429
Phone	(281) 373-9404	Fax	(281) 373-3820	PHONE:	(281) 213-2582
TOTAL Lic Capacity:	6	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:	06/14/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	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:	03/22/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	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:	07/14/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	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:	07/31/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	010197	Owner Information		
MUELLER HOUSE			REACH UNLIMITED INC		
11910 MUELLER CEMETERY RD			11832 MUELLER CEMETERY RDSTE 200		
CYPRESS	TX	77429	CYPRESS	TX	77429
Phone	(281) 373-9406	Fax	(281) 373-4074	PHONE:	(281) 213-2582
TOTAL Lic Capacity:	9	TITLE 18:	0	ICF/IID:	9
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	09/24/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007283	Owner Information		
GARDEN LIVING CENTER			DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC		
913 E X STREET			468 HALLE PARK DR		
DEER PARK	TX	77536	COLLIERVILLE	TN	38017
Phone	(713) 475-2228	Fax	(713) 475-2212	PHONE:	(713) 475-2220
TOTAL Lic Capacity:	6	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:	01/01/2021	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007424	Owner Information		
HENDERSON LIVING CENTER	TX 77536		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC		
2601 HENDERSON LN	Fax (713) 475-2212		468 HALLE PARK DR		
DEER PARK	ICF/IID: 6		COLLIERVILLE TX 38017		
Phone (713) 475-2228	TITLE 18: 0		PHONE: (713) 475-2220		
TOTAL Lic Capacity: 6	TITLE 19: 0		FAX: (713) 472-2332		
Cert Alzh Capacity: 0	TITLE 18/19: 0		PROGRAM TYPE: ICF/IID		
PRIVATE Beds: 0			SERVICE TYPE PRIVATELY OWNED		
			License Exp Dt: 01/01/2022		

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007284	Owner Information		
WINDSOR LIVING CENTER	TX 77536		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC		
3602 WINDSOR LN	Fax (713) 472-2212		468 HALLE PARK DR		
DEER PARK	ICF/IID: 6		COLLIERVILLE TX 38017		
Phone (713) 475-2228	TITLE 18: 0		PHONE: (713) 475-2220		
TOTAL Lic Capacity: 6	TITLE 19: 0		FAX: (713) 472-2332		
Cert Alzh Capacity: 0	TITLE 18/19: 0		PROGRAM TYPE: ICF/IID		
PRIVATE Beds: 0			SERVICE TYPE PRIVATELY OWNED		
			License Exp Dt: 01/01/2019		

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007661	Owner Information		
1801 BRANARD	TX 77098		ST GILES - BAYTOWN INC		
1801 BRANARD ST	Fax (713) 524-4153		3010 S FIRST		
HOUSTON	ICF/IID: 13		LUFKIN TX 75901		
Phone (713) 524-7473	TITLE 18: 0		PHONE: (281) 837-1942		
TOTAL Lic Capacity: 13	TITLE 19: 0		FAX: (281) 427-0586		
Cert Alzh Capacity: 0	TITLE 18/19: 0		PROGRAM TYPE: ICF/IID		
PRIVATE Beds: 0			SERVICE TYPE PRIVATELY OWNED		
			License Exp Dt: 09/01/2019		

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007660	Owner Information		
616 WEST BELL	TX 77019		ST GILES - BAYTOWN INC		
616 W BELL ST	Fax (713) 524-3821		3010 S FIRST		
HOUSTON	ICF/IID: 13		LUFKIN TX 75901		
Phone (713) 524-5392	TITLE 18: 0		PHONE: (281) 837-1942		
TOTAL Lic Capacity: 13	TITLE 19: 0		FAX: (281) 427-0586		
Cert Alzh Capacity: 0	TITLE 18/19: 0		PROGRAM TYPE: ICF/IID		
PRIVATE Beds: 0			SERVICE TYPE PRIVATELY OWNED		
			License Exp Dt: 09/01/2019		

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007548	Owner Information		
APRIL WIND HOUSE	TX 77014		COMMUNITY HEALTHCARE SERVICES INC		
3015 APRIL WIND	Fax (281) 893-0707		3015 APRIL WIND DR		
HOUSTON	ICF/IID: 6		HOUSTON TX 77014		
Phone (281) 893-9090	TITLE 18: 0		PHONE: (281) 893-9090		
TOTAL Lic Capacity: 6	TITLE 19: 0		FAX: (281) 893-0707		
Cert Alzh Capacity: 0	TITLE 18/19: 0		PROGRAM TYPE: ICF/IID		
PRIVATE Beds: 0			SERVICE TYPE PRIVATELY OWNED		
			License Exp Dt: 12/01/2019		

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	102827	Owner Information		
AVONDALE HOUSE	TX 77096		AVONDALE HOUSE		
5614 BENNING	Fax		3737 OMEARA DR		
HOUSTON	ICF/IID: 6		HOUSTON TX 77025		
Phone (713) 726-1239	TITLE 18: 0		PHONE: (713) 993-9589		
TOTAL Lic Capacity: 6	TITLE 19: 0		FAX: (713) 993-0751		
Cert Alzh Capacity:	TITLE 18/19: 0		PROGRAM TYPE: ICF/IID		
PRIVATE Beds: 0			SERVICE TYPE PRIVATELY OWNED		
			License Exp Dt: 11/29/2020		

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	010183	Owner Information		
AVONDALE HOUSE I II			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
TOTAL Lic Capacity:	6	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:	02/07/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	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:	10/08/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003914	Owner Information		
BEARCREEK			EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST		
5006 STANHOPE Dr			9901 LINN STATION ROAD		
HOUSTON	TX	77084	LOUISVILLE	KY	40223
Phone	(281) 463-2227	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	05/02/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003859	Owner Information		
BEECHNUT HOUSE			VITA-LIVING INC		
8114 BEECHNUT			3300 S GESSNERSTE 150		
HOUSTON	TX	77036	HOUSTON	TX	77063
Phone	(713) 779-2684	Fax	(713) 981-4512	PHONE:	(713) 292-1880
TOTAL Lic Capacity:	6	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:	03/26/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007486	Owner Information		
BOSWORTH LIVING CENTER			DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC		
5126 BOSWORTH ST			468 HALLE PARK DR		
HOUSTON	TX	77017	COLLIERVILLE	TN	38017
Phone	(713) 475-2228	Fax	(713) 475-2212	PHONE:	
TOTAL Lic Capacity:	6	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:	01/01/2022	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003915	Owner Information		
BRIAR GROVE PARK			EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST		
10038 BRIAR FOREST DR			9901 LINN STATION ROAD		
HOUSTON	TX	77042	LOUISVILLE	KY	40223
Phone	(713) 782-5454	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	03/01/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003895			Owner Information	
CAMPBELL HOUSE				VITA-LIVING INC	
1825 CAMPBELL				3300 S GESSNERSTE 150	
HOUSTON	TX 77080			HOUSTON TX 77063	
Phone (713) 827-1159	Fax (713) 827-1159			PHONE: (713) 292-1880	FAX: (713) 981-4512
TOTAL Lic Capacity: 6	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: 08/21/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003684			Owner Information	
CAREW HOUSE				VITA-LIVING INC	
7410 CAREW STREET				3300 S GESSNERSTE 150	
HOUSTON	TX 77074			HOUSTON TX 77063	
Phone (713) 271-9851	Fax (281) 492-8331			PHONE: (713) 292-1880	FAX: (713) 981-4512
TOTAL Lic Capacity: 6	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: 02/23/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003930			Owner Information	
COPPERFIELD				EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST	
15311 FOREST TRAILS				9901 LINN STATION ROAD	
HOUSTON	TX 77095			LOUISVILLE KY 40223	
Phone (281) 855-0857	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2249
TOTAL Lic Capacity: 6	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: 03/01/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003643			Owner Information	
CUTTEN GREEN				REACH UNLIMITED INC	
11519 COLONIAL TRAIL				11832 MUELLER CEMETERY RDSTE 200	
HOUSTON	TX 77066			CYPRESS TX 77429	
Phone (281) 537-1679	Fax (281) 580-2951			PHONE: (281) 213-2582	FAX: (281) 213-4545
TOTAL Lic Capacity: 6	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: 02/01/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003960			Owner Information	
DEERFIELD				EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST	
18006 LONGCLIFFE				9901 LINN STATION ROAD	
HOUSTON	TX 77084			LOUISVILLE KY 40223	
Phone (281) 550-8604	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2249
TOTAL Lic Capacity: 6	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: 03/01/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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	
Phone (713) 283-0711	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2249
TOTAL Lic Capacity: 6	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: 07/31/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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: 6	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	6
Facility Information:	Facility ID: 003980	Owner Information			
EBONY COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
2519 LOWER VALLEY DRIVE		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
HOUSTON	TX 77067	LOUISVILLE KY 40222			
Phone (281) 586-7067	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 6	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	6
Facility Information:	Facility ID: 007585	Owner Information			
FROSTVIEW HOUSE II		D & D CARE HOMES INC			
15331 E ANTONE		4100 INTERNATIONAL PLAZASUITE 800 ,			
HOUSTON	TX 77071	FT. WORTH TX 76109			
Phone (713) 728-4148	Fax (713) 271-8585	PHONE: (817) 447-2700 FAX: (817) 447-3033			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007437	Owner Information			
GREAT HOME CARE INC		GREAT HOME CARE INC			
12502 LIMA DRIVE		PO BOX 1254			
HOUSTON	TX 77099	ALIEF TX 77411			
Phone (281) 530-8710	Fax (281) 568-5828	PHONE: (281) 568-3532 FAX: (281) 568-5828			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 04/10/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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			
Phone (281) 463-1034	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2249			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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			
Phone (713) 988-1461	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2249			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/31/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007317	Owner Information		
HOUSTON IN A VISION			HOUSTON IN-A-VISION INC		
6442 GLADEWELL			820 PARK TWO		
HOUSTON	TX	77072	SUGAR LAND	TX	77478
Phone	(281) 495-7509	Fax	(713) 495-7509	PHONE:	(281) 495-7509
TOTAL Lic Capacity:	6	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:	09/01/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
Phone	(713) 896-8355	Fax	(502) 394-2100	PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	03/01/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	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:	04/07/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	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:	03/30/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
Phone	(281) 580-4103	Fax	(502) 394-2100	PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	10/09/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
Phone	(713) 271-2534	Fax	(502) 394-2100	PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	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:	10/10/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003897	Owner Information		
MEMORIAL COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
17115 CAMBERWELL GREEN LANE			805 N WHITTINGTON PARKWAY, SUITE 40 ,		
HOUSTON	TX	77070	LOUISVILLE	KY	40222
Phone	(281) 370-5702	Fax			
TOTAL Lic Capacity:	6	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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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		
TOTAL Lic Capacity:	6	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:	02/15/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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		
TOTAL Lic Capacity:	6	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:	07/01/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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		
TOTAL Lic Capacity:	6	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:	04/08/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007275	Owner Information		
PEBBLESHIRE HOUSE			S&G COMMUNITY LIVING CENTER INC		
7865 PECAN VILLAS			PO BOX 686		
HOUSTON	TX	77061	LEAGUE	TX	77574
Phone	(713) 640-1044	Fax	(281) 334-7850		
TOTAL Lic Capacity:	6	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:	05/01/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007296	Owner Information		
PERIWINKLE HOUSE			IN THE ESTATE OF MILBERT JOHN LUGAY		
1638 PERIWINKLE ST			17126 WUNDER HILL DR		
HOUSTON	TX	77038	SPRING	TX	77379
Phone	(281) 448-9005	Fax	(281) 379-6068		
TOTAL Lic Capacity:	4	TITLE 18:	0	ICF/IID:	4
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
			License Exp Dt:	08/09/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007384		Owner Information	
RAVENHEAD LIVING CENTER				DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC	
314 RAVENHEAD ST				468 HALLE PARK DR	
HOUSTON	TX	77034		COLLIERVILLE	TN 38017
Phone	(713) 475-2228	Fax	(713) 475-2212	PHONE:	(713) 475-2220 FAX: (713) 472-2332
TOTAL Lic Capacity:	6	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:	01/01/2022

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
Phone	(281) 564-4256	Fax		PHONE:	(502) 394-2100 FAX: (502) 394-2249
TOTAL Lic Capacity:	6	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:	07/31/2020

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003888		Owner Information	
SABLE LANE COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
13403 SABLE LN				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
HOUSTON	TX	77014		LOUISVILLE	KY 40222
Phone	(281) 444-4120	Fax		PHONE:	(502) 394-2100 FAX: (502) 394-2285
TOTAL Lic Capacity:	6	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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	010200		Owner Information	
SHADY VILLA PLACE				REACH UNLIMITED INC	
7715 SHADY VILLA LN				11832 MUELLER CEMETERY RDSTE 200 ,	
HOUSTON	TX	77055		CYPRESS	TX 77429
Phone	(713) 956-7860	Fax	(713) 956-4835	PHONE:	(281) 213-2582 FAX: (281) 213-4545
TOTAL Lic Capacity:	9	TITLE 18:	0	ICF/IID:	9
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds:	0	TITLE 18/19:	0	License Exp Dt:	09/27/2019

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
Phone	(713) 690-3127	Fax		PHONE:	(502) 394-2100 FAX: (502) 394-2249
TOTAL Lic Capacity:	6	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:	02/14/2020

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007472		Owner Information	
UCG - ALBURY HOUSE				FROSTVIEW LANE LLC	
11019 ALBURY				820 PARK TWO	
HOUSTON	TX	77096		SUGAR LAND	TX 77478
Phone	(713) 774-3656	Fax	(281) 568-8125	PHONE:	(713) 835-0527 FAX: (713) 271-8585
TOTAL Lic Capacity:	6	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:	09/01/2019

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007263			Owner Information	
UCG - HUMMINGBIRD HOUSE				FROSTVIEW LANE LLC	
9726 S. HANWORTH DR.				820 PARK TWO	
HOUSTON	TX 77031			SUGAR LAND TX	77478
Phone (713) 271-7777	Fax (713) 271-8585			PHONE: (713) 835-0527	FAX: (713) 271-8585
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007801			Owner Information	
UCG NIGHTINGALE I				FROSTVIEW LANE LLC	
13927 MAGNUS LANE				820 PARK TWO	
HOUSTON	TX 77083			SUGAR LAND TX	77478
Phone (713) 981-1571	Fax (713) 271-8585			PHONE: (713) 835-0527	FAX: (713) 271-8585
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007806			Owner Information	
UCG NIGHTINGALE I I				FROSTVIEW LANE LLC	
7327 BEECHNUT ST				820 PARK TWO	
HOUSTON	TX 77074			SUGAR LAND TX	77478
Phone (713) 541-2667	Fax (713) 271-8585			PHONE: (713) 835-0527	FAX: (713) 271-8585
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
Phone (713) 776-0072	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2249
TOTAL Lic Capacity: 6	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: 07/31/2020	

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007369			Owner Information	
WEST ROAD HOUSE				DIVERSITY GROUP LC	
7811 WEST ROAD				P.O. BOX 431427	
HOUSTON	TX 77064			HOUSTON TX	77243
Phone (713) 937-6908	Fax (281) 888-2785			PHONE: (281) 888-2490	FAX: (281) 888-2785
TOTAL Lic Capacity: 6	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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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: 6	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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003941	Owner Information			
WESTLAKE FOREST		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
2422 HEATHERGOLD		9901 LINN STATION ROAD			
HOUSTON	TX 77084	LOUISVILLE KY 40223			
Phone (281) 578-7050	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2249			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 11/19/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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			
Phone 281-469-8589	Fax 512-498-2777	PHONE: (502) 394-2100 FAX: (502) 394-2249			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/25/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007328	Owner Information			
TARA COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
13515 TARA OAK DRIVE		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
JERSEY VILLAGE	TX 77065	LOUISVILLE KY 40222			
Phone (281) 894-2822	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 6	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	6
Facility Information:	Facility ID: 003688	Owner Information			
APPLEWHITE		MHMR AUTHORITY OF HARRIS COUNTY			
526 APPLEWHITE DRIVE		2850 FANNIN			
KATY	TX 77450	HOUSTON TX 77265-5381			
Phone (713) 392-4482	Fax	PHONE: (713) 750-5600 FAX:			
TOTAL Lic Capacity: 6	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	6
Facility Information:	Facility ID: 007540	Owner Information			
MEADOWPLACE LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
5205 MEADOW PLACE		468 HALLE PARK DR			
LA PORTE	TX 77571	COLLIERVILLE TN 38017			
Phone (713) 475-2228	Fax (713) 475-2212	PHONE: FAX:			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2021			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007462	Owner Information			
SHELL ROCK LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
9734 SHELL ROCK		468 HALLE PARK DR			
LA PORTE	TX 77571	COLLIERVILLE TN 38017			
Phone (713) 475-2228	Fax (713) 472-2212	PHONE: (713) 475-2220	FAX: (713) 472-2332		
TOTAL Lic Capacity: 6	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: 01/01/2021			

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003694	Owner Information			
FELLOWS BLOCK		EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST			
3419 BOCA RATON DRIVE		9901 LINN STATION ROAD			
MISSOURI CITY	TX 77459	LOUISVILLE KY 40223			
Phone (281) 835-9303	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2249		
TOTAL Lic Capacity: 6	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: 07/31/2020			

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007218	Owner Information			
FROSTVIEW HOUSE		FROSTVIEW LANE LLC			
7310 FROSTVIEW LN		820 PARK TWO			
MISSOURI CITY	TX 77489	SUGAR LAND TX 77478			
Phone (713) 835-0527	Fax (713) 271-8585	PHONE: (713) 835-0527	FAX: (713) 271-8585		
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007346	Owner Information			
JUDY LIVING CENTER		DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC			
2012 JUDY LN		468 HALLE PARK DR			
PASADENA	TX 77502	COLLIERVILLE TN 38017			
Phone (713) 475-2228	Fax (713) 475-2212	PHONE: (713) 475-2220	FAX: (713) 472-2332		
TOTAL Lic Capacity: 6	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: 01/01/2022			

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007807	Owner Information			
PASADENA COTTAGE		MHMR AUTHORITY OF HARRIS COUNTY			
2122 WICHITA		2850 FANNIN			
PASADENA	TX 77502	HOUSTON TX 77265-5381			
Phone (713) 472-3470	Fax	PHONE: (713) 750-5600	FAX:		
TOTAL Lic Capacity: 6	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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007818	Owner Information			
PASADENA COTTAGE B		MHMR AUTHORITY OF HARRIS COUNTY			
2122 WICHITA		2850 FANNIN			
PASADENA	TX 77502	HOUSTON TX 77265-5381			
Phone (713) 472-3470	Fax	PHONE: (713) 750-5600	FAX:		
TOTAL Lic Capacity: 6	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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007322	Owner Information		
PONCA LIVING CENTER			DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC		
4314 PONCA STREET			468 HALLE PARK DR		
PASADENA	TX	77504	COLLIERVILLE	TN	38017
Phone	(713) 475-2228	Fax	(713) 475-2212	PHONE:	(713) 475-2220
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(713) 472-2332
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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007336	Owner Information		
SAN JACINTO LIVING CENTER			DEVELOPMENTAL DISABILITIES MANAGEMENT SERVICES OF HOUSTON LLC		
2406 SAN JACINTO DR			468 HALLE PARK DR		
PASADENA	TX	77502	COLLIERVILLE	TN	38017
Phone	(713) 475-2228	Fax	(713) 475-2212	PHONE:	(713) 475-2220
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(713) 472-2332
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	01/01/2022

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007378	Owner Information		
GREEN VALLEY HOUSE			EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST		
5202 ALAMOSA LN			9901 LINN STATION ROAD		
SPRING	TX	77379	LOUISVILLE	KY	40223
Phone	(832) 717-0065	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(502) 394-2249
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	07/31/2020

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003887	Owner Information		
MEADOWHILL COMMUNITY HOME			EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP		
21710 MEADOWHILL DR			805 N WHITTINGTON PARKWAY, SUITE 40 ,		
SPRING	TX	77373	LOUISVILLE	KY	40222
Phone	(281) 353-7879	Fax		PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	TITLE 18:	0	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	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
Phone	(281) 528-9570	Fax	(713) 434-5041	PHONE:	(502) 394-2100
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(502) 394-2249
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	07/31/2020

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(281) 351-5897
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	01/25/2020

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003892	Owner Information			
VERDECOVE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
21023 VERDECOVE LANE		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
SPRING	TX 77388	LOUISVILLE KY 40222			
Phone (281) 350-2836	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 6	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:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003817	Owner Information			
CHOCTAW GROUP HOME		UCG CENTRAL TEXAS HOLDINGS LLC			
11719 COCONINO LANE		P.O. BOX 310695			
TOMBALL	TX 77377	NEW BRAUNFELS TX 78131-0695			
Phone (281) 255-9006	Fax (214) 723-5331	PHONE: (830) 372-2920 FAX: (214) 723-5331			
TOTAL Lic Capacity: 8	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	6
Facility Information:	Facility ID: 105856	Owner Information			
CHOCTAW GROUP HOME		UCG CENTRAL TEXAS HOLDINGS LLC			
11719 COCONINO LANE		P.O. BOX 310695			
TOMBALL	TX 77377	NEW BRAUNFELS TX 78131-0695			
Phone (281) 255-9006	Fax	PHONE: (830) 372-2920 FAX: (214) 723-5331			
TOTAL Lic Capacity: 8	TITLE 18: 0	ICF/IID: 8	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity:	TITLE19: 0	License Exp Dt: 09/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003607	Owner Information			
LIMERICK LANE		REACH UNLIMITED INC			
14119 LIMERICK LN		11832 MUELLER CEMETERY RDSTE 200 ,			
TOMBALL	TX 77375	CYPRESS TX 77429			
Phone (281) 351-6612	Fax (281) 357-4680	PHONE: (281) 213-2582 FAX: (281) 213-4545			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 06/13/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/02/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harris	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003989	Owner Information			
WHITE RIVER		REACH UNLIMITED INC			
12335 WHITE RIVER		11832 MUELLER CEMETERY RDSTE 200 ,			
TOMBALL	TX 77375	CYPRESS TX 77429			
Phone (281) 351-9735	Fax (281) 351-5868	PHONE: (281) 213-2582 FAX: (281) 213-4545			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/18/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Harrison	Reg Svcs:	ICF/IID TEAM	Region	4
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 (903) 295-7394			PHONE: (903) 295-7391	FAX: (903) 295-7394
TOTAL Lic Capacity: 6	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: 10/01/2020	

County	Harrison	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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: 01/31/2019	

County	Hays	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007542			Owner Information	
CEDAR VALLEY COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
12800 DANIEL BOONE DR				8911 N CAPITAL OF TX HWYBLDG 1 STE	
AUSTIN	TX 78737			AUSTIN TX 78759	
Phone (512) 288-4259	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 07/01/2019	

County	Hays	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 104575			Owner Information	
SUN BONNET COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
500 REBEL DRIVE				8911 N CAPITAL OF TX HWYBLDG 1 STE	
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2019	

County	Hays	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007300			Owner Information	
PEACHTREE COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
101 SPRINGLAKE DR				8911 N CAPITAL OF TX HWYBLDG 1 STE	
DRIPPING SPRINGS	TX 78620			AUSTIN TX 78759	
Phone (512) 894-4230	Fax (512) 327-7181			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 12/01/2019	

County	Hays	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007278			Owner Information	
LAGO VISTA				UCG CENTRAL TEXAS HOLDINGS LLC	
1129 LAGO VISTA				P.O. BOX 310695	
SAN MARCOS	TX 78666			NEW BRAUNFELS TX 78131-0695	
Phone (512) 392-0099	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Hays	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003919			Owner Information	
MOCKINGBIRD VILLA				UCG CENTRAL TEXAS HOLDINGS LLC	
1502 MOCKINGBIRD LN				P.O. BOX 310695	
SAN MARCOS	TX 78666			NEW BRAUNFELS TX	78131-0695
Phone (512) 392-0088	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Hays	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003874			Owner Information	
RIO BLANCO				UCG CENTRAL TEXAS HOLDINGS LLC	
1010 E UHLAND RD				P.O. BOX 310695	
SAN MARCOS	TX 78666			NEW BRAUNFELS TX	78131-0695
Phone (512) 392-0999	Fax (214) 723-5331			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Hays	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 106850			Owner Information	
UCG - HARWOOD HOUSE				D & D CARE HOMES INC	
718 HARWOOD DR.				4100 INTERNATIONAL PLAZASUITE 800	
SAN MARCOS	TX 78666			FT. WORTH TX	76109
Phone (830) 629-4400	Fax			PHONE: (817) 447-2700	FAX: (817) 447-3033
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 05/02/2020	

County	Henderson	Reg Svcs:	ICF/IID TEAM	Region	4
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: 8	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	Hidalgo	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 003602			Owner Information	
207 ENFIELD				SOUTH TEXAS COMMUNITY LIVING CORP	
207 ENFIELD				18 AUGUSTA PINES DRSTE 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: 6	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: 03/01/2020	

County	Hidalgo	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 003956			Owner Information	
922 DIANA DRIVE				SOUTH TEXAS COMMUNITY LIVING CORP	
922 DIANA DRIVE				18 AUGUSTA PINES DRSTE 140 E	
EDINBURG	TX 78542			SPRING TX	77389
Phone (956) 381-0026	Fax (956) 631-6156			PHONE: (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 6	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: 03/01/2020	

County	Hidalgo	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 007470			Owner Information	
32ND STREET NORTH GROUP HOME				SOUTH TEXAS COMMUNITY LIVING CORP	
5313 N 32ND ST				18 AUGUSTA PINES DRSTE 140 E	
MCALLEN	TX 78504			SPRING TX 77389	
Phone (956) 618-5745	Fax (956) 631-6156			PHONE: (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 6	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: 03/01/2020			

County	Hidalgo	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 007525			Owner Information	
6000 NORTH 26TH STREET				SOUTH TEXAS COMMUNITY LIVING CORP	
6000 N 26TH ST				18 AUGUSTA PINES DRSTE 140 E	
MCALLEN	TX 78504			SPRING TX 77389	
Phone (956) 631-3070	Fax (956) 631-6156			PHONE: (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 6	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: 03/01/2020			

County	Hidalgo	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 007507			Owner Information	
BRIARWOOD HOME				SOUTH TEXAS COMMUNITY LIVING CORP	
2406 BRIARWOOD MISSION				18 AUGUSTA PINES DRSTE 140 E	
	TX 78574			SPRING TX 77389	
Phone (956) 585-7192	Fax (956) 631-6156			PHONE: (281) 351-1758	FAX: (210) 255-4500
TOTAL Lic Capacity: 6	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: 03/01/2020			

County	Hockley	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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) 394-2369
TOTAL Lic Capacity: 6	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: 08/01/2019			

County	Hood	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003779			Owner Information	
GRANBURY HOUSE				SOUTHERN CONCEPTS INC	
826 N. THORP SPRINGS ROAD				PO BOX 758	
GRANBURY	TX 76049			GRANBURY TX 76048	
Phone (817) 573-1559	Fax (817) 579-6611			PHONE: (817) 573-6922	FAX: (817) 579-6611
TOTAL Lic Capacity: 8	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 04/01/2020			

County	Hood	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 04/01/2020			

County	Howard	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003792			Owner Information	
COMANCHE FLATS				D & S RESIDENTIAL SERVICES LP	
1315 BAYLOR				8911 N CAPITAL OF TX HWYBLDG 1 STE	
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: 13	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:	12/01/2019		

County	Hunt	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003937			Owner Information	
BONNIE LEA GROUP HOME				LAKES REGIONAL MHMR CENTER	
3408 BONNIE LEA				PO BOX 747	
GREENVILLE	TX 75402			TERRELL TX 75160	
Phone (903) 455-4476	Fax			PHONE: (972) 388-2000	FAX: (972) 563-5322
TOTAL Lic Capacity: 6	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	3
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: 6	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:	04/01/2019		

County	Hunt	Reg Svcs:	IID TEAM	Region	3
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: 6	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:	04/01/2019		

County	Hunt	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007549			Owner Information	
SAYLE STREET GROUP HOME				LAKES REGIONAL MHMR CENTER	
6518 SAYLE ST				PO BOX 747	
GREENVILLE	TX 75402			TERRELL TX 75160	
Phone (903) 455-7270	Fax			PHONE: (972) 388-2000	FAX: (972) 563-5322
TOTAL Lic Capacity: 6	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	3
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: 6	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:	04/01/2019		

County	Hunt	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007460			Owner Information	
TURTLE CREEK FAMILY LIVING				LAKES REGIONAL MHMR CENTER	
505 ERMINE				PO BOX 747	
GREENVILLE	TX 75401			TERRELL TX 75160	
Phone (903) 455-3987	Fax			PHONE: (972) 388-2000	FAX: (972) 563-5322
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007543			Owner Information	
WINDY HILL GROUP HOME				LAKES REGIONAL MHMR CENTER	
5307 WINDY HILL RD				PO BOX 747	
GREENVILLE	TX 75402			TERRELL TX 75160	
Phone (903) 454-7238	Fax			PHONE: (972) 388-2000	FAX: (972) 563-5322
TOTAL Lic Capacity: 6	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	5
Facility Information:	Facility ID: 007643			Owner Information	
WEST BAY HOUSE				THE BURKE CENTER	
46 WEST BAY				1111	
JASPER	TX 75951				
Phone (409) 384-2832	Fax				
TOTAL Lic Capacity: 6	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	5
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				
TOTAL Lic Capacity: 6	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	5
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: 6	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: 01/01/2021	

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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) 394-2369
TOTAL Lic Capacity: 6	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: 12/17/2019	

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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:			
TOTAL Lic Capacity: 6	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 PRIVATELY OWNED			
		License Exp Dt: 03/02/2020			

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	FAX: (713) 475-2212		
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	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 007528	Owner Information			
CENTRAL HOUSE		ST GILES - BAYTOWN INC			
4655 HOLST ST		3010 S FIRST			
BEAUMONT	TX 77708	LUFKIN TX 75901			
Phone (409) 899-5646	Fax (409) 833-0229	PHONE: (281) 837-1942			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	FAX: (281) 427-0586		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 09/01/2019			

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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:			
TOTAL Lic Capacity: 6	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 PRIVATELY OWNED			
		License Exp Dt: 01/01/2021			

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 003754	Owner Information			
COLE ROAD HOUSE		ST GILES - BAYTOWN INC			
5820 COLE RD		3010 S FIRST			
BEAUMONT	TX 77706	LUFKIN TX 75901			
Phone (409) 896-2345	Fax (409) 835-0229	PHONE: (281) 837-1942			
TOTAL Lic Capacity: 13	TITLE 18: 0	ICF/IID: 13	FAX: (281) 427-0586		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 09/01/2019			

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 003791	Owner Information			
HORIZON HOUSE		ST GILES - BAYTOWN INC			
4176 TREADWAY		3010 S FIRST			
BEAUMONT	TX 77706	LUFKIN TX 75901			
Phone (409) 833-4550	Fax (409) 833-0229	PHONE: (281) 837-1942			
TOTAL Lic Capacity: 8	TITLE 18: 0	ICF/IID: 8	FAX: (281) 427-0586		
Cert Alzh Capacity: 0	TITLE19: 0	PROGRAM TYPE: ICF/IID			
PRIVATE Beds: 0	TITLE 18/19: 0	SERVICE TYPE PRIVATELY OWNED			
		License Exp Dt: 09/01/2019			

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2021			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	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	5
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) 394-2369			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 03/01/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: FAX:			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2022			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2022			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 007326	Owner Information			
NORTH HOUSE		ST GILES - BAYTOWN INC			
8185 PARK N DR		3010 S FIRST			
BEAUMONT	TX 77708	LUFKIN TX 75901			
Phone (409) 833-4550	Fax (409) 833-0229	PHONE: (281) 837-1942 FAX: (281) 427-0586			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	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: 01/01/2021	

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	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: 01/01/2021	

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	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: 01/01/2021	

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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) 394-2369
TOTAL Lic Capacity: 6	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: 02/28/2020	

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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:	FAX:
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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:	FAX:
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Jefferson	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	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	5
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: 6	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	Jim Wells	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/09/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Jim Wells	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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) 881-4311	PHONE: (888) 528-8750 FAX: (361) 881-4311			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/04/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Johnson	Reg Svcs:	IID TEAM	Region	3
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: (502) 394-2369			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 10/01/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Johnson	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003973	Owner Information			
EMERALD POINT		PECAN VALLEY MHMR REGION			
271 DIAMOND LN N		PO BOX 729			
BURLESON	TX 76028	GRANBURY TX 76048			
Phone (817) 295-3056	Fax (817) 641-3619	PHONE: FAX:			
TOTAL Lic Capacity: 6	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	3
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: 6	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	3
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	FAX: (817) 558-9560
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007484			Owner Information	
FEATHERSTON				ROCK HOUSE SUPPORT SERVICES INC	
402 FEATHERSTON ST				P.O. BOX 953	
CLEBURNE	TX 76033			STEPHENVILLE	TX 76401
Phone (817) 645-4107	Fax (817) 556-3076			PHONE: (254) 968-4004	FAX: (254) 965-8653
TOTAL Lic Capacity: 6	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:	11/01/2018		

County	Johnson	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003969			Owner Information	
HIGHLAND ESTATES				PECAN VALLEY MHMR REGION	
1018 HIGHLAND ROAD				PO BOX 729	
CLEBURNE	TX 76031			GRANBURY	TX 76048
Phone (817) 556-3720	Fax (817) 641-3619			PHONE:	FAX:
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 003962			Owner Information	
QUAIL PARK				PECAN VALLEY MHMR REGION	
805 QUAIL PARK LANE				PO BOX 729	
CLEBURNE	TX 76031			GRANBURY	TX 76048
Phone (817) 556-3720	Fax (817) 641-3619			PHONE:	FAX:
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 003970			Owner Information	
ROLLING ACRES				PECAN VALLEY MHMR REGION	
2901 FM 2280				PO BOX 729	
CLEBURNE	TX 76031			GRANBURY	TX 76048
Phone (817) 558-0642	Fax (817) 558-0952			PHONE:	FAX:
TOTAL Lic Capacity: 6	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	3
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) 394-2369
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/03/2019			

County	Johnson	Reg Svcs:	IID TEAM	Region	3
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			FORT WORTH	TX 76137
Phone (817) 389-3442	Fax (817) 389-2354			PHONE: (817) 847-5741	FAX: (817) 847-5721
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 03/01/2020			

County	Johnson	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/09/2021			

County	Johnson	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/09/2021			

County	Johnson	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003972			Owner Information	
LITTLEBROOK ESTATES				PECAN VALLEY MHMR REGION	
105 LITTLEBROOK ROAD				PO BOX 729	
JOSHUA	TX 76058			GRANBURY	TX 76048
Phone (817) 645-0634	Fax (817) 641-3619			PHONE:	FAX:
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:			

County	Johnson	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/09/2022			

County	Jones	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 003705	Owner Information			
SAGEBRUSH LIVING CENTER		SAGEBRUSH LIVING CENTER LTD			
1101 COLUMBIA ST		835 PROTON RDSTE 108			
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: 86	TITLE 18: 0	ICF/IID: 86	PROGRAM TYPE: ICF/IID		
Cert Alzh Capacity: 0	TITLE19: 0	SERVICE TYPE PRIVATELY OWNED			
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 07/01/2019			

County	Lee	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	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: 01/26/2020			

County	Lee	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	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: 04/08/2020			

County	Lee	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	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: 10/08/2019			

County	Lee	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	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: 06/01/2020			

County	Liberty	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003904	Owner Information			
LEE ST. COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
802 LEE AVE		8911 N CAPITAL OF TX HWYBLDG 1 STE			
CLEVELAND	TX 77327	AUSTIN TX		78759	
Phone (281) 592-3634	Fax (512) 327-5355	PHONE: (512) 327-2325		FAX: (512) 327-5355	
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Liberty	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003891	Owner Information		
LEGION ST. COMMUNITY RESIDENCE			D & S RESIDENTIAL SERVICES LP		
206 CHARLES BARKER			8911 N CAPITAL OF TX HWYBLDG 1 STE		
CLEVELAND	TX	77327	AUSTIN TX	78759	
Phone	(281) 592-6371	Fax	(512) 327-5355	PHONE:	(512) 327-2325
TOTAL Lic Capacity:	6	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:	09/01/2019	

County	Liberty	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	003982	Owner Information		
AVENUE B COMMUNITY RESIDENCE			D & S RESIDENTIAL SERVICES LP		
201 AVENUE B			8911 N CAPITAL OF TX HWYBLDG 1 STE		
LIBERTY	TX	77575	AUSTIN TX	78759	
Phone	(409) 336-2629	Fax	(512) 327-5355	PHONE:	(512) 327-2325
TOTAL Lic Capacity:	6	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:	09/01/2019	

County	Liberty	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID:	007566	Owner Information		
HOLLY ST. COMMUNITY RESIDENCE			D & S RESIDENTIAL SERVICES LP		
1420 HOLLY ST			8911 N CAPITAL OF TX HWYBLDG 1 STE		
LIBERTY	TX	77575	AUSTIN TX	78759	
Phone	(936) 336-3445	Fax	(512) 327-5355	PHONE:	(512) 327-2325
TOTAL Lic Capacity:	6	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:	09/01/2019	

County	Limestone	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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:	6	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:	03/02/2020	

County	Limestone	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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:	6	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:	03/03/2020	

County	Limestone	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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:	616	TITLE 18:	0	ICF/IID:	616
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	7
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	FAX: (254) 562-7656
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 02/05/2020			

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
Facility Information:	Facility ID: 003908			Owner Information	
IDALOU COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
606 S MAIN				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
IDALOU	TX 79329			LOUISVILLE KY 40222	
Phone (806) 894-4902	Fax (806) 894-9605			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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			

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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			PHONE: (806) 632-6588	FAX:
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 07/01/2019			

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
Facility Information:	Facility ID: 003848			Owner Information	
41ST STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
3615 41ST ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
LUBBOCK	TX 79413			LOUISVILLE KY 40222	
Phone (806) 701-5488	Fax (806) 701-5643			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2021			

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 09/01/2019			

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
Facility Information:	Facility ID: 003679			Owner Information	
5TH STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
7423 5TH ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
LUBBOCK	TX			LOUISVILLE KY 40222	
Phone (806) 701-5488	Fax (806) 701-5643			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity: 0	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 01/01/2021			

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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: 09/01/2019	

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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: 09/01/2019	

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
Facility Information:	Facility ID: 003881			Owner Information	
97TH STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2404 97TH ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
LUBBOCK	TX 79423			LOUISVILLE KY	40222
Phone (806) 894-4902	Fax (806) 894-9605			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	1
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: 6	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: 04/01/2020	

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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 (866) 419-7167			PHONE: (210) 268-1159	FAX: (361) 998-9748
TOTAL Lic Capacity: 6	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	1
Facility Information:	Facility ID: 007334			Owner Information	
CAPROCK				ROCK HOUSE SUPPORT SERVICES INC	
6201 LYNNHAVEN DR				P.O. BOX 953	
LUBBOCK	TX 79413			STEPHENVILLE TX	76401
Phone (806) 799-1948	Fax (806) 785-7587			PHONE: (254) 968-4004	FAX: (254) 965-8653
TOTAL Lic Capacity: 6	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: 10/01/2020	

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/01/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
Facility Information:	Facility ID: 003872	Owner Information			
JUNEAU COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
2502 JUNEAU AVE		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
LUBBOCK	TX 79407	LOUISVILLE KY 40222			
Phone (806) 701-5488	Fax (806) 701-5643	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2021			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 436	TITLE 18: 0	ICF/IID: 436	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	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
Facility Information:	Facility ID: 003951	Owner Information			
MOSAIC		MOSAIC			
5814 6TH ST		2245 MIDWAY ROAD 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: 6	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	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
Facility Information:	Facility ID: 007591	Owner Information			
MOSAIC		MOSAIC			
3419 54TH ST		2245 MIDWAY ROAD STE 300			
LUBBOCK	TX 79412	CARROLLTON TX			75006
Phone (806) 794-9334	Fax (806) 794-9337	PHONE:	FAX:		
TOTAL Lic Capacity: 6	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:	01/01/2021		

County	Lubbock	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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:	04/01/2020		

County	Madison	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007557	Owner Information			
MOSAIC		MOSAIC			
103 E VISER		2245 MIDWAY ROAD 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: 6	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	Mclennan	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 8	TITLE 18: 0	ICF/IID: 8	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	Mclennan	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	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	Medina	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007327			Owner Information	
28TH STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1506 28TH ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
HONDO	TX 78861			LOUISVILLE KY 40222	
Phone (830) 741-4624	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	Midland	Reg Svcs:	ICF/IID	Region	9
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: 6	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: 01/23/2020	

County	Midland	Reg Svcs:	ICF/IID	Region	9
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: 6	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: 06/25/2020	

County	Midland	Reg Svcs:	ICF/IID	Region	9
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: 6	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: 12/13/2019	

County	Midland	Reg Svcs:	ICF/IID	Region	9
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: 13	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: 11/01/2019	

County	Midland	Reg Svcs:	ICF/IID	Region	9
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: 13	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: 11/01/2019	

County	Midland	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 007243			Owner Information	
ROCK HOUSE MICHIGAN				ROCK HOUSE SUPPORT SERVICES INC	
811 W MICHIGAN				P.O. BOX 953	
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: 6	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: 10/01/2020	

County	Midland	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 007618			Owner Information	
ROCK HOUSE SPENCE				ROCK HOUSE SUPPORT SERVICES INC	
4403 SPENCE				P.O. BOX 953	
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: 6	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: 10/01/2020	

County	Midland	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003642			Owner Information	
ROCK HOUSE TRAIL				ROCK HOUSE SUPPORT SERVICES INC	
2806 ARROWHEAD TRAILS				P.O. BOX 953	
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: 6	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: 10/01/2020	

County	Midland	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003657			Owner Information	
ROCK HOUSE TREVINO				ROCK HOUSE SUPPORT SERVICES INC	
4314 TREVINO				P.O. BOX 953	
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: 6	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: 10/01/2020	

County	Midland	Reg Svcs:	ICF/IID	Region	9
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: 6	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: 12/13/2019	

County	Midland	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 007612			Owner Information	
WEST ROCK				ROCK HOUSE SUPPORT SERVICES INC	
708 DEVONIAN				P.O. BOX 953	
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: 6	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: 10/01/2020	

County	Mills	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 04/10/2020		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Montgomery	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003882	Owner Information			
NORTH THOMPSON COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
2223 N THOMPSON ST		8911 N CAPITAL OF TX HWYBLDG 1 STE ,			
CONROE	TX 77303	AUSTIN TX 78759			
Phone (936) 760-3659	Fax (512) 327-6355	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 09/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Montgomery	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003905	Owner Information			
PATRICIA ST COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
104 PATRICIA ST		8911 N CAPITAL OF TX HWYBLDG 1 STE ,			
CONROE	TX 77301	AUSTIN TX 78759			
Phone (936) 760-4074	Fax (512) 327-5355	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 09/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Montgomery	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 003883	Owner Information			
SHENANDOAH COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
28902 ENCHANTED DRIVE		8911 N CAPITAL OF TX HWYBLDG 1 STE ,			
SHENANDOAH	TX 77381	AUSTIN TX 78759			
Phone (281) 292-3712	Fax (512) 327-5355	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 09/01/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Nacogdoches	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 12	TITLE 18: 0	ICF/IID: 12	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	Navarro	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003773	Owner Information			
45TH STREET I COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
1348 N 45TH ST		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
CORSICANA	TX 75110	LOUISVILLE KY 40222			
Phone (903) 872-2200	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 13	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	Navarro	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003836			Owner Information	
45TH STREET I I COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1348 1/2 N 45TH ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
CORSICANA	TX 75110			LOUISVILLE KY 40222	
Phone (903) 872-2200	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 13	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: 01/01/2019	

County	Navarro	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007222			Owner Information	
BOYD COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
109 BOYD AVE				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
CORSICANA	TX 75110			LOUISVILLE KY 40222	
Phone (903) 872-8074	Fax (817) 549-6505			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	Navarro	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007445			Owner Information	
DONAHO HOUSE				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1516 W 5TH AVE				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
CORSICANA	TX 75110			LOUISVILLE KY 40222	
Phone (903) 872-9568	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	Navarro	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007217			Owner Information	
EDWARDS COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
701 W 4TH AVE				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
CORSICANA	TX 75110			LOUISVILLE KY 40222	
Phone (903) 872-8006	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	Navarro	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 08/09/2020	

County	Navarro	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/11/2019	

County	Navarro	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 08/25/2020	

County	Navarro	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 02/03/2020	

County	Navarro	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 12/14/2019	

County	Navarro	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 03/23/2018	

County	Newton	Reg Svcs:	REGION 5 ICF/IID	Region	5
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:	FAX:
TOTAL Lic Capacity: 6	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	Nolan	Reg Svcs:	ICF/IID	Region	2
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: 6	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: 01/23/2020	

County	Nolan	Reg Svcs:	ICF/IID	Region	2
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: 13	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: 01/01/2019			

County	Nueces	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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: 6	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: 02/12/2020			

County	Nueces	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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: 5	TITLE 18: 0	ICF/IID: 5	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	Nueces	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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: 432	TITLE 18: 0	ICF/IID: 432	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	Nueces	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 007581	Owner Information			
CROSSGATE HOUSE		ANCHOR HABILITATION SERVICES LLC			
5502 CROSSGATE N		9241 SPID			
CORPUS CHRISTI	TX 78413	CORPUS CHRISTI TX 78418			
Phone 361-657-0247	Fax 361-657-0250	PHONE: (361) 657-0247	FAX: (361) 657-0250		
TOTAL Lic Capacity: 6	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: 09/01/2020			

County	Nueces	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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) 394-2369		
TOTAL Lic Capacity: 6	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
Facility Information:	Facility ID: 007265	<u>Owner Information</u>			
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) 394-2369		
TOTAL Lic Capacity: 6	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
Facility Information:	Facility ID: 003659	<u>Owner Information</u>			
EDUCARE COMMUNITY LIVING CORPORATION - TEXAS		EDUCARE COMMUNITY LIVING CORPORATION - TEXAS			
5502 BOWIE		9901 LINN STATION ROAD			
CORPUS CHRISTI TX 78415		LOUISVILLE KY 40223			
Phone (361) 854-7333	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2369		
TOTAL Lic Capacity: 6	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: 08/27/2019			

County	Nueces	Reg Svcs:	CORPUS CHRISTI 61	Region	11
Facility Information:	Facility ID: 003660	<u>Owner Information</u>			
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) 394-2369		
TOTAL Lic Capacity: 6	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
Facility Information:	Facility ID: 003664	<u>Owner Information</u>			
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) 394-2369		
TOTAL Lic Capacity: 6	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
Facility Information:	Facility ID: 003858	<u>Owner Information</u>			
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) 394-2369		
TOTAL Lic Capacity: 6	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
Facility Information:	Facility ID: 007363	<u>Owner Information</u>			
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) 394-2369		
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Nueces	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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) 394-2369
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Nueces	Reg Svcs:	CORPUS CHRISTI 61	Region	11
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) 394-2369
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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
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: 5	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
Facility Information:	Facility ID: 007391			Owner Information	
WINTERPARK HOUSE				ANCHOR HABILITATION SERVICES LLC	
7022 WINTERPARK				9241 SPID	
CORPUS CHRISTI	TX 78413			CORPUS CHRISTI	TX 78418
Phone (361) 657-0247	Fax (361) 657-0250			PHONE: (361) 657-0247	FAX: (361) 657-0250
TOTAL Lic Capacity: 6	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: 09/01/2020	

County	Orange	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 003871			Owner Information	
CYPRESS STREET GROUP HOME				EDUCARE COMMUNITY LIVING CORPORATION - TEXAS	
1302 W CYPRESS AVE				9901 LINN STATION ROAD	
ORANGE	TX 77630			LOUISVILLE	KY 40223
Phone (409) 882-9442	Fax (409) 882-9900			PHONE: (502) 394-2100	FAX: (502) 394-2369
TOTAL Lic Capacity: 6	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	Orange	Reg Svcs:	REGION 5 ICF/IID	Region	5
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: 6	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: 01/01/2021	

County	Palo Pinto	Reg Svcs:	IID TEAM	Region	3
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: 6	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	Parker	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007223	Owner Information			
ELM COURT		MAINSTREAM HABILITATION SERVICES OF TEXAS INC			
928 ELM COURT		PO BOX 1035			
AZLE	TX 76020	AZLE TX 76098			
Phone (817) 270-2747	Fax (817) 270-1477	PHONE: (817) 270-2747		FAX: (817) 270-1477	
TOTAL Lic Capacity: 6	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: 07/11/2019			

County	Parker	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007209	Owner Information			
TANGLEWOOD		MAINSTREAM HABILITATION SERVICES OF TEXAS INC			
1613 TANGLEWOOD		PO BOX 1035			
AZLE	TX 76020	AZLE TX 76098			
Phone (817) 270-2747	Fax (817) 270-1477	PHONE: (817) 270-2747		FAX: (817) 270-1477	
TOTAL Lic Capacity: 6	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: 07/11/2019			

County	Parker	Reg Svcs:	IID TEAM	Region	3
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: 6	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	Polk	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID: 007537	Owner Information			
NEW DAY HOUSE		NEW DAY INTERMEDIATE CARE LLC			
4530 U.S. 190 East		21175 TOMBALL PARKWAY			
LIVINGSTON	TX 77351	HOUSTON TX 77070			
Phone (936) 327-7075	Fax (936) 327-5143	PHONE: (832) 860-8417		FAX: (832) 559-8552	
TOTAL Lic Capacity: 6	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: 09/01/2019			

County	Randall	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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: 04/01/2019			

County	Randall	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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: 01/30/2020			

County	Randall	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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: 08/09/2020			

County	Randall	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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: 06/03/2020			

County	Randall	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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: 06/23/2020			

County	Randall	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
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: 6	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: 12/11/2019			

County	Randall	Reg Svcs:	HIGH PLAINS ICF/MR	Region	1
Facility Information:	Facility ID: 007518	Owner Information			
IDLEWOOD COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
4 IDLEWOOD		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
CANYON	TX 79015	LOUISVILLE KY 40222			
Phone (806) 701-5488	Fax (806) 701-5643	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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: 01/01/2021			

County	Rusk	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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:	06/08/2020	

County	Rusk	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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:	11/08/2019	

County	Rusk	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID:	007257	Owner Information		
TRUMAN DRIVE COMMUNITY HOME			D & S RESIDENTIAL SERVICES LP		
103 TRUMAN			8911 N CAPITAL OF TX HWYBLDG 1 STE		
HENDERSON	TX	75652	AUSTIN	TX	78759
Phone	(903) 657-8923	Fax	(903) 327-5355	PHONE:	(512) 327-2325
TOTAL Lic Capacity:	6	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:	12/01/2019	

County	Rusk	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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:	12/20/2019	

County	Sabine	Reg Svcs:	REGION 5 ICF/IID	Region	5
Facility Information:	Facility ID:	007607	Owner Information		
PINELAND HOUSE			THE BURKE CENTER		
707 S Temple Avenue			1111		
PINELAND	TX	75968		TX	
Phone	(409) 584-2868	Fax		PHONE:	
TOTAL Lic Capacity:	6	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	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
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
TOTAL Lic Capacity:	6	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:	08/02/2020	

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007547			Owner Information	
JEFFRIES HOUSE				CHAMPAGNE INCORPORATED	
314 JEFFRIES				PO BOX 1749	
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: 6	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: 07/09/2020	

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
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: 8	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity:	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	4
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: 6	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: 11/01/2019	

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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	4
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: 6	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: 11/01/2019	

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
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: 8	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 11/10/2019	

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
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: 8	TITLE 18: 0	ICF/IID: 8		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity:	TITLE19: 0			License Exp Dt: 09/18/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 105449			Owner Information	
BRECKENRIDGE VILLAGE OF TYLER-EAGLES NEST 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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity:	TITLE19: 0			License Exp Dt: 02/08/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007286			Owner Information	
COPELAND HOUSE				COMMUNITY ACCESS INC	
3600 NEW COPELAND RD				2040 SHILOH RD	
TYLER	TX 75701			TYLER	TX 75703
Phone (903) 581-8812		Fax (903) 526-0881		PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 02/28/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007342			Owner Information	
GAIL HOUSE				COMMUNITY ACCESS INC	
3323 GAIL LN				2040 SHILOH RD	
TYLER	TX 75701			TYLER	TX 75703
Phone (903) 566-1441		Fax (903) 526-0881		PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 05/19/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007593			Owner Information	
MARTHA HOUSE				COMMUNITY ACCESS INC	
2616 POUNDS ST				2040 SHILOH RD	
TYLER	TX 75701			TYLER	TX 75703
Phone (903) 531-9960		Fax (903) 526-0881		PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 03/18/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 110103			Owner Information	
NORTHWEST VILLA COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
15062 CR 1145				9901 LINN STATION ROAD	
Tyler	TX 75704			LOUISVILLE	KY 40223-3808
Phone		Fax		PHONE:	FAX:
TOTAL Lic Capacity: 6	TITLE 18:	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity:	TITLE19:			License Exp Dt: 01/25/2022	
PRIVATE Beds:	TITLE 18/19:				

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003634			Owner Information	
PETTIT HOUSE				COMMUNITY ACCESS INC	
1519 PETTIT ST				2040 SHILOH RD	
TYLER	TX 75701			TYLER TX 75703	
Phone (903) 509-9932	Fax (903) 526-0881			PHONE: (903) 579-8527	FAX: (903) 526-0881
TOTAL Lic Capacity: 6	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: 10/01/2019	

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 003776			Owner Information	
PHILLIPS GROUP HOME				ANDREWS CENTER	
210 WEST PHILLIPS				2323 W FRONT ST	
TYLER	TX 75701			TYLER TX 75702	
Phone (903) 593-7191	Fax			PHONE: (903) 567-1351	FAX: (903) 535-7384
TOTAL Lic Capacity: 12	TITLE 18: 0	ICF/IID: 12			
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	4
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: 6	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: 10/15/2019	

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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: 01/08/2020	

County	Smith	Reg Svcs:	ICF/IID TEAM	Region	4
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: 6	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: 03/04/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/01/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/01/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/01/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/01/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 104605			Owner Information	
A & M CARE INC				A & M CARE INC	
2605 GLASSBORO CIR				2605 GLASSBORO CIR	
ARLINGTON	TX 76015			ARLINGTON TX	76015
Phone (817) 795-7999	Fax (817) 548-0911			PHONE: (817) 795-7999	FAX: (817) 548-0911
TOTAL Lic Capacity: 6	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: 06/17/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/01/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 12/01/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 09/01/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007473			Owner Information	
BOSQUE COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1919 BOSQUE LN				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ARLINGTON	TX 76006			LOUISVILLE KY 40222	
Phone (817) 548-9444	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007817			Owner Information	
CALIFORNIA				MHMR OF TARRANT COUNTY	
2812 CALIFORNIA Ln				PO BOX 2603	
ARLINGTON	TX 76015			FORT WORTH TX 76113	
Phone (817) 860-6257	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007302			Owner Information	
CEDAR OAKS COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1000 COKE RD				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ARLINGTON	TX 76010			LOUISVILLE KY 40222	
Phone (817) 459-3556	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 01/01/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 01/01/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	01/01/2020

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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
TOTAL Lic Capacity:	6	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:	01/01/2020

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 101452	Owner Information			
EVERGREEN ECHO SUMMIT COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
6218 ECHO SUMMIT LN		10810 SANDEN DR			
ARLINGTON TX 76017		DALLAS TX 75238			
Phone	(817) 478-0774	Fax	(972) 386-9509	PHONE:	(972) 386-4834
TOTAL Lic Capacity:	6	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:	05/28/2019

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007562	Owner Information			
EVERGREEN ELMGROVE COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
4211 ELMGROVE		10810 SANDEN DR			
ARLINGTON TX 76015		DALLAS TX 75238			
Phone	(817) 375-5033	Fax	(972) 386-9509	PHONE:	(972) 386-4834
TOTAL Lic Capacity:	6	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:	11/01/2019

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007563	Owner Information			
EVERGREEN ENDICOTT COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
1502 ENDICOTT		10810 SANDEN DR			
ARLINGTON TX 76018		DALLAS TX 75238			
Phone	(817) 375-5009	Fax	(972) 386-9509	PHONE:	(972) 386-4834
TOTAL Lic Capacity:	6	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:	11/01/2019

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 101525	Owner Information			
EVERGREEN JEANNETTE EARLY COMMUNITY HOME		EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC			
329 MONTANA DR		10810 SANDEN DR			
ARLINGTON TX 76002		DALLAS TX 75238			
Phone	(817) 468-4471	Fax		PHONE:	(972) 386-4834
TOTAL Lic Capacity:	6	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:	08/12/2019

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 101454			Owner Information	
EVERGREEN SALIDA COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
911 SALIDA DR				10810 SANDEN DR	
ARLINGTON TX 76001				DALLAS TX 75238	
Phone (817) 477-9722	Fax			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 06/06/2019	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 101819			Owner Information	
EVERGREEN WAGNER COMMUNITY HOME				EVERGREEN PRESBYTERIAN MINISTRIES OF TEXAS INC	
7905 PEREGRINE TRAIL				10810 SANDEN DR	
ARLINGTON TX 76001				DALLAS TX 75238	
Phone (817) 477-5600	Fax (972) 386-9509			PHONE: (972) 386-4834	FAX:
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 05/18/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007301			Owner Information	
FOX HILL COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
3202 FOX HILL DR				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ARLINGTON TX 76015				LOUISVILLE KY 40222	
Phone (817) 468-1444	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 003952			Owner Information	
MAGNOLIA COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
500 MAGNOLIA				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ARLINGTON TX 76012				LOUISVILLE KY 40222	
Phone 817-543-0807	Fax 713-622-9141			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003665			Owner Information	
NEUSTART LIVING CENTER V				NEUSTART 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: 6	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	3
Facility Information:	Facility ID: 007524			Owner Information	
QUINCY HOUSE				A & M CARE INC	
2004 QUINCY CT				2605 GLASSBORO CIR	
ARLINGTON TX 76013				ARLINGTON TX 76015	
Phone (817) 548-0911	Fax (817) 459-4818			PHONE: (817) 795-7999	FAX: (817) 548-0911
TOTAL Lic Capacity: 6	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: 04/08/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007576			Owner Information	
RACQUET CLUB				MHMR OF TARRANT COUNTY	
4809 RACQUET CLUB DRIVE				PO BOX 2603	
ARLINGTON	TX 76017			FORT WORTH TX 76113	
Phone (817) 569-5632	Fax (817) 569-4130			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 8	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	3
Facility Information:	Facility ID: 007441			Owner Information	
REVERCHON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2121 REVERCHON DR				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ARLINGTON	TX 76017			LOUISVILLE KY 40222	
Phone (817) 557-5417	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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:	01/01/2021

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003850			Owner Information	
SPRING CREEK COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
4806 SPRING CREEK RD				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ARLINGTON	TX 76017			LOUISVILLE KY 40222	
Phone (817) 478-9801	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007451			Owner Information	
DENVER TRAIL				MAINSTREAM HABILITATION SERVICES OF TEXAS INC	
129 DENVER TRAIL				PO BOX 1035	
AZLE	TX 76020			AZLE TX 76098	
Phone (817) 270-2747	Fax (817) 270-1477			PHONE: (817) 270-2747	FAX: (817) 270-1477
TOTAL Lic Capacity: 6	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:	07/29/2019

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003957			Owner Information	
JAMES STREET COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
708 JAMES ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
AZLE	TX 76020			LOUISVILLE KY 40222	
Phone (817) 444-0095	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007414			Owner Information	
LAKEVIEW COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1748 SPINNAKER LN				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
AZLE	TX 76020			LOUISVILLE KY 40222	
Phone (817) 444-7177	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007422	Owner Information			
LAMPLIGHTER COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
104 LAMPLIGHTER CT		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
AZLE	TX 76020	LOUISVILLE KY 40222			
Phone (817) 237-0385	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007395	Owner Information			
TRAINING RESIDENCE 6		MHMR OF TARRANT COUNTY			
1619 PIPELINE ROAD		PO BOX 2603			
BEDFORD	TX 76022	FORT WORTH TX 76113			
Phone (817) 354-8340	Fax	PHONE: (817) 569-4029	FAX: (817) 569-4130		
TOTAL Lic Capacity: 6	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	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007809	Owner Information			
WALNUT COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
3824 WALNUT DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
BEDFORD	TX 76021	LOUISVILLE KY 40222			
Phone (972) 929-1145	Fax (214) 251-1465	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003953	Owner Information			
COZBY COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
106 COZBY ST S		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
BENBROOK	TX 76126	LOUISVILLE KY 40222			
Phone (817) 249-6269	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369		
TOTAL Lic Capacity: 6	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: 06/20/2019			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007397	Owner Information			
BUILDER ROAD		MHMR OF TARRANT COUNTY			
2200 BUILDER ROAD		PO BOX 2603			
CROWLEY	TX 76036	FORT WORTH TX 76113			
Phone (817) 332-4778	Fax	PHONE: (817) 569-4029	FAX: (817) 569-4130		
TOTAL Lic Capacity: 6	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	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 06/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003670			Owner Information	
SUMMER HOUSE				ROCK HOUSE SUPPORT SERVICES INC	
1925 CATTLE DRIVE CT				P.O. BOX 953	
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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 10/05/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 01/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007262			Owner Information	
CHAMBERS CREEK COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
613 CHAMBERS CRK				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
EVERMAN	TX 76140			LOUISVILLE KY	40222
Phone (817) 551-7783		Fax		PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 003870			Owner Information	
NEWSTART LIVING CENTER II				NEWSTART INC	
1000 COURRY 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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 11/02/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003931			Owner Information	
NEWSTART LIVING CENTER III				NEWSTART INC	
5124 QUEEN ANN CT				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: 6	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	3
Facility Information:	Facility ID: 105597			Owner Information	
2YORK				ROCK HOUSE SUPPORT SERVICES INC	
2 YORK DRIVE				P.O. BOX 953	
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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	3
Facility Information:	Facility ID: 003855			Owner Information	
BARCELONA				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
4308 BARCELONA				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
FORT WORTH	TX 76133			LOUISVILLE KY 40222	
Phone (817) 292-0766	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007802			Owner Information	
CIBOLO HOUSE				MHMR OF TARRANT COUNTY	
3704 CIBOLO				PO BOX 2603	
FORT WORTH	TX 76133			FORT WORTH TX 76113	
Phone (817) 292-8505	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007544			Owner Information	
COUNTRY MANOR COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1812 COUNTRY MANOR RD				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
FORT WORTH	TX 76133			LOUISVILLE KY 40222	
Phone (817) 293-7046	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 07/16/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 01/01/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369		
TOTAL Lic Capacity: 6	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: 01/01/2020			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369		
TOTAL Lic Capacity: 6	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: 06/20/2019			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369		
TOTAL Lic Capacity: 6	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: 06/20/2019			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369		
TOTAL Lic Capacity: 6	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: 06/20/2019			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369		
TOTAL Lic Capacity: 6	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: 08/19/2020			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003849	Owner Information			
KINGSWOOD COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
6717 KINGSWOOD DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
FORT WORTH	TX 76133	LOUISVILLE KY 40222			
Phone (817) 294-9425	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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: 08/20/2019			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007551	Owner Information			
LONGMEADOW COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
4120 LONGMEADOW WAY		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
FORT WORTH	TX 76134	LOUISVILLE KY 40222			
Phone (817) 292-0533	Fax	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 01/01/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007329	Owner Information			
MOUNTAIN RIDGE		MAINSTREAM HABILITATION SERVICES OF TEXAS INC			
717 MOUNTAIN RIDGE COURT WEST		PO BOX 1035			
FORT WORTH	TX 76135	AZLE TX 76098			
Phone (817) 270-2747	Fax (817) 270-1477	PHONE: (817) 270-2747 FAX: (817) 270-1477			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 07/11/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 04/01/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369			
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007815	Owner Information			
POCO		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
6505 POCO COURT		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
FORT WORTH	TX 76133	LOUISVILLE KY 40222			
Phone (817) 294-9663	Fax (817) 663-5090	PHONE: (502) 394-2100 FAX: (502) 394-2285			
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 09/13/2019			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID SERVICE TYPE PRIVATELY OWNED		
Cert Alzh Capacity: 0	TITLE19: 0	License Exp Dt: 08/01/2020			
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 08/01/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007430			Owner Information	
SUMMER HOUSE 2				ROCK HOUSE SUPPORT SERVICES INC	
4445 CARTAGENA DRIVE				P.O. BOX 953	
FORT WORTH	TX 76133			STEPHENVILLE TX 76401	
Phone (817) 882-6440	Fax (254) 965-8653			PHONE: (254) 968-4004	FAX: (254) 965-8653
TOTAL Lic Capacity: 6	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: 08/17/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 106856			Owner Information	
TARRANT COUNTY DADS SERVICES WEST LANE				MHMR OF TARRANT COUNTY	
2620 MEADERS				PO BOX 2603	
FORT WORTH	TX 76112			FORT WORTH TX 76113	
Phone (817) 882-6440	Fax (254) 965-8653			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 003829			Owner Information	
TARRANT COUNTY MHMR SERVICES TRAINING RESIDENCE 2				MHMR OF TARRANT COUNTY	
701 SANDY LN				PO BOX 2603	
FORT WORTH	TX 76120			FORT WORTH TX 76113	
Phone (817) 446-8324	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 8	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	3
Facility Information:	Facility ID: 003812			Owner Information	
TARRANT COUNTY MHMR SERVICES TRAINING RESIDENCE 5				MHMR OF TARRANT COUNTY	
4833 DIAZ				PO BOX 2603	
FORT WORTH	TX 76107			FORT WORTH TX 76113	
Phone (817) 731-3522	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 8	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	3
Facility Information:	Facility ID: 007370			Owner Information	
TRAINING RESIDENCE 7				MHMR OF TARRANT COUNTY	
6312 KINGSWOOD				PO BOX 2603	
FORT WORTH	TX 76133			FORT WORTH TX 76113	
Phone (817) 370-9465	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007351			Owner Information	
TRAINING RESIDENCE 8 TARRANT COUNTY MHMR				MHMR OF TARRANT COUNTY	
6341 JUNEAU				PO BOX 2603	
FORT WORTH	TX 76116			FORT WORTH TX 76113	
Phone (817) 737-2919	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 6	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	3
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) 394-2369
TOTAL Lic Capacity: 6	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:	02/27/2020

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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:	01/22/2020

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003739			Owner Information	
WILLIAMS ROAD				MHMR OF TARRANT COUNTY	
1136 WILLIAMS ROAD				PO BOX 2603	
FORT WORTH	TX 76120			FORT WORTH TX 76113	
Phone (817) 731-3985	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 8	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	3
Facility Information:	Facility ID: 007477			Owner Information	
WINIFRED COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
5724 WINIFRED DR				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
FORT WORTH	TX 76133			LOUISVILLE KY 40222	
Phone (817) 292-5398	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	3
Facility Information:	Facility ID: 007637			Owner Information	
WORRELL				MHMR OF TARRANT COUNTY	
5682 WORRELL				PO BOX 2603	
FORT WORTH	TX 76133			FORT WORTH TX 76113	
Phone (817) 569-5634	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 6	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:	11/20/2003

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 394-2369
TOTAL Lic Capacity: 6	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: 01/01/2020			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 01/29/2019			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 03/01/2019			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 003942			Owner Information	
HURSTVIEW COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
540 HURSTVIEW		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
HURST TX 76053		LOUISVILLE KY 40222			
Phone (817) 282-6362	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 05/01/2020			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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) 641-7695
TOTAL Lic Capacity: 6	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: 03/01/2019			

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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	3
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: 6	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: 08/01/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
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: 6	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: 08/01/2020	

County	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 106857			Owner Information	
LOVELL HOUSE				MHMR OF TARRANT COUNTY	
5325 LOVELL AVENUE				PO BOX 2603	
WESTOVER HILLS	TX 76107			FORT WORTH TX 76113	
Phone (817) 653-1493	Fax			PHONE: (817) 569-4029	FAX: (817) 569-4130
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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	3
Facility Information:	Facility ID: 007425			Owner Information	
ALYSSA 1				MHS OF TEXAS II INC	
9220 ALYSSA DR				PO BOX 1035	
WHITE SETTLEMENT	TX 76108			AZLE TX 76098	
Phone (817) 270-2747	Fax (817) 270-1477			PHONE: (817) 270-2747	FAX: (817) 270-1477
TOTAL Lic Capacity: 6	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	Tarrant	Reg Svcs:	IID TEAM	Region	3
Facility Information:	Facility ID: 007305			Owner Information	
ALYSSA 2				MHS OF TEXAS II INC	
9212 ALYSSA				PO BOX 1035	
WHITE SETTLEMENT	TX 76108			AZLE TX 76098	
Phone (817) 270-2747	Fax (817) 270-1477			PHONE: (817) 270-2747	FAX: (817) 270-1477
TOTAL Lic Capacity: 6	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	2
Facility Information:	Facility ID: 003728			Owner Information	
ABILENE COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
3110 BUFFALO GAP RD				33 CYPRESS BLVDSUITE 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: 13	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: 03/15/2020	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
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: 662	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	2
Facility Information:	Facility ID: 007383			Owner Information	
BACON COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
634 BACON DR				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ABILENE	TX			LOUISVILLE	KY 40222
Phone (325) 676-1473	Fax (325) 676-1673			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
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 HWYBLDG 1 STE ,	
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: 13	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: 12/01/2019	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 007324			Owner Information	
BRENDA COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
2326 BRENDA ST				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ABILENE	TX			LOUISVILLE	KY 40222
Phone (325) 676-1473	Fax (325) 676-1673			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
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: 6	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: 01/10/2020	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 007259			Owner Information	
GRACE RESIDENTIAL				LIVING RESOURCES LLC	
1318 PIEDMONT DR				3125 S 27TH ST	
ABILENE	TX 79601			ABILENE TX 79605	
Phone (325) 673-3397	Fax (325) 673-3397			PHONE: (325) 695-2112	FAX: (325) 794-0023
TOTAL Lic Capacity: 6	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: 02/01/2020	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
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) 677-6815	FAX: (325) 673-7829
TOTAL Lic Capacity: 6	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: 10/30/2019	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 003667			Owner Information	
HIGH LIFE				SOMA RESOURCES INC	
#2 HIGH LIFE CIR				2449 S WILLISSTE 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: 6	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: 06/01/2020	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 007501			Owner Information	
HIGHLAND COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
1366 HIGHLAND AVE				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ABILENE	TX			LOUISVILLE KY 40222	
Phone (325) 676-1473	Fax (325) 676-1673			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
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) 677-6815	FAX: (325) 673-7829
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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	2
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: 6	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: 10/01/2019	

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID:	003770	Owner Information		
MESQUITE VILLA			D & S RESIDENTIAL SERVICES LP		
2234 A AMY LYN AVE			8911 N CAPITAL OF TX HWYBLDG 1 STE		
ABILENE	TX	79603	AUSTIN	TX	78759
Phone	(325) 676-5662	Fax	(512) 327-2325	FAX:	(512) 327-5355
TOTAL Lic Capacity:	13	TITLE 18:	0	PROGRAM TYPE:	ICF/IID
Cert Alzh Capacity:	0	TITLE19:	0	SERVICE TYPE	PRIVATELY OWNED
PRIVATE Beds:	0	TITLE 18/19:	0	License Exp Dt:	01/08/2020

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID:	107089	Owner Information		
NEW HOPE COMMUNITY LIVING XII			DECEMBER NINE COMPANY LTD		
3257 VARNER LANE			20 FOUNDERS BLVD		
ABILENE	TX	79601	EL PASO	TX	79906
Phone	(325) 677-6815	Fax	(325) 673-7829	PHONE:	(915) 843-7773
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(915) 843-7784
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	07/25/2020

County	Taylor	Reg Svcs:	ICF/IID	Region	2
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) 677-6815
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(325) 673-7829
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	11/04/2019

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID:	007298	Owner Information		
NORTH WILLIS			SOMA RESOURCES INC		
1855 N WILLIS ST			2449 S WILLISSTE 201		
ABILENE	TX	79603	ABILENE	TX	79605
Phone	(325) 673-8837	Fax	(325) 695-2707	PHONE:	(325) 695-7860
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(325) 695-2707
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	06/01/2020

County	Taylor	Reg Svcs:	ICF/IID	Region	2
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) 677-6815
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(325) 673-7829
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	12/13/2018

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID:	007386	Owner Information		
OVER STREET			SOMA RESOURCES INC		
3190 OVER ST			2449 S WILLISSTE 201		
ABILENE	TX	79605	ABILENE	TX	79605
Phone	(325) 691-0906	Fax	(325) 695-2707	PHONE:	(325) 695-7860
TOTAL Lic Capacity:	6	TITLE 18:	0	FAX:	(325) 695-2707
Cert Alzh Capacity:	0	TITLE19:	0	PROGRAM TYPE:	ICF/IID
PRIVATE Beds:	0	TITLE 18/19:	0	SERVICE TYPE	PRIVATELY OWNED
				License Exp Dt:	06/01/2020

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 010198			Owner Information	
PARSONS COMMUNITY HOME				EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP	
910 PARSONS RD				805 N WHITTINGTON PARKWAY, SUITE 40 ,	
ABILENE	TX			LOUISVILLE	KY 40222
Phone (325) 676-1473		Fax		PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 01/03/2021	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 007510			Owner Information	
RICHLAND				SOMA RESOURCES INC	
2010 RICHLAND ST				2449 S WILLISSTE 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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 06/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 007251			Owner Information	
ROYAL COURT				SOMA RESOURCES INC	
4601 ROYAL CT				2449 S WILLISSTE 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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 06/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Taylor	Reg Svcs:	ICF/IID	Region	2
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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 12/01/2019	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Taylor	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 007578			Owner Information	
WOODRIDGE				SOMA RESOURCES INC	
3410 WOODRIDGE ST				2449 S WILLISSTE 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: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 06/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Titus	Reg Svcs:	ICF/IID TEAM	Region	4
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 75455
Phone (903) 572-6402		Fax (903) 572-6403		PHONE: (903) 572-6402	FAX: (903) 572-6403
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6		PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
Cert Alzh Capacity: 0	TITLE19: 0			License Exp Dt: 05/01/2020	
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
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:	375	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	9
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:	6	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:	04/06/2020

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
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:	6	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:	01/22/2020

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
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:	6	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:	01/23/2020

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 007401			Owner Information	
CAPITAL HEIGHTS HOME				D & S RESIDENTIAL SERVICES LP	
1706 IDAHO				8911 N CAPITAL OF TX HWYBLDG 1 STE	
SAN ANGELO TX 76904				AUSTIN TX 78759	
Phone	(325) 944-4096	Fax	(512) 327-5355	PHONE:	(512) 327-2325
TOTAL Lic Capacity:	6	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:	12/01/2019

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 007235			Owner Information	
CASA DE CONCHO				D & S RESIDENTIAL SERVICES LP	
2706 WATSON				8911 N CAPITAL OF TX HWYBLDG 1 STE	
SAN ANGELO TX 76903				AUSTIN TX 78759	
Phone	(325) 658-1957	Fax	(512) 327-5355	PHONE:	(512) 327-2325
TOTAL Lic Capacity:	6	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:	12/01/2019

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003632			Owner Information	
CASA DE MIMOSA				D & S RESIDENTIAL SERVICES LP	
1041 E 44TH ST				8911 N CAPITAL OF TX HWYBLDG 1 STE	
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: 6	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: 01/07/2020	

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003609			Owner Information	
CASA DE TRES RIOS				D & S RESIDENTIAL SERVICES LP	
1342 TRES RIOS				8911 N CAPITAL OF TX HWYBLDG 1 STE	
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: 6	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: 12/01/2019	

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 007582			Owner Information	
D&S TERRACE PLACE				D & S RESIDENTIAL SERVICES LP	
42 TERRACE DR				8911 N CAPITAL OF TX HWYBLDG 1 STE	
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: 6	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: 12/01/2019	

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 107267			Owner Information	
EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST				EDUCARE COMMUNITY LIVING CORPORATION - GULF COAST	
5322 SADDLE RIDGE TRAIL				9901 LINN STATION ROAD	
SAN ANGELO	TX 76904			LOUISVILLE KY 40223	
Phone (325) 942-8050	Fax (325) 949-0526			PHONE: (502) 394-2100	FAX: (502) 394-2249
TOTAL Lic Capacity: 6	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: 11/03/2020	

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003945			Owner Information	
MOSAIC				MOSAIC	
2742 PALO DURO				2245 MIDWAY ROAD STE 300	
SAN ANGELO	TX 76904			CARROLLTON TX 75006	
Phone (325) 651-3333	Fax (325) 651-8110			PHONE:	FAX:
TOTAL Lic Capacity: 6	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: 01/01/2022	

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003923			Owner Information	
MOSAIC				MOSAIC	
3221 SOUTHLAND				2245 MIDWAY ROAD STE 300	
SAN ANGELO	TX 76904			CARROLLTON TX 75006	
Phone (325) 651-3333	Fax (325) 651-8110			PHONE:	FAX:
TOTAL Lic Capacity: 6	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: 01/01/2021	

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003916			Owner Information	
MOSAIC				MOSAIC	
165 EDINBURGH				2245 MIDWAY ROAD 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: 6	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	9
Facility Information:	Facility ID: 003889			Owner Information	
MOSAIC				MOSAIC	
4801 BERMUDA				2245 MIDWAY ROAD 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: 6	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: 01/01/2021	

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
Facility Information:	Facility ID: 003606			Owner Information	
MOSAIC				MOSAIC	
3217 CLEARVIEW				2245 MIDWAY ROAD 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: 6	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: 01/01/2022	

County	Tom Green	Reg Svcs:	ICF/IID	Region	9
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: 13	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: 01/22/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003646			Owner Information	
ALDWYCHE				PREMIEANT INCORPORATED	
5444 FAIRMONT CIR				1110 W WILLIAM CANNONBLDG 2	
AUSTIN	TX 78745			AUSTIN TX	78745
Phone (512) 916-1632	Fax (512) 916-1639			PHONE: (512) 916-1632	FAX: (512) 916-1639
TOTAL Lic Capacity: 6	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: 01/01/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007249			Owner Information	
AUSTIN HOUSE				PREMIEANT INCORPORATED	
101 CLOUDVIEW DR				1110 W WILLIAM CANNONBLDG 2	
AUSTIN	TX 78745			AUSTIN TX	78745
Phone (512) 916-1632	Fax (512) 916-1639			PHONE: (512) 916-1632	FAX: (512) 916-1639
TOTAL Lic Capacity: 6	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: 01/27/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 474	TITLE 18: 0	ICF/IID: 474		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	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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:	FAX:
TOTAL Lic Capacity: 6	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: 10/01/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369
TOTAL Lic Capacity: 6	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: 10/01/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369
TOTAL Lic Capacity: 6	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: 11/01/2019	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003621			Owner Information	
BLUFF CANYON COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
11101 BLUFF CANYON				33 CYPRESS BLVDSUITE 100	
AUSTIN	TX 78754			ROUND ROCK TX	78665
Phone (512) 339-8016		Fax		PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 6	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: 03/15/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003631			Owner Information	
CABANA COMMUNITY RESIDENCE				KENMAR RESIDENTIAL SERVICES INCORPORATED	
12004 CABANA LN				33 CYPRESS BLVDSUITE 100	
AUSTIN	TX 78727			ROUND ROCK TX	78665
Phone (512) 339-4074		Fax (512) 339-6001		PHONE: (512) 336-0800	FAX: (512) 336-0812
TOTAL Lic Capacity: 6	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: 03/15/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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 HWYBLDG 1 STE			
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: 6	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: 12/01/2019			

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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:	FAX:		
TOTAL Lic Capacity: 6	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: 10/01/2020			

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003695	Owner Information			
CROCKETT HOUSE		PREMIEANT INCORPORATED			
7906 BRODIE LN		1110 W WILLIAM CANNONBLDG 2			
AUSTIN	TX 78745	AUSTIN TX 78745			
Phone (512) 916-1632	Fax (512) 916-1639	PHONE: (512) 916-1632	FAX: (512) 916-1639		
TOTAL Lic Capacity: 6	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: 01/27/2020			

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369		
TOTAL Lic Capacity: 6	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: 10/01/2020			

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369		
TOTAL Lic Capacity: 6	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	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007323	Owner Information			
GRACY FARMS		D & S RESIDENTIAL SERVICES LP			
1512 GRACY FARMS LN		8911 N CAPITAL OF TX HWYBLDG 1 STE			
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: 6	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: 12/01/2019			

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369
TOTAL Lic Capacity: 6	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: 11/01/2019	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007475			Owner Information	
HOUSTON HOUSE				PREMIEANT INCORPORATED	
7509 WESTGATE BLVD				1110 W WILLIAM CANNONBLDG 2	
AUSTIN	TX 78745			AUSTIN	TX 78745
Phone (512) 916-1632	Fax (512) 916-1639			PHONE: (512) 916-1632	FAX: (512) 916-1639
TOTAL Lic Capacity: 6	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: 01/27/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007805			Owner Information	
KEOTA				D & S RESIDENTIAL SERVICES LP	
4508 KEOTA DR				8911 N CAPITAL OF TX HWYBLDG 1 STE	
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: 6	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: 12/01/2019	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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			PHONE: (512) 835-8955	FAX: (512) 895-8812
TOTAL Lic Capacity: 6	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: 06/01/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003793			Owner Information	
MARY LEE FOUNDATION SOUTHPOINTE I				MARY LEE FOUNDATION	
1338 LAMAR SQUARE DR				PO BOX 3174	
AUSTIN	TX 78704			AUSTIN	TX 78764
Phone (512) 442-6077	Fax (512) 442-6825			PHONE: (512) 443-5777	FAX: (512) 443-5807
TOTAL Lic Capacity: 13	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: 11/03/2019	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003832			Owner Information	
MARY LEE FOUNDATION SOUTHPOINTE I I				MARY LEE FOUNDATION	
1336 LAMAR SQUARE DR				PO BOX 3174	
AUSTIN	TX 78704			AUSTIN	TX 78764
Phone (512) 442-6077	Fax (512) 442-6825			PHONE: (512) 443-5777	FAX: (512) 443-5807
TOTAL Lic Capacity: 13	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: 11/03/2019	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007242	Owner Information			
MARYWOOD		PREMIEANT INCORPORATED			
4700 GANYMEDE DR		1110 W WILLIAM CANNONBLDG 2			
AUSTIN	TX 78727	AUSTIN TX 78745			
Phone (512) 916-1632	Fax (512) 916-1639	PHONE: (512) 916-1632	FAX: (512) 916-1639		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2020		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007627	Owner Information			
OAKTREE COMMUNITY RESIDENCE		D & S RESIDENTIAL SERVICES LP			
3509 CONVICT HILL RD		8911 N CAPITAL OF TX HWYBLDG 1 STE			
AUSTIN	TX 78745	AUSTIN TX 78759			
Phone (512) 892-1084	Fax (512) 327-7181	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 12/31/2019		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003663	Owner Information			
PARKFIELD		PREMIEANT INCORPORATED			
9202 PARKFIELD DR		1110 W WILLIAM CANNONBLDG 2			
AUSTIN	TX 78758	AUSTIN TX 78745			
Phone (512) 916-1632	Fax (512) 916-1639	PHONE: (512) 916-1632	FAX: (512) 916-1639		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2020		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003661	Owner Information			
PENDLETON		PREMIEANT INCORPORATED			
1304 QUAIL PARK DR		1110 W WILLIAM CANNONBLDG 2			
AUSTIN	TX 78758	AUSTIN TX 78745			
Phone (512) 916-1632	Fax (512) 916-1639	PHONE: (512) 916-1632	FAX: (512) 916-1639		
TOTAL Lic Capacity: 6	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	7
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) 394-2369		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 10/01/2020		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007804	Owner Information			
PINE KNOLL		PREMIEANT INCORPORATED			
1400 PINE KNOLL DR		1110 W WILLIAM CANNONBLDG 2			
AUSTIN	TX 78758	AUSTIN TX 78745			
Phone (512) 916-1632	Fax (512) 916-1639	PHONE: (512) 916-1632	FAX: (512) 916-1639		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity: 0	TITLE19: 0		License Exp Dt: 01/01/2020		
PRIVATE Beds: 0	TITLE 18/19: 0				

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369
TOTAL Lic Capacity: 6	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: 02/28/2019	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007611			Owner Information	
ROSS HOUSE				PREMIEANT INCORPORATED	
3215 WESTERN DR				1110 W WILLIAM CANNONBLDG 2	
AUSTIN	TX 78745			AUSTIN	TX 78745
Phone (512) 916-1632	Fax (512) 916-1639			PHONE: (512) 916-1632	FAX: (512) 916-1639
TOTAL Lic Capacity: 6	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: 01/27/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 11/01/2019	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369
TOTAL Lic Capacity: 6	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: 11/01/2019	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007418			Owner Information	
THE COTTAGE				MARY LEE FOUNDATION	
1334 LAMAR SQUARE DR				PO BOX 3174	
AUSTIN	TX 78704			AUSTIN	TX 78764
Phone (512) 442-6077	Fax (512) 442-6825			PHONE: (512) 443-5777	FAX: (512) 443-5807
TOTAL Lic Capacity: 6	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	7
Facility Information:	Facility ID: 003639			Owner Information	
TRAVIS HOUSE				PREMIEANT INCORPORATED	
9112 JAPONICA CT				1110 W WILLIAM CANNONBLDG 2	
AUSTIN	TX 78748			AUSTIN	TX 78745
Phone (512) 916-1632	Fax (512) 916-1639			PHONE: (512) 916-1632	FAX: (512) 916-1639
TOTAL Lic Capacity: 6	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: 01/27/2020	

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003647	Owner Information			
WAGON CROSSING		PREMIEANT INCORPORATED			
1203 ECHO LN		1110 W WILLIAM CANNONBLDG 2			
AUSTIN	TX 78745	AUSTIN TX 78745			
Phone (512) 916-1632	Fax (512) 916-1639	PHONE: (512) 916-1632	FAX: (512) 916-1639		
TOTAL Lic Capacity: 6	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: 04/03/2019			

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369		
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/01/2019			

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369		
TOTAL Lic Capacity: 6	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: 11/01/2019			

County	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003974	Owner Information			
PFLUGERVILLE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
514 OAT MEADOW DRIVE		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
PFLUGERVILLE	TX 78660	LOUISVILLE KY 40222			
Phone (512) 251-0427	Fax (713) 622-9141	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Travis	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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) 394-2369		
TOTAL Lic Capacity: 6	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: 03/01/2020			

County	Upshur	Reg Svcs:	ICF/IID TEAM	Region	4
Facility Information:	Facility ID: 007293	Owner Information			
WOODBINE COMMUNITY HOME		D & S RESIDENTIAL SERVICES LP			
2402 WOODBINE		8911 N CAPITAL OF TX HWYBLDG 1 STE ,			
GLADEWATER	TX 75647	AUSTIN TX 78759			
Phone (903) 845-4660	Fax	PHONE: (512) 327-2325	FAX: (512) 327-5355		
TOTAL Lic Capacity: 6	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: 12/01/2019			

County	Uvalde	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007343	Owner Information			
DOROTHY JO COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
625 DOROTHY JO CIR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
UVALDE	TX 78801	LOUISVILLE KY 40222			
Phone (830) 278-1905	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Uvalde	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007500	Owner Information			
NOPAL COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
802 E NOPAL ST		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
UVALDE	TX 78801	LOUISVILLE KY 40222			
Phone (830) 278-6958	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Val Verde	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007290	Owner Information			
JOHN GLENN COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
110 JOHN GLENN DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
DEL RIO	TX 78840	LOUISVILLE KY 40222			
Phone (830) 774-3904	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Val Verde	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007237	Owner Information			
MICHELLE COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
93 MICHELLE DR		805 N WHITTINGTON PARKWAY, SUITE 40 ,			
DEL RIO	TX 78840	LOUISVILLE KY 40222			
Phone (830) 775-9594	Fax	PHONE: (502) 394-2100	FAX: (502) 394-2285		
TOTAL Lic Capacity: 6	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	Van Zandt	Reg Svcs:	ICF/IID TEAM	Region	4
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: 8	TITLE 18: 0	ICF/IID: 8			
Cert Alzh Capacity:	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	GOVERNMENT BASED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:			

County	Van Zandt	Reg Svcs:	ICF/IID TEAM	Region	4
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: 10	TITLE 18: 0	ICF/IID: 10			
Cert Alzh Capacity:	TITLE19: 0	PROGRAM TYPE: ICF/IID	SERVICE TYPE	GOVERNMENT BASED	
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt:			

County	Victoria	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003938			Owner Information	
EDINBURGH HOME				UCG CENTRAL TEXAS HOLDINGS LLC	
306 EDINBURGH				P.O. BOX 310695	
VICTORIA	TX 77904			NEW BRAUNFELS TX	78131-0695
Phone (512) 578-2940	Fax (512) 575-0611			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 6	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: 03/01/2020	

County	Victoria	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 007304			Owner Information	
NORTHCREST GROUP HOME				UCG CENTRAL TEXAS HOLDINGS LLC	
902 BELLEVUE				P.O. BOX 310695	
VICTORIA	TX 77904			NEW BRAUNFELS TX	78131-0695
Phone (512) 578-1527	Fax			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 6	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: 03/01/2020	

County	Victoria	Reg Svcs:	TEAM ICF-IID	Region	8
Facility Information:	Facility ID: 003926			Owner Information	
VICTORIA GROUP HOME				UCG CENTRAL TEXAS HOLDINGS LLC	
2006 N WHEELER				P.O. BOX 310695	
VICTORIA	TX 77901			NEW BRAUNFELS TX	78131-0695
Phone (512) 575-1558	Fax			PHONE: (830) 372-2920	FAX: (214) 723-5331
TOTAL Lic Capacity: 6	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: 03/01/2020	

County	Walker	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 007504			Owner Information	
HUNTSVILLE COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
63 STATE HWY 75 N				8911 N CAPITAL OF TX HWYBLDG 1 STE	
HUNTSVILLE	TX 77320			AUSTIN TX	78759
Phone (936) 293-1851	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 09/01/2019	

County	Waller	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 105801			Owner Information	
WILLOW RIVER FARMS - #12				THE CENTER FOR PURSUIT	
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/18/2020	

County	Waller	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 105802			Owner Information	
WILLOW RIVER FARMS - #4				THE CENTER FOR PURSUIT	
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
				License Exp Dt: 03/18/2020	

County	Waller	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 103355			Owner Information	
WILLOW RIVER FARMS (1B)				THE CENTER FOR PURSUIT	
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	FAX: (713) 525-8334
TOTAL Lic Capacity: 5	TITLE 18: 0	ICF/IID: 5			
Cert Alzh Capacity:	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/11/2020	

County	Waller	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 103354			Owner Information	
WILLOW RIVER FARMS (1A)				THE CENTER FOR PURSUIT	
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	FAX: (713) 525-8334
TOTAL Lic Capacity: 4	TITLE 18: 0	ICF/IID: 4			
Cert Alzh Capacity:	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/11/2020	

County	Waller	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 103357			Owner Information	
WILLOW RIVER FARMS (5A)				THE CENTER FOR PURSUIT	
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	FAX: (713) 525-8334
TOTAL Lic Capacity: 5	TITLE 18: 0	ICF/IID: 5			
Cert Alzh Capacity:	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/10/2020	

County	Waller	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 103356			Owner Information	
WILLOW RIVER FARMS (5B)				THE CENTER FOR PURSUIT	
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: 5	TITLE 18: 0	ICF/IID: 5			
Cert Alzh Capacity:	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 04/10/2020	

County	Waller	Reg Svcs:	UNIT 21 (ICF/MR)	Region	6
Facility Information:	Facility ID: 101330			Owner Information	
WILLOW RIVER FARMS 10				THE CENTER FOR PURSUIT	
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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	6
Facility Information:	Facility ID: 101331			Owner Information	
WILLOW RIVER FARMS 11				THE CENTER FOR PURSUIT	
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: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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 6

Facility Information: Facility ID: 007110 Owner Information
 BRENHAM STATE SUPPORTED LIVING CENTER DADS
 HIGHWAY 36 SOUTH PO BOX 12668
 BRENHAM TX 77833 AUSTIN TX 78711
Phone (979) 836-4511 **Fax** (979) 277-1865
TOTAL Lic Capacity: 520 **TITLE 18:** 0 **ICF/IID:** 520 **PHONE:** (512) 454-3761 **FAX:**
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 6

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
TOTAL Lic Capacity: 6 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (979) 543-4186 **FAX:** (979) 543-8517
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 12/01/2019

County **Wharton** Reg Svcs: UNIT 21 (ICF/MR) Region 6

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
TOTAL Lic Capacity: 6 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (979) 543-4186 **FAX:** (979) 543-8517
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 09/22/2020

County **Wharton** Reg Svcs: UNIT 21 (ICF/MR) Region 6

Facility Information: Facility ID: 007819 Owner Information
 EL CAMPO 1 MEMEEHA LLC
 3396 County Road 355 1909 WEST LOOP
 EL CAMPO TX 77437 EL CAMPO TX 77437
Phone (979) 543-4186 **Fax** (979) 543-8517
TOTAL Lic Capacity: 6 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (979) 543-4186 **FAX:** (979) 543-8517
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 12/01/2019

County **Wharton** Reg Svcs: UNIT 21 (ICF/MR) Region 6

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
TOTAL Lic Capacity: 6 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (979) 543-4186 **FAX:** (979) 543-8517
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 12/01/2019

County **Wichita** Reg Svcs: ICF/IID Region 2

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**
TOTAL Lic Capacity: 6 **TITLE 18:** 0 **ICF/IID:** 6 **PHONE:** (940) 766-6751 **FAX:** (940) 766-6753
Cert Alzh Capacity: 0 **TITLE19:** 0 **PROGRAM TYPE:** ICF/IID **SERVICE TYPE** PRIVATELY OWNED
PRIVATE Beds: 0 **TITLE 18/19:** 0 **License Exp Dt:** 04/01/2020

County	Wichita	Reg Svcs:	ICF/IID	Region	2
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: 6	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: 08/17/2020	

County	Wichita	Reg Svcs:	ICF/IID	Region	2
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 76302	
Phone (940) 723-8048	Fax (940) 763-0603			PHONE: (940) 397-3101	FAX: (940) 397-3150
TOTAL Lic Capacity: 6	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	Wichita	Reg Svcs:	ICF/IID	Region	2
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: 6	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: 04/01/2020	

County	Wichita	Reg Svcs:	ICF/IID	Region	2
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 76302	
Phone (940) 397-3362	Fax (940) 397-3388			PHONE: (940) 397-3101	FAX: (940) 397-3150
TOTAL Lic Capacity: 6	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	Wichita	Reg Svcs:	ICF/IID	Region	2
Facility Information:	Facility ID: 003759			Owner Information	
OUACHITA FLATS				D & S RESIDENTIAL SERVICES LP	
6086 KOVARIK RD				8911 N CAPITAL OF TX HWYBLDG 1 STE	
WICHITA FALLS	TX 76310			AUSTIN TX 78759	
Phone (940) 723-5410	Fax (940) 723-5564			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 13	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: 12/01/2019	

County	Wichita	Reg Svcs:	ICF/IID	Region	2
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: 6	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: 07/02/2020	

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	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: 06/01/2020	

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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 HWYBLDG 1 STE ,	
CEDAR PARK	TX 78613			AUSTIN TX 78759	
Phone (512) 259-0188	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	TITLE 18: 0	ICF/IID: 6			
Cert Alzh Capacity:	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	7
Facility Information:	Facility ID: 007310			Owner Information	
CEDAR PARK COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
611 POMEGRANATE PASS				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
CEDAR PARK	TX 78613			AUSTIN TX 78759	
Phone (512) 219-1938	Fax (512) 355-3186			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 12/01/2019	

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007468			Owner Information	
DRIFTWOOD COMMUNITY HOME				D & S RESIDENTIAL SERVICES LP	
2304 DIJON				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
CEDAR PARK	TX 78613			AUSTIN TX 78759	
Phone (512) 327-2325	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 12/01/2019	

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003810			Owner Information	
HILL COUNTRY COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
1406 PECAN ST				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
CEDAR PARK	TX 78613			AUSTIN TX 78759	
Phone (512) 331-1753	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 10	TITLE 18: 0	ICF/IID: 10			
Cert Alzh Capacity: 0	TITLE19: 0			PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED
PRIVATE Beds: 0	TITLE 18/19: 0			License Exp Dt: 12/01/2019	

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003644			Owner Information	
RIVIERA COMMUNITY RESIDENCE				D & S RESIDENTIAL SERVICES LP	
2401 DIJON DR				8911 N CAPITAL OF TX HWYBLDG 1 STE ,	
CEDAR PARK	TX 78613			AUSTIN TX 78759	
Phone (512) 335-3966	Fax (512) 327-5355			PHONE: (512) 327-2325	FAX: (512) 327-5355
TOTAL Lic Capacity: 6	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: 12/01/2019	

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/18/2020			

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 08/22/2019			

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 12/17/2020			

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
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: 6	TITLE 18: 0	ICF/IID: 6	PROGRAM TYPE: ICF/IID	SERVICE TYPE PRIVATELY OWNED	
Cert Alzh Capacity:	TITLE19: 0				
PRIVATE Beds: 0	TITLE 18/19: 0	License Exp Dt: 11/05/2020			

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003784	Owner Information			
ROCK HOUSE OF GEORGETOWN 1		ROCK HOUSE SUPPORT SERVICES INC			
4142 WILLIAMS DR		P.O. BOX 953			
GEORGETOWN	TX 78628	STEPHENVILLE TX 76401			
Phone (512) 869-4661	Fax (512) 869-2176	PHONE: (254) 968-4004	FAX: (254) 965-8653		
TOTAL Lic Capacity: 13	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: 10/01/2020			

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003813	Owner Information			
ROCK HOUSE OF GEORGETOWN 2		ROCK HOUSE SUPPORT SERVICES INC			
4146 WILLIAMS DR					
GEORGETOWN	TX 78628				
Phone (512) 869-4662	Fax (512) 869-2176	PHONE:	FAX:		
TOTAL Lic Capacity: 13	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: 10/01/2020			

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007412			Owner Information	
COUNTY GLEN COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
308 COUNTY GLEN LEANDER TX 78641		33 CYPRESS BLVDSUITE 100			
Phone (512) 259-7573	Fax (512) 259-3873			ROUND ROCK TX	78665
TOTAL Lic Capacity: 6	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: 03/15/2020		

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007808			Owner Information	
BRUSHY CREEK COMMUNITY HOME		EDUCARE COMMUNITY LIVING LIMITED PARTNERSHIP			
803 BRUSHY CRK DR ROUND ROCK TX 78664		805 N WHITTINGTON PARKWAY, SUITE 40 , LOUISVILLE KY 40222			
Phone (512) 218-9483	Fax			PHONE: (502) 394-2100	FAX: (502) 394-2285
TOTAL Lic Capacity: 6	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	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003626			Owner Information	
GREYSON COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
2316 PEARSON WAY ROUND ROCK TX 78665		33 CYPRESS BLVDSUITE 100			
Phone (512) 336-0800	Fax (512) 336-0812			ROUND ROCK TX	78665
TOTAL Lic Capacity: 6	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: 10/19/2019		

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007444			Owner Information	
MUSTANG COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
33 CYPRESS BLVD STE 100 ROUND ROCK TX 78665		33 CYPRESS BLVDSUITE 100			
Phone (512) 246-0434	Fax (512) 246-0052			ROUND ROCK TX	78665
TOTAL Lic Capacity: 6	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: 03/15/2020		

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 007605			Owner Information	
MALLARD COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
1609 MALLARD TAYLOR TX 76574		33 CYPRESS BLVDSUITE 100			
Phone (512) 365-3743	Fax (512) 365-3743			ROUND ROCK TX	78665
TOTAL Lic Capacity: 6	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: 03/15/2020		

County	Williamson	Reg Svcs:	ICF-IID (AUSTIN REGION)	Region	7
Facility Information:	Facility ID: 003680			Owner Information	
TAYLOR COMMUNITY RESIDENCE		KENMAR RESIDENTIAL SERVICES INCORPORATED			
4600 NORTH DRIVE TAYLOR TX 76574		33 CYPRESS BLVDSUITE 100			
Phone (512) 365-9727	Fax (512) 365-8471			ROUND ROCK TX	78665
TOTAL Lic Capacity: 6	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: 03/15/2020		