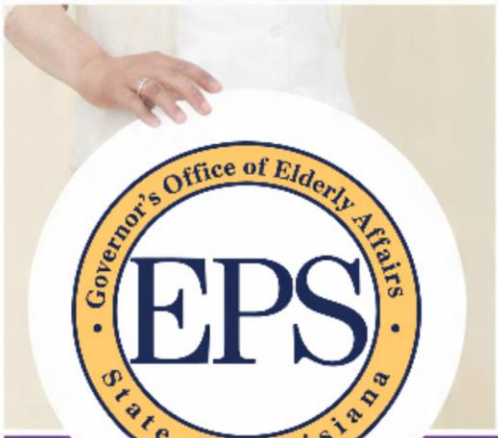




Elder Protection Services

Resource Guide

Regional Contacts, Services and Field Support Resources





Governor's Office of Elderly Affairs

3/2026

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REGION 1

Primary Care and Specialty Providers

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Gloria Davis, NP	Office Manager	504-688-2795	Family medicine Specialist provide personalized care for the senior and to develop preventive care
Jordyn A Feinstein	Office Manager	504-688-2795	Internal Medicine- Currently not accepting new clients
Keishia Mackie, NP	Office Manager	504-688-2795	Primary provider and supporting care team, develop preventive care plans to help you achieve your physical and mental
Steven Vo, DO	Office Manager	504-499-5418	Primary provider and supporting care team, develop preventive care plans to help you achieve your physical and mental
Constance Bonnet, DNP	Office Manager	504-499-5418	Primary provider and supporting care team, develop preventive care plans to help you achieve your physical and mental
Janel Milton-Isom, NP	Office Manager	504-499-5418	Primary provider and supporting care team, develop preventive care plans to help you achieve your physical and mental
Leontine M. Trought, NP	Office Manager	504-941-1109	Primary provider and supporting care team, develop preventive care plans to help you achieve your physical and mental
Helen Badie, MD	Office Manager	504-641-1109	Primary provider and supporting care team, develop preventive care plans to help you achieve your physical and mental
ACCESS HEALTH	Supervisor/manager	866-530-6111 /info@accesshealthla.org	To improve the health of the people we serve. We do this by striving for the highest levels of patient care every day.
HEALTH NET	Supervisor/manager	info@504healthnet.org	A network of healthcare providers offering primary and specialty care.

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
AVALA Surgery Center 3100 Galleria Drive, Ste 305, METAIRIE, LA, 70001	Joy Melgar	Phone: 5046997690 Email: jmelgar@avala.com Fax: 5045531221	License: 2203785305 State ID: AS0012850 Originally licensed: 2022-04-26 Effective: 2026-04-01 License issued: 2026-02-10 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 3100 GALLERIA DRIVE, STE 305, METAIRIE, LA, 70001

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Advanced Surgery Center of Metairie, LLC 720 Veterans Blvd. Suite 100, METAIRIE, LA, 70005	Brittney Gosselin	Phone: 5042934955 Email: bgosselin@uspi.com Fax: 5042934954	License: 180 State ID: AS0010756 Effective: 2026-05-21 License issued: 2026-05-26 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 720 VETERANS BLVD. SUITE 100, METAIRIE, LA, 70005
Alliance Endoscopy Center 3717 Houma Boulevard Ste 200, METAIRIE, LA, 70006	Tiffany Fontenot	Phone: 5048857676 Email: tfontenot@allianceendo.com Fax: 5048857659	License: 137 State ID: AS0004829 Originally licensed: 2004-12-22 Effective: 2025-12-01 License issued: 2025-10-27 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 3717 HOUMA BOULEVARD STE 200, METAIRIE, LA, 70001
Ambulatory Eye Surgery Center of Louisiana 3900 Veterans Memorial Blvd.,Suite 100, METAIRIE, LA, 70002	Warren Rena	Phone: 5044551550 Email: warren@eyesbr.com Fax: 5044552011	License: 2203783720 State ID: AS0001048 Originally licensed: 1994-03-07 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 3900 VETERANS MEMORIAL BLVD, SUITE 100, METAIRIE, LA, 70002
Center for Robotic Surgery 4715 South 1-10 Service Rd W, METAIRIE, LA, 70001	Ashlee Taravella	Phone: 5042288356 Email: administrator@crsnola.com Fax: 8032527778	License: 2203786068 State ID: AS0013107 Originally licensed: 2024-01-24 Effective: 2026-01-01 License issued: 2025-12-29 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 4715 SOUTH 1-10 SERVICE RD W, METAIRIE, LA, 70001
Crescent View Surgery Center 3434 Houma Blvd. Suite 300, METAIRIE, LA, 70006	Tyler Giaconne	Phone: 5046092330 Email: tyler.giacone@surgerypartners.com Fax: 5046092340	License: 2203783299 State ID: AS0001029 Originally licensed: 2000-07-18 Effective: 2025-12-01 License issued: 2025-12-03 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 3434 HOUMA BOULEVARD, SUITE #300, METAIRIE, LA, 70006
Doctors Same Day Surgery Center 4633 Wichers Drive, Suite 200, MARRERO, LA, 70072	Paul Melford	Phone: 5043280000 Email: paula@dsdsc.com Fax: 5043289157	License: 105 State ID: AS0004107 Originally licensed: 2001-09-25 Effective: 2025-08-01 License issued: 2025-07-02 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 1207 NORTH CAUSEWAY BLVD., METAIRIE, LA, 70001
Harvard Surgery Center LLC 2520 Harvard Avenue, Suite 2A, METAIRIE, LA, 70001	Leon Watkins	Phone: 5043783668 Email: lwatkins@gulfsouthmedicalgroup.com Fax: 5043783669	License: 165 State ID: AS0008090 Originally licensed: 2009-06-22 Effective: 2026-06-01 License issued: 2026-05-12 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 2520 HARVARD AVENUE, SUITE 2A, METAIRIE, LA, 70001
Houma Outpatient Surgery Center, Ltd. 3717 Houma Blvd., Ste. 300, METAIRIE, LA, 70006	MR Landon Tucker	Phone: 5044561515 Email: landont@houmaoutpatientsurgery.com Fax: 5044543810	License: 110 State ID: AS0001016 Originally licensed: 1985-06-20 Effective: 2026-03-01 License issued: 2026-03-02

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 3717 HOUMA BLVD. STE. 300, METAIRIE, LA, 70006
Jefferson Ambulatory Surgery Center LLC 2701 Lake Villa Drive, METAIRIE, LA, 70002	DESIREE FORET	Phone: 5042743100 Email: larryv@hdsdirect.com Fax: 5042741128	License: 139 State ID: AS0004916 Originally licensed: 2005-06-01 Effective: 2026-06-01 License issued: 2026-05-07 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 1207 NORTH CAUSEWAY BLVD., METAIRIE, LA, 70001
MGA Gastrointestinal Diagnostic and Therapeutic Center 1151 Barataria Blvd, Ste 4200, MARRERO, LA, 70072	KELLY MCDERMOTT	Phone: 5043496310 Email: KMcDermott@amsurg.com Fax: 5043496298	License: 2203785456 State ID: AS0001046 Originally licensed: 1993-08-09 Effective: 2025-08-01 License issued: 2025-07-29 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 1A BURTON HILLS BLVD, NASHVILLE, TN, 37215
MGA Gastrointestinal Diagnostic and Therapeutic Center-Metai 4228 Houma Blvd, Suite 520, METAIRIE, LA, 70006	Courtney Brown	Phone: 5048853345 Email: Jordan.Willeby@amsurg.com Fax: 5048853349	License: 2203785942 State ID: AS0003995 Originally licensed: 2000-10-16 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 1 A BURTON HILLS BLVD 20 BURTON HILLS BLVD STE 500, NASHVILLE, TN, 37215
Outpatient Eye Surgery Center 4324 Veterans Boulevard, Suite 101, METAIRIE, LA, 70006	Tondra Cheramie	Phone: 5044599355 Email: jtoruno@eyecareneworleans.com Fax: 5044559890	License: 35 State ID: AS0001024 Originally licensed: 1988-04-04 Effective: 2026-06-03 License issued: 2026-06-03 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 4324 VETERANS BOULEVARD, SUITE 201, METAIRIE, LA, 70006
The Surgery Center LLC NOLA 2551 Metairie Road, Ste 101, METAIRIE, LA, 70001	Renee Romain	Phone: 5043227435 Email: renee.romain@doctornola.com Fax: 5043227437	License: 2203785538 State ID: AS0012936 Originally licensed: 2022-11-30 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 2551 METAIRIE ROAD, STE 101, METAIRIE, LA, 70001
West Bank Surgery Center LLC 3704 Lapalco Boulevard, HARVEY, LA, 70058	Ashley Kelley	Phone: 5042075320 Email: ataravella@amsurg.com Fax: 5042075329	License: 2203783543 State ID: AS0008164 Originally licensed: 2009-10-14 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 1 A BURTON HILLS BLVD., NASHVILLE, TN, 37215
Hedgewood Surgical Center 2427 St.Charles Avenue, NEW ORLEANS, LA, 70130	Christian Jacob	Phone: 5048958610 Email: christianjacob@gmail.com Fax: 5048950728	License: 45 State ID: AS0001033 Originally licensed: 1990-05-11 Effective: 2026-06-01 License issued: 2026-04-20 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 2427 ST. CHARLES AVENUE, NEW ORLEANS, LA, 70130

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
MGA GI Diagnostic & Therapeutic Center 2820 Napoleon Ave., Suite 700, NEW ORLEANS, LA, 70115	Katherine Evans	Phone: 5048968680 Email: Katherine.evans@amsurg.com Fax: 5048968699	License: 2203783496 State ID: AS0001043 Originally licensed: 1993-01-14 Effective: 2026-01-01 License issued: 2026-01-05 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 1A BURTON HILLS BLVD.,, NASHVILLE, TN, 37215
Vivere-Audubon Surgery Center 2701 Napoleon Avenue, NEW ORLEANS, LA, 70115	Colby Airado	Phone: 5045647965 Email: colby.airado@audubonsurgery.com Fax: 5046621915	License: 2203781846 State ID: AS0011178 Originally licensed: 2013-11-14 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 5000 MERIDIAN BLVD. SUITE 250, FRANKLIN, TN, 37067

Free Standing Birthing Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Saige Birth Center, LLC 6024 Magazine St., NEW ORLEANS, LA, 70118	Rebecca Rouselle	Phone: 5044592426 Email: tiffany@saigebirthcenter.com Fax: 5042852226	License: 2203785700 State ID: BC0012967 Originally licensed: 2023-03-16 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 6024 MAGAZINE ST., NEW ORLEANS, LA, 70118

Pain Management Clinics — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Accurate Clinic 2401 Veterans Memorial Boulevard, Ste 16, KENNER, LA, 70062	DR Eric R Ehlenberger	Phone: 5044726130 Email: doctor@accurateclinic.com Fax: 5044726128	License: 010 State ID: PM0010578 Originally licensed: 2011-05-13 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 2401 VETERANS MEMORIAL BOULEVARD, STE 16, KENNER, LA, 70062

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Metropolitan Crisis	Entire GNO area	504-826-2675	Crisis Intervention
Jefferson Mobile Crisis	Jefferson Parish	504-832-5123	Crisis Intervention
Domestic Violence	Statewide	1-888-411-1333	Crisis Intervention Hotline
Vialink/211	For Area Codes: 504,985,337	211/1-800-273-talk, 24/7	Crisis Counseling
Perimeter Healthcare-Meg Vincent	Manager	504-275-8477	Crisis Counseling

Organization / Provider	Contact Person	Phone / Email	Services Provided
Beacon Behavioral IOP-Ron Folse	Manager	504-581-4333	Crisis counseling
Oceans Behavioral Hospital	Manager	504-273-7368	Provides specialized mental health services. Offering Inpatient care, Partial Hospitalization Program (PHP), Intensive Outpatient (IOP), STAR Military Program and Virtual Outpatient Program.
Metropolitan Human services	Manager	info@mhsdla.org 504-568-3130	Offers prevention, early intervention, treatment and recovery support services for mental health addiction and development disabilities.
Lakeshore Counseling Center	Manager	504-831-3809	

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
A Better Way Healthcare Services, LLC 2439 Manhattan Blvd. #208, HARVEY, LA, 70058	Keonda Weathersby	Phone: 5042814913 Email: keonda@abetterwayhealthcare.com Fax: 8886512597	License: 2203786511 State ID: BH0011621 Originally licensed: 2016-12-27 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 2439 MANHATTAN BLVD. #208, HARVEY, LA, 70058
Abba Counseling Services 2439 Manhattan Blvd Ste 207, HARVEY, LA, 70058	MARY EDWARDS	Phone: 5043648949 Email: abundantcounseling@gmail.com Fax: 5043648968	License: 2203783640 State ID: BH0012117 Originally licensed: 2017-12-01 Effective: 2025-12-01 License issued: 2025-11-25 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 2439 MANHATTAN BLVD STE 207, HARVEY, LA, 70058
Above and Beyond Behavioral Health Provider Servic 2439 Manhattan Blvd, Ste 211 Room 6 & Room &, HARVEY, LA, 70058	Leslie R Henderson	Phone: 5042251202 Email: aboveandbeyondbhps@gmail.com Fax: 8554952118	License: 2203785566 State ID: BH0012916 Originally licensed: 2023-01-06 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 2439 MANHATTAN BLVD STE 211 ROOM 6 & ROOM 7, HARVEY, LA, 70058
Abundant Health-Harvey 1901 Manhattan Blve, Building F Suite 204, HARVEY, LA, 70058	Patrice Allen	Phone: 5047081736 Email: abundanthealthinc@yahoo.com Fax: 5046032662	License: 2203783627 State ID: BH0012241 Originally licensed: 2017-11-27 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 1901 MANHATTAN BLVD, BUILDING F SUITE 204, HARVEY, LA, 70058
Acidom Medical Services 931 Westwood Drive, Suite E, MARRERO, LA, 70072	Roxanne Modica	Phone: 5043408880 Email: acidomgroup@gmail.com Fax: 5043408884	License: 2203783157 State ID: BH0011511 Originally licensed: 2017-02-17 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 931 WESTWOOD DR., STE E, MARRERO, LA, 70072
Advanced Therapeutic Services, LLC 1799 Stumpf Blvd, Building 3, Suite 4B, GRETNA, LA, 70056	Rudolph Clarke	Phone: 5044070755 Email: ats1799@gmail.com Fax: 5044070778	License: 2203783283 State ID: BH0011964 Originally licensed: 2017-04-05 Effective: 2026-07-01 License issued: 2026-06-05 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 1799 STUMPF BLVD, BUILDING 3, SUITE 4B, GRETNA, LA, 70056
Algiers Behavioral Health Center 3100 General De Gaulle Drive, Suite A & B, NEW ORLEANS, LA, 70114	CHRISTI LA MARK	Phone: 5046202706 Email: karen.jackson@mhsdla.org Fax: 5045683134	License: 2203782769 State ID: BH0002299 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 3100 GENERAL DE GAULLE DRIVE, SUITE A, NEW ORLEANS, LA, 70114
Ameliorable Solutions, Inc. 1901 Manhattan Blvd. ,Building D, Suite 205, HARVEY, LA, 70058	Tru' Ieshia Manard	Phone: 5042647162 Email: ameliorablesolutions@gmail.com Fax: 5042647168	License: 2203786925 State ID: BH0011793 Originally licensed: 2017-08-30 Effective: 2026-02-25 License issued: 2026-03-02 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 1901 MANHATTAN BLVD. ,BUILDING D, SUITE 205, HARVEY, LA, 70058
American Active Rehab LLC 401 Whitney Avenue Suite 320, GRETNA, LA, 70056	Rita Ekenta	Phone: 5042631403 Email: rehabact@bellsouth.net Fax: 5042631423	License: 2203783632 State ID: BH0012247 Originally licensed: 2017-12-01 Effective: 2025-12-01 License issued: 2025-11-20 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 401 WHITNEY AVENUE SUITE 320, GRETNA, LA, 70056
Anchored in Wellness, LLC 1799 Stumpf Blvd Building 3 Ste. 6A, GRETNA, LA, 70056	Jasmine Berfect	Phone: 5045829502 Email: anchoredinwellnessllc@gmail.com Fax: 5043081400	License: 2203785117 State ID: BH0011894 Originally licensed: 2017-02-22 Effective: 2025-10-01 License issued: 2025-09-30 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 1799 STUMPF BLVD BUILDING 3 STE. 6A, GRETNA, LA, 70056
Avenues Recovery Center of New Orleans 4933 Wabash Street, METAIRIE, LA, 70001	Mathew Engler	Phone: 5047802766 Email: hudi@avenuesrecovery.com Fax: 7323282101	License: 2203785279 State ID: BH0003394 Originally licensed: 2015-03-01 Effective: 2026-02-01 License issued: 2026-01-09 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 1600 AVENUE OF THE STATES, SUITE 700, LAKEWOOD, NJ, 08701
BHG New Orleans Westbank Treatment Center 1141 Whitney Avenue, Building 4, GRETNA, LA, 70056	Kristy Alexander	Phone: 5043471120 Email: licensingteam@bhgrecovery.com Fax: 5043080241	License: 2203782506 State ID: BH0003387 Originally licensed: 2015-10-01 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 5001 SPRING VALLEY ROAD, SUITE 600 EAST, DALLAS, TX, 75244

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Brightway Mental Health Clinic 252 Hector Avenue Suite A, GRETNA, LA, 70056	Robin Delahoussaye	Phone: 5044351444 Email: rdelahoussaye@brightwayclinic.com Fax: 5043722775	License: 2203786637 State ID: BH0012319 Originally licensed: 2018-02-26 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 252 HECTOR AVENUE SUITE A, GRETNA, LA, 70056
Bruce Professional Counseling Services-Harahan 824 Elmwood Park Blvd, Suite 150, HARAHAN, LA, 70123	Tina Bruce	Phone: 5047330009 Email: tina-bruce@att.net Fax: 5047330012	License: 2203783070 State ID: BH0011735 Originally licensed: 2016-12-15 Effective: 2025-02-01 License issued: 2025-02-03 Expires: 2026-01-31 Parish: JEFFERSON Mailing address: 824 ELMWOOD PARK BLVD, SUITE 150, HARAHAN, LA, 70123
CEDAR Health LLC 3941 Houma Blvd Ste 2B, METAIRIE, LA, 70006	Allison Beau	Phone: 5042266280 Email: allisonbeau@cedar.health Fax: 5049465292	License: 2203786787 State ID: BH0013447 Originally licensed: 2025-10-28 Effective: 2025-10-28 License issued: 2025-10-31 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 3941 HOUMA BLVD STE 2B, METAIRIE, LA, 70006
CHARLIE HEALTH 2439 Manhattan Blvd. Suite 307, HARVEY, LA, 70058	Stephanie Stolzenbach	Phone: 2252291599 Email: compliance@charliehealth.com Fax: 4067940352	License: 2203786631 State ID: BH0013381 Originally licensed: 2025-07-02 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 169 MADISON AVE STE 15011, NEW YORK, NY, 10016
Choices Coordinated Care Solutions Inc 1901 Westbank Expressway Suite 200, HARVEY, LA, 70058	Anna Douglas LPC-S	Phone: 3172058236 Email: adugas@choicesccs.org Fax: 8003958616	License: 2203786350 State ID: BH0013286 Originally licensed: 2024-09-03 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 7941 CASTLEWAY, INDIANAPOLIS, IN, 46250
Clarvida 3445 N Causeway Blvd. Suite 1001, METAIRIE, LA, 70002	Jessica Boyd	Phone: 5044552446 Email: jessica.boyd@clarvida.com Fax: 5044557626	License: 2203787084 State ID: BH0012275 Originally licensed: 2018-02-05 Effective: 2026-06-09 License issued: 2026-06-11 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 3925 N. I-10 SERVICE ROAD, SUITE 117, METAIRIE, LA, 70002
Community Therapeutic Services, LLC 1608 S Salcedo St, NEW ORLEANS, LA, 70125	Judith Woods	Phone: 5048210053 Email: missjudie1@aol.com Fax: 5048210054	License: 2203783155 State ID: BH0011590 Originally licensed: 2017-02-22 Effective: 2026-04-01 License issued: 2026-03-17 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 1608 S SALCENDO ST, NEW ORLEANS, LA, 70125
Compass Behavioral Health Services, LLC 7606 Westbank Expressway, Suite B, MARRERO, LA, 70072	Darlene Jenkins	Phone: 5042650801 Email: compassbhs1@gmail.com Fax: 5042658201	License: 2203783389 State ID: BH0012010 Originally licensed: 2017-07-03 Effective: 2026-07-01 License issued: 2026-06-16 Expires: 2027-06-30 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 7606 WESTBANK EXPRESSWAY, SUITE B, MARRERO, LA, 70072
Destined for Options - Metairie 3525 N Causeway Blvd. Suite 501, METAIRIE, LA, 70002	Bre' Jon Briley	Phone: 5043090259 Email: destinedforoptions@gmail.com Fax: 5043092702	License: 2203786503 State ID: BH0012026 Originally licensed: 2017-08-01 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 3525 N CAUSEWAY BLVD. SUITE 501, METAIRIE, LA, 70002
Doir Medical Services, LLC- Gretna 1500 Lafayette St.Ste 140, GRETNA, LA, 70053	Kamryn Breaux	Phone: 5045339152 Email: doirmedical@gmail.com Fax: 5045339154	License: 2203786361 State ID: BH0011955 Originally licensed: 2017-07-18 Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 1500 LAFAYETTE ST.STE 140, GRETNA, LA, 70053
Exceptional Behavioral Health Services 2439 Manhattan Blvd. Suite 308, HARVEY, LA, 70058	Tanika Andrews	Phone: 5043665265 Email: ebhs.laplace@gmail.com Fax: 5043665260	License: 2203783156 State ID: BH0011936 Originally licensed: 2017-02-23 Effective: 2026-04-15 License issued: 2026-04-15 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 2439 MANHATTAN BLVD, SUITE 308, HARVEY, LA, 70058
Extensions of Life LLC 1400 Calder Street, Suite 101, GRETNA, LA, 70053	Dondra Fisher	Phone: 5043227710 Email: extensionsoflife@yahoo.com Fax: 5043227708	License: 2203785642 State ID: BH0012341 Originally licensed: 2018-03-28 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: PO BOX 2578, GRETNA, LA, 70054
Gateway Foundation, Inc. 4103 LAC Couture Drive, HARVEY, LA, 70058	Darryl Chandler	Phone: 5043689935 Email: gatewaysystem@bellsouth.net Fax: 5043689918	License: 2203782728 State ID: BH0006862 Originally licensed: 2016-05-01 Effective: 2026-04-14 License issued: 2026-04-14 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 4103 LAC COUTURE DRIVE, HARVEY, LA, 70058
Grace House on Stratford 6311 Stratford Place, NEW ORLEANS, LA, 70131	Else Pedersen	Phone: 5045224475 Email: epedersen@bridgehouse.org Fax: 5048278747	License: 2203784291 State ID: BH0003511 Originally licensed: 2016-09-01 Effective: 2026-05-01 License issued: 2026-04-21 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 4150 EARHART BLVD, NEW ORLEANS, LA, 70125
Green Holistic Recovery 4520 Wichers Drive, Suite 202, MARRERO, LA, 70072	Dr. Dwana Green	Phone: 5046069316 Email: dgreen@greenholisticrecovery.com Fax: 5043830937	License: 2203786257 State ID: BH0013252 Originally licensed: 2024-06-20 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 4520 WICHERS DRIVE, SUITE 202, MARRERO, LA, 70072
Guiding Light Family Services, LLC	Kathleen Maston	Phone: 5043318935 Email: guidinglightfamilyservices@g	License: 2203783899 State ID: BH0012320 Originally licensed: 2018-03-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
7809 Airline Drive # 209, METAIRIE, LA, 70003		mail.com Fax: 5045162197	Effective: 2025-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 7809 AIRLINE DRIVE STE 209, METAIRIE, LA, 70003
Healthy Avenues Medical Group LLC 3303 Tulane Ave Bldg 1, NEW ORLEANS, LA, 70119	Melvina Lewis	Phone: 5043776628 Email: mlewis@healthyavenuesmedicalgroup.com Fax: 5047669788	License: 2203785731 State ID: BH0012972 Originally licensed: 2023-04-26 Effective: 2026-04-01 License issued: 2026-04-28 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 3867 PLAZA TOWER DRIVE, BATON ROUGE, LA, 70816
Holistic Educational Rehab Center, Inc 2100 Belle Chasse Highway, GRETNA, LA, 70053	LaShun Doyle	Phone: 5043676630 Email: ldoyle8991@aol.com Fax: 5043676601	License: 2203782848 State ID: BH0010752 Originally licensed: 2016-08-01 Effective: 2025-08-01 License issued: 2025-08-06 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 2100 BELLE CHASSE HIGHWAY, GRETNA, LA, 70053
Holistic Solutions Center of New Orleans 433 Metairie Road Suite 520, METAIRIE, LA, 70005	Tanya Stuart	Phone: 2257719980 Email: tanstuart@gmail.com Fax: 2253086084	License: 2203785469 State ID: BH0012914 Originally licensed: 2022-09-12 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 14707 PERKINS ROAD, BATON ROUGE, LA, 70810
Integrated Behavioral Health of Louisiana-New Orleans 400 Poydras Street, Suite 1950, NEW ORLEANS, LA, 70130	Tressa Riley	Phone: 5043223837 Email: tressa@ibhnola.com Fax: 5043323847	License: 2203786838 State ID: BH0013388 Originally licensed: 2025-11-24 Effective: 2025-11-24 License issued: 2025-12-04 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 15529 COLLEGE BLVD, LENEXA, KS, 66219
Integrative Recovery Therapies 3801 N. Causeway Blvd. Suite 301, METAIRIE, LA, 70002	John Oelke	Phone: 5042292244 Email: joelke@irtbh.com Fax: 5042292244	License: 2203786074 State ID: BH0013051 Originally licensed: 2024-01-25 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 3801 N. CAUSEWAY BLVD SUITE 301, METAIRIE, LA, 70002
Jefferson Parish Human Services Authority 1500 River Oaks Road West, ELMWOOD, LA, 70123	Rosanna DiChiro	Phone: 5042351122 Email: rdichiro@jphsa.org Fax: 5048385706	License: 2203786338 State ID: BH0012214 Originally licensed: 2017-10-18 Effective: 2025-09-01 License issued: 2025-08-22 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 1500 RIVER OAKS RD.WEST, ELMWOOD, LA, 70123
Jefferson Parish Human Services Authority-Eunoia Center 5001 Westbank Expressway, Suite 200, MARRERO, LA, 70072	Rosanna D Derbes	Phone: 5048385125 Email: rdichiro@jphsa.org Fax: 5048385706	License: 2203784878 State ID: BH0012731 Originally licensed: 2021-03-09 Effective: 2026-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 5001 WESTBANK EXPRESSWAY, SUITE 200, MARRERO, LA, 70072

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Just Care Holistic Services, LLC 7809 Airline Drive, Suite 305A, METAIRIE, LA, 70003	Mary Edwards	Phone: 5042671234 Email: lena@justcarehs.com Fax: 5043242094	License: 2203783390 State ID: BH0012013 Originally licensed: 2017-07-05 Effective: 2025-07-01 License issued: 2025-06-23 Expires: 2026-06-30 Parish: JEFFERSON Mailing address: 7809 AIRLINE DRIVE, SUITE 305A, METAIRIE, LA, 70003
LAKE Wellness Center - Covington 4330 Loveland Street, Suite A, METAIRIE, LA, 70006	ROY VIGER	Phone: 9856025253 Email: info@contactlake.com Fax: 9853172323	License: 2203786825 State ID: BH0007344 Originally licensed: 2016-03-01 Effective: 2025-10-28 License issued: 2025-12-12 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 501 WEST ST MARY BOULEVARD SUITE 308, LAFAYETTE, LA, 70506
Lei Behavioral Services, LLC 4300 S I-10 Service Road, West Suite 215, METAIRIE, LA, 70001	Malikka Kent	Phone: 5043019990 Email: leibehavioral@yahoo.com Fax: 5042659370	License: 2203783001 State ID: BH0011565 Originally licensed: 2016-12-27 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 4300 S I-10 SERVICE ROAD, WEST SUITE 215, METAIRIE, LA, 70001
Maxima Group Behavioral Services 1425 Walkertown Way, MARRERO, LA, 70072	Bryon Lee	Phone: 5045829563 Email: datrices@gmail.com Fax: 5045829564	License: 2203785848 State ID: BH0012148 Originally licensed: 2017-09-15 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 405 GRETNA BLVD, STE 112, GRETNA, LA, 70053
My Sisters Voice Healthcare 909 Avenue C, Suite A, MARRERO, LA, 70072	Wanda Thompson	Phone: 5043837448 Email: mysistersvoicellc@gmail.com Fax: 5049465510	License: 2203784538 State ID: BH0012130 Originally licensed: 2017-11-27 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 909 AVENUE C, SUITE A, MARRERO, LA, 70072
NAMI Southeast Louisiana 2051 8th Street, HARVEY, LA, 70058	Alley Dever	Phone: 5043681944 Email: adever@namisela.org Fax: 5043689784	License: 2203786391 State ID: BH0012184 Originally licensed: 2017-09-05 Effective: 2025-11-01 License issued: 2025-10-31 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: P O BOX 2055, MANDEVILLE, LA, 70470
New Age Social Services 623 Franklin Avenue, GRETNA, LA, 70053	Keisha Woods	Phone: 5045339885 Email: newagesocialservices@gmail.com Fax: 5043363180	License: 2203784982 State ID: BH0012073 Originally licensed: 2017-07-18 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 623 FRANKLIN AVENUE, GRETNA, LA, 70053
New Beginnings Behavioral Health Services, LLC 2439 Manhattan Blvd.	Courtney Butler	Phone: 5043336657 Email: nbbhs@yahoo.com Fax: 5043736193	License: 2203783181 State ID: BH0011899 Originally licensed: 2017-02-20 Effective: 2026-04-01 License issued: 2026-04-02

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Suite 304, HARVEY, LA, 70058			Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 2439 MANHATTAN BLVD. SUITE 304, HARVEY, LA, 70058
New Orleans Healthy Health Resources 7060 Read In. Suite 200, NEW ORLEANS, LA, 70127	Eddie Conerly Jr	Phone: 5042469860 Email: n.o.hhr@att.net Fax: 5042469861	License: 2203785976 State ID: BH0013094 Originally licensed: 2023-12-13 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 7060 READ IN. SUITE 200, NEW ORLEANS, LA, 70127
Nola Detox, LLC 4201 Woodland Drive, 3rd floor, NEW ORLEANS, LA, 70131	Daniel D Forman	Phone: 5044461111 Email: kguidry@noladetox.com Fax: 5043212588	License: 2203785031 State ID: BH0012780 Originally licensed: 2021-08-10 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 3221 BEHRMAN PLACE SUITE 202A, NEW ORLEANS, LA, 70114
Nola Par, Inc 3801 Houma Blvd Suite 101, METAIRIE, LA, 70006	Megan Engler	Phone: 5047661746 Email: Brittany.badinger@nolapar.com Fax: 5043098156	License: 2203785856 State ID: BH0013035 Originally licensed: 2023-09-05 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 3801 HOUMA BLVD SUITE 101, METAIRIE, LA, 70006
Nu Vision Behavioral Health 1799 Stumpf Blvd Building 5 Suite 6, GRETNA, LA, 70056	Stacey Phelps	Phone: 5043010811 Email: 1799NUV@GMAIL.COM Fax: 5043013364	License: 2203784131 State ID: BH0012218 Originally licensed: 2017-12-22 Effective: 2025-11-01 License issued: 2025-10-27 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 1799 STUMP BLVD BLDG 5, SUITE 6, GRETNA, LA, 70056
OPS Family Care, LLC 2550 Belle Chase Hwy, Suite 220, GRETNA, LA, 70053	Cassandra Smith	Phone: 5043676888 Email: csmith@opsfamilycare.com Fax: 8442738127	License: 2203784554 State ID: BH0012338 Originally licensed: 2018-03-28 Effective: 2026-02-01 License issued: 2026-02-03 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: PO BOX 1831, GRETNA, LA, 70054
Optimal Behavioral Support Services, LLC 4700 Wichers Drive, Suite 206, MARRERO, LA, 70072	Ndidi Adeyanju	Phone: 5046455506 Email: obss@optimalbss.com Fax: 8884009860	License: 2203783164 State ID: BH0011614 Originally licensed: 2017-02-17 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 4700 WICHERS DRIVE, SUITE 206, MARRERO, LA, 70072
Palmetto Addiction Recovery Center-Metairie 2955 Ridgelake Drive, Suite 105, METAIRIE, LA, 70002	Hollye Rogers	Phone: 3187282970 Email: hrogers@palmettocenter.com Fax: 3187282272	License: 2203782796 State ID: BH0011363 Originally licensed: 2016-07-01 Effective: 2025-07-01 License issued: 2025-06-27 Expires: 2026-06-30 Parish: JEFFERSON Mailing address: 2955 RIDGELAKE DRIVE, SUITE 105, METAIRIE, LA, 70002

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
REBYLT, LLC 650 Poydras St STE 2760, NEW ORLEANS, LA, 70130	Andrea Jones	Phone: 8557329585 Email: office@rebylt.org Fax: 8557329585	License: 2203785895 State ID: BH0012157 Originally licensed: 2017-12-14 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: P.O. BOX 15198, NEW ORLEANS, LA, 70175
Responsibility House 1799 Stumpf Blvd Bldg 1, Suites 2&4, GRETNA, LA, 70056	Mike Martyn	Phone: 5043674486 Email: mmartyn@rhousela.org Fax: 5043674426	License: 2203782660 State ID: BH0003397 Originally licensed: 2016-03-01 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: PO BOX 640548, KENNER, LA, 70064
Shared Hearts Mental Health Services 4480 Gen DeGaulle, Suite 206, NEW ORLEANS, LA, 70131	Dr Germaine Edwards	Phone: 5047583114 Email: germaineedwards@sharedheartsmhs.com Fax: 5047583114	License: 2203783211 State ID: BH0011698 Originally licensed: 2017-03-27 Effective: 2026-06-01 License issued: 2026-05-12 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 4480 GEN DEGAULLE, SUITE 206, NEW ORLEANS, LA, 70131
Sims Social Services 2550 Belle Chasse Hwy. Suite 150, GRETNA, LA, 70053	Victor Sims	Phone: 5047886801 Email: tsims@simssocialservices.com Fax: 5043629070	License: 2203784864 State ID: BH0011898 Originally licensed: 2017-06-19 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 2550 BELLE CHASSE HWY. SUITE 150, GRETNA, LA, 70053
Southern Community Network 2714 Canal Street, Suite 316, NEW ORLEANS, LA, 70119	Naaman Stewart	Phone: 5048998100 Email: scnservicesllc@hotmail.com Fax: 5046030755	License: 2203783480 State ID: BH0012033 Originally licensed: 2017-08-25 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 2714 CANAL STREET, SUITE 316, NEW ORLEANS, LA, 70119
The First Step Youth & Family Services 1202 Monroe Street, GRETNA, LA, 70053	Kendra Alexis	Phone: 5043096798 Email: thefirststepllc@gmail.com Fax: 5044072115	License: 2203783733 State ID: BH0011870 Originally licensed: 2017-02-17 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 1202 MONROE STREET, GRETNA, LA, 70053
Victory Addiction Recovery Center- Metairie 516 Veterans Blvd, Suite # C, METAIRIE, LA, 70005	Kerri Cunningham	Phone: 3373215592 Email: kerri.cunningham@myvictorycenter.com Fax: 3379015033	License: 2203786627 State ID: BH0013409 Originally licensed: 2025-06-12 Effective: 2026-06-01 License issued: 2026-05-13 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 501 CORPORATE CENTRE DRIVE, SUITE 600, FRANKLIN, TN, 37067
Accountable Behavioral Services, LLC 7240 Crowder Blvd. Suite 202, NEW ORLEANS, LA, 70127	Katrina Horton	Phone: 5046414577 Email: accbehser1@gmail.com Fax: 5046414578	License: 2203783571 State ID: BH0012014 Originally licensed: 2017-08-25 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ORLEANS Mailing address: 7240 CROWDER BLVD, SUITE 202, NEW ORLEANS, LA, 70127
BHG NEW ORLEANS DOWNTOWN TREATMENT CENTER 2235 Poydras Street Suite B, NEW ORLEANS, LA, 70119	Michelle P Tenorio	Phone: 5045247205 Email: licensingteam@bhgrecovery.com Fax: 5045814702	License: 2203783533 State ID: BH0012113 Originally licensed: 2017-09-22 Effective: 2025-09-01 License issued: 2025-08-22 Expires: 2026-08-31 Parish: ORLEANS Mailing address: 5001 SPRING VALLEY ROAD, SUITE 600 EAST, DALLAS, TX, 75244
Bayou Health Services 1615 Poydras Street, Suite 900, NEW ORLEANS, LA, 70112	David Gaines	Phone: 5047587351 Email: bayouhealthservices@gmail.com Fax: 5049106389	License: 2203783260 State ID: BH0011932 Originally licensed: 2017-04-24 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 1615 POYDRAS STREET, SUITE 900, NEW ORLEANS, LA, 70112
Bridge House Corporation 4150 Earhart Blvd, NEW ORLEANS, LA, 70125	Else Pedersen	Phone: 5045224475 Email: rellis@bridgehouse.org Fax: 5048278147	License: 2203784376 State ID: BH0012527 Originally licensed: 2019-09-01 Effective: 2026-01-28 License issued: 2026-02-06 Expires: 2026-08-31 Parish: ORLEANS Mailing address: 4150 EARHART BLVD, NEW ORLEANS, LA, 70125
Bridges to Hope LLC 200 South Broad Street Suite 205A, NEW ORLEANS, LA, 70119	Corea Tumblin	Phone: 5048217616 Email: info@bthcares.com Fax: 5048217617	License: 2203784349 State ID: BH0011852 Originally licensed: 2017-03-03 Effective: 2025-07-01 License issued: 2025-07-02 Expires: 2026-06-30 Parish: ORLEANS Mailing address: 200 SOUTH BROAD STREET, SUITE 205A, NEW ORLEANS, LA, 70119
Center for Hope Children and Family Services, LLC 5630 Crowder Blvd, Suite 208, NEW ORLEANS, LA, 70127	Derrick Freeman	Phone: 5042416006 Email: dfreeman@centerforhopefs.com Fax: 5042416007	License: 2203782649 State ID: BH0010691 Originally licensed: 2016-03-01 Effective: 2026-03-01 License issued: 2026-03-04 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 5630 CROWDER BLVD, SUITE 208, NEW ORLEANS, LA, 70127
Central City Behavioral Health Center 2221 Philip Street, NEW ORLEANS, LA, 70113	Renata Stark- Brown	Phone: 5046202603 Email: renata.stark-brown@mhsdla.org Fax: 5045684667	License: 2203782851 State ID: BH0002302 Originally licensed: 2016-08-01 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 3100 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Chartres-Ponchartrain Behavioral Health Center 719 Elysian Fields Ave, NEW ORLEANS, LA, 70117	FLAVIA LANCASTER	Phone: 5046202697 Email: Flavia.Lancaster@mhsdla.org Fax: 5046202894	License: 2203782766 State ID: BH0002295 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 719 ELYSIAN FIELDS AVENUE, NEW ORLEANS, LA, 70114

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Council on Alcohol & Drug Abuse Greater NOLA 2601 Tulane Avenue, Suite 945, NEW ORLEANS, LA, 70119	Joyce Bracey	Phone: 5048212232 Email: admin@cadagno.org Fax: 5048220095	License: 2203785118 State ID: BH0011951 Originally licensed: 2017-07-27 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 2601 TULANE AVENUE, SUITE 945, NEW ORLEANS, LA, 70119
Crescent Addiction & Recovery Center LLC 3308 Tulane Avenue STE 414, NEW ORLEANS, LA, 70119	Anthony Thomas	Phone: 8884624496 Email: athomas@crescentaddiction.com Fax: 5043424054	License: 2203785947 State ID: BH0013056 Originally licensed: 2023-11-21 Effective: 2026-02-02 License issued: 2026-02-06 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 3308 TULANE AVENUE STE 414, NEW ORLEANS, LA, 70119
Crescent Care 1631 Elysian Fields Avenue 2nd Floor, NEW ORLEANS, LA, 70117	Reginald Vicks	Phone: 5048212601 Email: reginald.vicks@crescentcare.org Fax: 5047369806	License: 2203784219 State ID: BH0012384 Originally licensed: 2018-06-12 Effective: 2026-03-01 License issued: 2026-03-04 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 1631 ELYSIAN FIELDS AVENUE 2ND FLOOR, NEW ORLEANS, LA, 70117
Crescent Community Outreach 7240 Crowder Blvd Suite 400, NEW ORLEANS, LA, 70127	Leslie R Henderson	Phone: 5043233440 Email: cco.charrell@gmail.com Fax: 8669242148	License: 2203783820 State ID: BH0012138 Originally licensed: 2017-11-09 Effective: 2025-03-01 License issued: 2025-02-27 Expires: 2026-02-28 Parish: ORLEANS Mailing address: 7240 CROWDER BLVD. STE 400, NEW ORLEANS, LA, 70127
Divine Intervention Rehabilitation, LLC 3221 Behrman Place, Suite 201, NEW ORLEANS, LA, 70114	Shermona Joseph-Dukes	Phone: 5042632800 Email: sjosephdukes@dirnola.com Fax: 5042632821	License: 2203782740 State ID: BH0011518 Originally licensed: 2016-05-02 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ORLEANS Mailing address: 3221 BEHRMAN PLACE, SUITE 201, NEW ORLEANS, LA, 70114
Essential Care Services, LLC 3901 Ulloa Street, NEW ORLEANS, LA, 70119	Tyra Gonzalez	Phone: 5042317066 Email: T.Gonzalez@essentialcareservices.com Fax: 5042675714	License: 2203783664 State ID: BH0012261 Originally licensed: 2017-11-30 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 3901 ULLOA STREET, NEW ORLEANS, LA, 70119
Genesis Housing Counseling & Outreach Services Inc 10001 Lake Forest Blvd, Ste 613, NEW ORLEANS, LA, 70127	Marlon Mazant Sr	Phone: 5049086241 Email: genesiscounseling2017@gmail.com Fax: 5049086241	License: 2203785221 State ID: BH0012833 Originally licensed: 2022-02-18 Effective: 2025-02-01 License issued: 2025-02-18 Expires: 2026-01-31 Parish: ORLEANS Mailing address: 10001 LAKE FOREST BLVD, STE 613, NEW ORLEANS, LA, 70127
Gulf South Addiction and Wellness, LLC 1539 Jackson Avenue, Suite 220, NEW ORLEANS, LA, 70130	KAROL MCKINLEY	Phone: 5045295900 Email: karmckinl@aol.com Fax: 5045929500	License: 2203785698 State ID: BH0012934 Originally licensed: 2023-04-04 Effective: 2026-04-01 License issued: 2026-04-02

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-03-31 Parish: ORLEANS Mailing address: 1539 JACKSON AVENUE, SUITE 220, NEW ORLEANS, LA, 70130
Imagine Recovery 728 Nashville Avenue, NEW ORLEANS, LA, 70115	Felicia Kleinpeter	Phone: 5046054095 Email: felicia@imaginerecovery.com Fax: 5049627790	License: 2203784038 State ID: BH0012397 Originally licensed: 2018-08-22 Effective: 2025-08-01 License issued: 2025-07-23 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 728 NASHVILLE AVENUE, NEW ORLEANS, LA, 70115
Integrated Family Services 3604 Canal Street, NEW ORLEANS, LA, 70119	Michelle Crossley	Phone: 5048224333 Email: cmichelle100@yahoo.com Fax: 5048224339	License: 2203783484 State ID: BH0012173 Originally licensed: 2017-08-25 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 3604 CANAL STREET, NEW ORLEANS, LA, 70119
Integrity Behavioral Management 5610 Read Blvd, NEW ORLEANS, LA, 70127	Katrice Lain	Phone: 5042418188 Email: admin@integritybehavioralmanagment.com Fax: 5042645941	License: 2203782993 State ID: BH0011566 Originally licensed: 2016-12-06 Effective: 2025-12-01 License issued: 2025-11-26 Expires: 2026-11-30 Parish: ORLEANS Mailing address: 5610 READ BLVD, NEW ORLEANS, LA, 70127
Jackson Hands of Change 4035 Washington Avenue, NEW ORLEANS, LA, 70125	Dreatha Jackson	Phone: 5043585408 Email: jacksonhandsofchange@gmail.com Fax: 8772502283	License: 2203783630 State ID: BH0012105 Originally licensed: 2017-11-21 Effective: 2025-11-01 License issued: 2025-11-04 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 6032 PONTCHARTRAIN BLVD, NEW ORLEANS, LA, 70124
Loving Hearts Social Services of New Orleans 10040 I -10 Service Rd Ste C, NEW ORLEANS, LA, 70127	REBECCA CARSEY	Phone: 5048215220 Email: gdurand@lovingheartsofla.com Fax: 5048216330	License: 2203784890 State ID: BH0011521 Originally licensed: 2017-04-03 Effective: 2026-03-01 License issued: 2026-03-04 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 10040 I -10 SERVICE RD STE C, NEW ORLEANS, LA, 70127
Merakey PENNSYLVANIA-NEW ORLEANS 3303-3 Tulane Avenue, NEW ORLEANS, LA, 70112	Marlon Boutin	Phone: 5043021323 Email: winford.amos@merakey.org Fax: 5043244573	License: 2203783638 State ID: BH0011876 Originally licensed: 2017-04-11 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 620 E. GERMANTOWN PIKE, LAFAYETTE HILL, PA, 19444
Metropolitan Assertive Community Treatment Team 3909 Bienville Street, Suite 100A, NEW ORLEANS, LA, 70125	Jan Tarantino	Phone: 5048217085 Email: jan.tarantino@rhd.org Fax: 5043042275	License: 2203785851 State ID: BH0012318 Originally licensed: 2018-02-01 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 3909 BIENVILLE STREET, SUITE 100A, NEW ORLEANS, LA, 70125
Milestones Mental Health Agency	Stacey Griffin	Phone: 5044839883 Email:	License: 2203783517 State ID: BH0012183

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
4919 Canal Street Suite 203, NEW ORLEANS, LA, 70119		mmha@milestonesmha.org Fax: 5045085818	Originally licensed: 2017-09-11 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: ORLEANS Mailing address: 4919 CANAL STREET SUITE 203, NEW ORLEANS, LA, 70119
Mobile Crisis Intervention Unit (MCIU) 3909 Bienville Street, Suite 100C, NEW ORLEANS, LA, 70125	Jan Tarantino	Phone: 5048262675 Email: jan.tarantino@rhd.org Fax: 5048926768	License: 2203786715 State ID: BH0011929 Originally licensed: 2017-02-20 Effective: 2025-09-02 License issued: 2025-09-12 Expires: 2026-08-31 Parish: ORLEANS Mailing address: 3909 BIENVILLE STREET, SUITE 100C, NEW ORLEANS, LA, 70125
New Beginnings Behavioral & Family Services 2601 Tulane Ave Suite #320, NEW ORLEANS, LA, 70119	AKILAH WASHINGTON	Phone: 5042651230 Email: newbeginnings.nola@yahoo.com Fax: 5043240476	License: 2203786088 State ID: BH0012215 Originally licensed: 2018-01-09 Effective: 2026-01-01 License issued: 2025-12-12 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 2601 TULANE AVE SUITE #320, NEW ORLEANS, LA, 70119
New Orleans East Behavioral Health Center 5630 Read Blvd, 2nd floor, NEW ORLEANS, LA, 70126	CHATWEETA FRANCOIS	Phone: 5045683130 Email: chatweeta.francois@mhsdla.org Fax: 5046202894	License: 2203782767 State ID: BH0002310 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-06-02 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 3100 GENERAL DE GAULLE DRIVE, SUITE A, NEW ORLEANS, LA, 70114
Obyke Health Care Services, LLC 3028 Gentilly Blvd, NEW ORLEANS, LA, 70122	Rose Okpalobi	Phone: 5049486080 Email: obykehealthcare@att.net Fax: 5049486089	License: 2203783613 State ID: BH0012152 Originally licensed: 2017-11-14 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 3028 GENTILLY BLVD, NEW ORLEANS, LA, 70122
Odyssey House Louisiana, Inc 1125 N Tonti Street, NEW ORLEANS, LA, 70119	Edward Carlson	Phone: 5048219211 Email: ecarlson@ohlinc.org Fax: 5043248614	License: 2203782680 State ID: BH0003509 Originally licensed: 2016-03-24 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 1125 N TONTI STREET, NEW ORLEANS, LA, 70119
Positive Direction Support Services, LLC 1995 Gentilly Blvd, Suite C-400, NEW ORLEANS, LA, 70119	Donnyette Love	Phone: 5049440453 Email: dlove@positivedirectionnola.com Fax: 5049440095	License: 2203783213 State ID: BH0011979 Originally licensed: 2017-03-27 Effective: 2026-06-01 License issued: 2026-05-15 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 1995 GENTILLY BLVD, SUITE C-400, NEW ORLEANS, LA, 70119
Serenity Outreach Center, LLC 134 N. Broad Street, Suite A, NEW ORLEANS, LA, 70119	Sonja Brimmer	Phone: 5047311607 Email: serenityoutreachcenter@yahoo.com Fax: 5049103065	License: 2203785809 State ID: BH0011861 Originally licensed: 2017-06-29 Effective: 2025-07-01 License issued: 2025-07-23 Expires: 2026-06-30 Parish: ORLEANS

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 134 N. BROAD STREET, SUITE A, NEW ORLEANS, LA, 70125
Stages of Change 3308 Tulane Avenue, Suite 300, NEW ORLEANS, LA, 70119	Tekana Gainer	Phone: 5048271083 Email: stagesofchange@yahoo.com Fax: 5048271086	License: 2203785789 State ID: BH0011706 Originally licensed: 2017-02-22 Effective: 2026-06-01 License issued: 2026-05-22 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 2714 CANAL STREET, SUITE 307, NEW ORLEANS, LA, 70119
The Gift Mental Health 3301 Canal Street,Suite 1, NEW ORLEANS, LA, 70119	WILLIE BELL	Phone: 5046442575 Email: thegiftmhc@outlook.com Fax: 5046442803	License: 2203783888 State ID: BH0012354 Originally licensed: 2018-04-18 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: ORLEANS Mailing address: 3301 CANAL STEET, SUITE 1, NEW ORLEANS, LA, 70119
Tulane Doctors Specialty Psychiatry 4000 Bienville Street Suite B, NEW ORLEANS, LA, 70119	MICHAEL DYER	Phone: 5049880301 Email: Ljoseph1@tulane.edu Fax: 5049880302	License: 2203784273 State ID: BH0012453 Originally licensed: 2019-05-07 Effective: 2026-05-01 License issued: 2026-04-21 Expires: 2027-04-30 Parish: ORLEANS Mailing address: 4000 BIENVILLE STREET SUITE G, NEW ORLEANS, LA, 70119
Volunteers of America Southeast Louisiana 4152 Canal Street, NEW ORLEANS, LA, 70119	Voris Vigee	Phone: 5044822130 Email: vvigee@voasela.org Fax: 5044821922	License: 2203783130 State ID: BH0011940 Originally licensed: 2017-02-22 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Four Reasons Healthcare 5809 E. Judge Perez Dr., VIOLET, LA, 70092	Dwanda Jones	Phone: 5043452613 Email: dmosely4reasons@gmail.com Fax: 5043452713	License: 2203786493 State ID: BH0013276 Originally licensed: 2025-03-10 Effective: 2026-03-01 License issued: 2026-03-12 Expires: 2027-02-28 Parish: ST. BERNARD Mailing address: 5809 E. JUDGE PEREZ DR., VIOLET, LA, 70092
Inspire Care, LLC 101 Old Hickory Avenue, CHALMETTE, LA, 70043	Treree Jiles	Phone: 5043735901 Email: inspirecarellc@gmail.com Fax: 5043735922	License: 2203784742 State ID: BH0011818 Originally licensed: 2017-02-20 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ST. BERNARD Mailing address: 101 OLD HICKORY AVENUE, CHALMETTE, LA, 70043
St. Bernard Behavioral Health Center 6624 St.Claude Ave, ARABI, LA, 70032	Lori Marshall	Phone: 2048740992 Email: karen.jackson@mhsdla.org Fax: 5045683150	License: 2203782768 State ID: BH0002309 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: ST. BERNARD Mailing address: 3100 GENERAL DE GAULLE DRIVE, SUITE A, NEW ORLEANS, LA, 70114

Crisis Receiving Centers III — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bright Minds of LA 2235 Poydras St. Suite A, NEW ORLEANS, LA, 70119	Anice Butler	Phone: 5043099991 Email: abutler@brightmindsla.com Fax: 5049008555	License: 2203786837 State ID: CR0013419 Originally licensed: 2025-11-24 Effective: 2025-11-24 License issued: 2025-12-03 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 2235 POYDRAS ST. SUITE A, NEW ORLEANS, LA, 70119

Forensic Supervised Transitional — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Grace Outreach Center F S T R A 2237 Poydras Street, NEW ORLEANS, LA, 70119	Pythian Noah	Phone: 5043049980 Email: graceoutreachctr@gmail.com Fax: 5043021230	License: 2203785407 State ID: FF0001005 Originally licensed: 2012-04-02 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: ORLEANS Mailing address: P.O. BOX 4075, LAPLACE, LA, 70069

Therapeutic Group Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Angelicare Therapeutic Group Home-Violet 3408 Angelique Drive, VIOLET, LA, 70092	Dionna Richardson	Phone: 5045818395 Email: angelicarellc1@gmail.com Fax: 5043519873	License: 2203783891 State ID: TG0012370 Originally licensed: 2018-04-20 Effective: 2026-06-01 License issued: 2026-04-23 Expires: 2027-05-31 Parish: ST. BERNARD Mailing address: 3408 ANGELIQUE DRIVE, VIOLET, LA, 70092

Dental Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dental Services	Dental Provider Locator	mcnala.net/800-494-6262	Medicaid Member
Access Health Louisiana Dental Services	Manager	info@accesshealthla.org/866-530	

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Vital Adult Day Care	James Brown	225-412-7913	Adult Day Care is to provide seniors needing supervision or assistance with a safe, stimulating daytime environment, offering socialization, activities, meals, and health monitoring while giving family caregivers crucial respite and support, acting as a cost-effective alternative

Organization / Provider	Contact Person	Phone / Email	Services Provided
The Center, Inc. ADHC	Angela Hubbard-Weir	225-357-8977	Adult day care programs are an invaluable alternative to traditional long-term care placement, provide needed support to family caregivers and can often lessen health care expenses for consumers and the health care system.

Adult Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Care Associates Memory & Respite Day Care 3939 Houma Blvd, 223-C, METAIRIE, LA, 70006	Brittanie Harrow	Phone: 5044572200 Email: bharrow@care.associates Fax: 5044572207	License: 2203786820 State ID: WA0013496 Originally licensed: 2025-11-20 Effective: 2025-11-20 License issued: 2025-11-24 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 3941 HOUMA BLVD, STE 1A, METAIRIE, LA, 70006
Hope Haven Adult Day Healthcare Center 1131 Barataria Blvd., MARRERO, LA, 70072	Wayne Plaisance	Phone: 5042273411 Email: wplaisance@ccano.org Fax: 5049416082	License: 2203782047 State ID: WA0006568 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 1131 BARATARIA BLVD, MARRERO, LA, 70072
The Comforts of Home Adult Day Health Care, LLC 2701 Manhattan Blvd. Suite 14 & 15, HARVEY, LA, 70058	Shonitra Vaughn	Phone: 5049944079 Email: comfortsofhomeadhc@gmail.com Fax: 5043670154	License: 5059 State ID: WA0010005 Originally licensed: 2010-08-11 Effective: 2025-08-01 License issued: 2025-08-08 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 2701 MANHATTAN BLVD. SUITE 14 & 15, HARVEY, LA, 70058 Already listed elsewhere in this region; license details supplied here
Abundant Life Adult Day Health Care Center 2401 Prentiss Blvd, NEW ORLEANS, LA, 70122	Herlanius Tate	Phone: 5042402900 Email: administration@abundantlifeadhc.org Fax: 5042416000	License: 2203783396 State ID: WA0008241 Originally licensed: 2010-04-30 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 2401 PRENTISS BLVD, NEW ORLEANS, LA, 70122
Clover NOLA, Inc. 901 Richard Street, NEW ORLEANS, LA, 70130	Chante Jones	Phone: 5045236221 Email: Chante.jones@kingsleyhouse.org Fax: 5049106925	License: 2203782908 State ID: WA0006564 Originally licensed: 1982-04-01 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: ORLEANS Mailing address: 901 RICHARD STREET, NEW ORLEANS, LA, 70130
Empower to Inspire Adult Day Program, LLC 7041 Read Lane, NEW ORLEANS, LA, 70127	Joneita Fontenette	Phone: 5043549763 Email: adhc@etiadultdayprogram.com Fax: 5044592552	License: 2203785376 State ID: WA0012858 Originally licensed: 2022-06-28 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 7041 READ LANE, NEW ORLEANS, LA, 70127
Pace Greater New Orleans ADHC 4201 N. Rampart Street, NEW ORLEANS, LA, 70117	Wayne Plaisance	Phone: 5042273411 Email: wplaisance@ccano.org Fax: 5049416082	License: 5020 State ID: WA0006606 Originally licensed: 2005-10-01 Effective: 2026-06-01 License issued: 2026-05-25 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 4201 N. RAMPART STREET, NEW ORLEANS, LA, 70117
Poydras Home Activity Services for the Elderly	Erin E Kolb	Phone: 5048970535 Email:	License: 2662 State ID: WA0006576

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
(PHASE) 5354 Magazine Street, NEW ORLEANS, LA, 70115		ekolb@poydrashome.com Fax: 5048979494	Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 5354 MAGAZINE STREET, NEW ORLEANS, LA, 70115

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Aveanna Healthcare 6459 Riverside Dr., METAIRIE, LA, 70003	LYNELLE DIAZ	Phone: 5043555197 Email: credentialing@aveanna.com Fax: 5043555202	License: 2203782209 State ID: PD0011336 Originally licensed: 2014-12-12 Effective: 2025-12-01 License issued: 2025-11-21 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 400 INTERSTATE NORTH PARKWAY SE, SUITE 1600: LICENSING, ATLANTA, GA, 30339
Canopy Pediatric Day Health Center 2235 Poydras Street, NEW ORLEANS, LA, 70119	Jenifer Thompson	Phone: 2283425366 Email: jenniet1026@gmail.com Fax: 2283425366	License: 2203786635 State ID: PD0013452 Originally licensed: 2025-07-07 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 3157 GENTILLY BOULEVARD UNIT 362, NEW ORLEANS, LA, 70119
Nolas Little Miracles 2124 Driftwood Blvd, KENNER, LA, 70065	Kristen Klein	Phone: 5044688585 Email: nolaslittlemiracles@hotmail.com Fax: 5044688584	License: 2203781882 State ID: PD0011183 Originally licensed: 2013-11-26 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 2124 DRIFTWOOD BLVD, KENNER, LA, 70065
Pediatric Health Choice 2644 N. Causeway Blvd., Suite 100, METAIRIE, LA, 70002	STEPHAINE DUFRENE	Phone: 5047045647 Email: credentialing-ros@pediatrichomeservice.com Fax: 5048372999	License: 2203782173 State ID: PD0011324 Originally licensed: 2014-11-06 Effective: 2025-11-01 License issued: 2025-10-24 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 4602-C NORTH ARMENIA AVENUE, TAMPA, FL, 33603

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Right at Home	Manager	254-399-0788	The transition from adulthood to senior hood is very challenging for some individuals . It is generally considered anyone who reaches 60 or 65 is a senior citizen.
Housing & Redevelopment	Andrew Becker	504-278-4200	The Department of Housing and Redevelopment entity of St. Bernard Government we serve the St Bernard parish residents through (HCV)Housing Choice Voucher Program.(LIHEAP) Low income Home Energy Assistance Program

Financial Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Medicaid	Case Worker	800-772-1213	Cash assistance programs help pay for expenses not covered by health insurance senior living programs and other forms of aid for the elderly and the disability.
Social Seurity	Case Worker	800-772-1213	Social security is a source of income for retirees and people with disability.
SSI	Case Worker	800-772-1213	Is a tax-funded program that provides monthly payments to help aged, blind and disabled people meet their basic needs

Food Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Supplemental Nutrition (SNAP)	Financial<18 years	dcfs.la.gov/888-524-3578	Food assistance and education(common name food stamps)
Community Center of St. Bernard	Supervisor	504-518-5968	Provides free food, clothes, hot meal, internet access, and other community services.
Second Harvest community Food Banks	Supervisor	985-764-7944/program's website	Services as a crisis community food bank site, and provided food once a month.
Plaquemines Parish community Action Agency	Supervisor	504-934-6940	Promote self-sufficiency and support individuals and families striving to become economically secure while investing in the future of their local communities.

Transportation Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Medical Transport	Medical Financial	855-325-7626	Non-emergency medical transportation to\from medical appointments has to schedule 2 days before appointment.

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Personal care services	Financial /Medical	877-455-9955	In-home Medicaid PCS
Office for Citizens with development Disabilities	Medical/disability criteria	Human Service District (MHSD) 504-599-0245 or 504-838-5357 Jefferson Parish	Eligibility/needs assessments, family supports and services, waiver service
Social Security Benefit	Disability/financial	800-772-1213	Financial Support
New Orleans COA	Sontra Carmouche	504-821-4121	The New Orleans Council On Aging (NOCOA) exists to protect the rights, promote the wellbeing, and enhance the self-esteem of New Orleans elderly by generating.
Jefferson Parish COA	Lynn Toca	504-835-0210	Senior Centers provide social engagement and enrichment activities in addition to being an informational resource for issues regarding aging, caregiver support,…

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Academy House - Level 1 4324 Academy Dr., METAIRIE, LA, 70003	MRS Peggy C Stahls	Phone: 5048841063 Email: peggy@academyhouses.com Fax: 5047807482	License: 13319 State ID: AC0010383 Originally licensed: 2009-03-18 Effective: 2026-04-01 License issued: 2026-03-18 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 5304 ERLANGER ROAD, KENNER, LA, 70065
Agape Care Homes LLC - Level 1 3521 Richland Ave, METAIRIE, LA, 70002	Todd Calamari	Phone: 5046154182 Email: agapecarehomesLLC@gmail.com	License: 2203786310 State ID: AC0011352 Originally licensed: 2015-02-05 Effective: 2025-08-01 License issued: 2025-08-19 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 33 GRANADA DR., KENNER, LA, 70065
Audubon Care Homes - Phosphor House 820 Phosphor Avenue, METAIRIE, LA, 70005	Michelle Lovitt	Phone: 5042901717 Email: info@audubooncarehomes.com Fax: 5042901717	License: 2203785588 State ID: AC0012949 Originally licensed: 2023-01-20 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2026-12-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1316 VINTAGE DRIVE, METAIRIE, LA, 70005
Audubon Care Homes - Seminole House I 1421 Seminole Avenue, METAIRIE, LA, 70005	Michelle Lovitt	Phone: 5042901717 Email: info@audubooncarehomes.com Fax: 5042901717	License: 2203786437 State ID: AC0013358 Originally licensed: 2025-01-08 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 1421 SEMINOLE AVENUE, METAIRIE, LA, 70005
Audubon Care Homes Dreyfous House - Level 2 4713 Dreyfous Ave, METAIRIE, LA, 70006	Michelle Lovitt	Phone: 5042901717 Email: info@audubooncarehomes.com Fax: 5042901717	License: 2203784621 State ID: AC0012624 Originally licensed: 2020-05-14 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 1316 VINTAGE DRIVE, KENNER, LA, 70065
Beau Maison - Level 2 3520 Cleary Avenue, METAIRIE, LA, 70002	Loretta Riley	Phone: 5042590326 Email: bradyhaag21@gmail.com Fax: 8886062434	License: 2203783047 State ID: AC0011911 Originally licensed: 2017-02-06 Effective: 2026-02-01 License issued: 2025-12-03 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 858 MOUTON STREET, NEW ORLEANS, LA, 70124
Fidelis Care II - Level1 4000 Kent Avenue, METAIRIE, LA, 70006	Courtnee Johnson	Phone: 5042187952 Email: judy@fideliscaregroup.com Fax: 5043362201	License: 12160 State ID: AC0010370 Originally licensed: 2008-07-23 Effective: 2026-07-01 License issued: 2026-04-27 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 4636 SANFORD ST., METAIRIE, LA, 70006
Fidelis Care IV-Level 1 4801 Tartan Street, METAIRIE, LA, 70003	Jada Williams	Phone: 5043549626 Email: judy@fideliscaregroup.com Fax: 5043362201	License: 13442 State ID: AC0010389 Originally licensed: 2007-03-29 Effective: 2026-04-01 License issued: 2026-02-24 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70006
Fidelis Craig House - Level 2 4700 Craig Ave, METAIRIE, LA, 70003	Michele Robert-Duffy	Phone: 5042188756 Email: michele@fideliscaregroup.com Fax: 5043362201	License: 2203785753 State ID: AC0013009 Originally licensed: 2023-06-02 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70006
Fidelis Janice House LLC - Level 2 4421 Janice Street, METAIRIE, LA, 70003	Michelle Breaux	Phone: 5045829976 Email: judy@fideliscaregroup.com Fax: 5043362201	License: 2203782065 State ID: AC0011272 Originally licensed: 2014-08-04 Effective: 2026-08-01 License issued: 2026-05-18 Expires: 2027-07-31 Parish: JEFFERSON Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70006
Fidelis Scofield House LLC - Level 2 3721 Scofield Street, METAIRIE, LA, 70002	DOMINIQUE THOMAS	Phone: 5045829887 Email: judy@fideliscaregroup.com Fax: 5043362201	License: 2203782813 State ID: AC0011670 Originally licensed: 2016-06-24 Effective: 2026-06-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-04-27 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70002
Harvard House-Level 1 4012 Harvard Ave., METAIRIE, LA, 70006	Peggy Stahls	Phone: 5048841063 Email: peggy@academyhouses.com Fax: 5047807482	License: 2203782826 State ID: AC0011381 Originally licensed: 2015-06-15 Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 5304 ERLANGER RD, KENNER, LA, 70065
Henican House-Level 1 5511 Meadowdale Street, METAIRIE, LA, 70003	Gloria Gonzales	Phone: 5042531216 Email: director@henicanhouse.com Fax: 5042531216	License: 2203786173 State ID: AC0011060 Originally licensed: 2012-12-03 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 6029 RUTH ST., METAIRIE, LA, 70003
Inspired Living at Kenner - Level 3 3801 Loyola Drive, KENNER, LA, 70065	Deeni Rome	Phone: 5043136600 Email: regulatory@validusseniorliving.com Fax: 8448080071	License: 2203783238 State ID: AC0011947 Originally licensed: 2017-04-17 Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 3801 LOYOLA DRIVE, KENNER, LA, 70065
Lake Louise Care Home 4613 Lake Louise Avenue, METAIRIE, LA, 70006	Monique Brannon	Phone: 5045121242 Email: mbrannon@metromedpass.com	License: 2203786654 State ID: AC0011523 Originally licensed: 2016-01-25 Effective: 2026-04-01 License issued: 2026-03-26 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 4916 LAKE COMO, NEW ORLEANS, LA, 70124
Lake Villa House-Level 1 4212 Lake Villa Drive, METAIRIE, LA, 70002	MRS Peggy C Stahls	Phone: 5048841063 Email: peggy@academyhouses.com Fax: 5047807482	License: 14696 State ID: AC0010428 Originally licensed: 2010-01-25 Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 5304 ERLANGER ROAD, KENNER, LA, 70065
Laketown Village, Residential Care & Memory Care - Level 3 1600 Joe Yenni Boulevard, KENNER, LA, 70065	Marie Letellier	Phone: 5044671000 Email: mletellier@pegasusseniorliving.com Fax: 5042900491	License: 2203784133 State ID: AC0010338 Originally licensed: 1999-12-01 Effective: 2025-11-01 License issued: 2025-11-20 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 611 SOUTH MAIN STREET SUITE 400, GRAPEVINE, TX, 76051
Metairie Heights Home - Level 1 2701 Metairie Heights Ave., METAIRIE, LA, 70002	Gloria I gonzalez	Phone: 5044014580 Email: director@metairieheightshome.com	License: 2203786321 State ID: AC0011229 Originally licensed: 2014-03-03 Effective: 2026-07-01 License issued: 2026-06-22 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 6029 RUTH ST., METAIRIE, LA, 70003

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Old Metairie Gardens I - Level 2 344 Lake Ave, METAIRIE, LA, 70005	Brady Haag	Phone: 5042590326 Email: bradyhaag21@gmail.com Fax: 8886062434	License: 2203784176 State ID: AC0012450 Originally licensed: 2019-01-08 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 858 MOUTON ST, NEW ORLEANS, LA, 70124
Old Metairie Gardens II - Level2 348 Lake Ave, METAIRIE, LA, 70005	Brady Haag	Phone: 5042590326 Email: bradyhaag21@gmail.com Fax: 8886062434	License: 2203784177 State ID: AC0012451 Originally licensed: 2019-01-09 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 858 MOUTON ST, NEW ORLEANS, LA, 70124
Peace of Home ElderResidences - Level 1 1009 Colonial Club Drive, HARAHAN, LA, 70123	Margaret Caruso	Phone: 5044391449 Email: PeaceofHome.LLC@gmail.com Fax: 5048855213	License: 2203785273 State ID: AC0012788 Originally licensed: 2022-04-01 Effective: 2026-04-01 License issued: 2026-02-09 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 4420 SAINT MARY ST, METAIRIE, LA, 70006
Schouest House - Level 1 7004 Schouest St., METAIRIE, LA, 70003	Mrs. Peggy C. Stahls	Phone: 5048841063 Email: stahlsp@bellsouth.net Fax: 5047807482	License: 13945 State ID: AC0010399 Originally licensed: 2008-04-03 Effective: 2025-11-01 License issued: 2025-10-20 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 5304 ERLANGER RD., KENNER, LA, 70065
Serenity Senior Residence 2 - Level 2 817 Aurora Avenue, METAIRIE, LA, 70005	Cheryl Caronia-Yates	Phone: 5047235517 Email: admin@serenitynola.com	License: 2203785299 State ID: AC0010540 Originally licensed: 2011-08-01 Effective: 2026-02-01 License issued: 2026-01-07 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 31 HUNTER PL, METAIRIE, LA, 70001
Serenity Senior Residences - Level 2 3949 Meadowdale St., METAIRIE, LA, 70002	Cheryl Caronia-Yates	Phone: 5047668059 Email: admin@serenitynola.com	License: 2203785298 State ID: AC0008317 Originally licensed: 2008-04-11 Effective: 2026-02-01 License issued: 2026-01-07 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 31 HUNTER PL, METAIRIE, LA, 70001
St Francis Villa Assisted Living-Level 3 10411 Jefferson Highway, RIVER RIDGE, LA, 70123	JOHN S RIVE JR	Phone: 5047381060 Email: jrive@stfrancisvilla.com Fax: 5047389870	License: 5391 State ID: AC0010312 Originally licensed: 1999-09-30 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 10411 JEFFERSON HIGHWAY, RIVER RIDGE, LA, 70123
St. Michael"""""s Assisted Living - Level 1 314 Transcontinental Drive, METAIRIE, LA, 70001	Jennifer Wright	Phone: 5046444324 Email: jwright@assistedlivingsm.com Fax: 5046444714	License: 2203783535 State ID: AC0012074 Originally licensed: 2017-09-25 Effective: 2025-09-01 License issued: 2025-08-26 Expires: 2026-08-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 314 TRANSCONTINENTAL DRIVE, METAIRIE, LA, 70001
St. Michael"""""s Assisted Living II - Level 1 318 Transcontinental Drive, METAIRIE, LA, 70001	JENNIFER WRIGHT	Phone: 5046444324 Email: jwright@assistedlivingsm.com Fax: 5046444714	License: 2203783563 State ID: AC0012075 Originally licensed: 2017-10-12 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 318 TRANSCONTINENTAL DRIVE, METAIRIE, LA, 70001
Sunrise of Metairie-Level 3 3732 West Esplanade Ave., METAIRIE, LA, 70002	Matthew Standige	Phone: 5048899777 Email: Metairie.ed@sunriseseniorliving.com Fax: 5048899778	License: 14242 State ID: AC0010411 Originally licensed: 2008-11-12 Effective: 2026-02-01 License issued: 2026-02-11 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 3732 WEST ESPLANADE AVE., METAIRIE, LA, 70002
The Blake at Colonial Club - Level 3 7904 Jefferson Highway, HARAHAN, LA, 70123	Michelle Shank	Phone: 5047377700 Email: PAUL.DUPLESSIS@QSLMSENIORLIVING.COM Fax: 5048004283	License: 2203785574 State ID: AC0012675 Originally licensed: 2020-12-11 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 125 SOUTH ALCANIZ ST, SUITE 2 - ATTN: GLENN BARCLAY, PENSACOLA, FL, 32502
The Jefferson - Level 2 221 Central Ave., JEFFERSON, LA, 70121	Patrick Arrillaga	Phone: 5042590326 Email: patrick@peristyleresidences.com Fax: 8886062434	License: 2203786206 State ID: AC0013248 Originally licensed: 2024-05-07 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 858 MOUTON ST., JEFFERSON, LA, 70121
The Jefferson - Level 2 224 Central Ave, JEFFERSON, LA, 70121	Patrick Arrillaga	Phone: 5042590326 Email: patrick@peristyleresidences.com Fax: 8886062434	License: 2203784849 State ID: AC0012710 Originally licensed: 2021-02-02 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 858 MOUTON ST, NEW ORLEANS, LA, 70124
The Pelican Homes ARCF, LLC 4508 Alexander Drive, METAIRIE, LA, 70003	Genevieve Simone	Phone: 5044953957 Email: gmpsimone@gmail.com Fax: 8889999999	License: 2203785534 State ID: AC0012926 Originally licensed: 2022-11-28 Effective: 2025-11-01 License issued: 2025-10-27 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 325 METAIRIE HEIGHTS AVENUE, METAIRIE, LA, 70001
The Peristyle at Bucktown 1443 Seminole Ave, METAIRIE, LA, 70005	Loretta Riley	Phone: 5042590326 Email: jasonhemel@gmail.com Fax: 8886062434	License: 2203785515 State ID: AC0012923 Originally licensed: 2022-10-21 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 858 MOUTON ST., NEW ORLEANS, LA, 70124

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Tranquil Living II, LLC - Level 1 613 Avenue E, MARRERO, LA, 70072	Brigette Gaudet	Phone: 5043010690 Email: brigette.gaudet@gmail.com Fax: 8889999999	License: 2203784036 State ID: AC0012405 Originally licensed: 2018-08-21 Effective: 2025-08-01 License issued: 2025-07-17 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 116 BOURGEOIS COURT, NEW ORLEANS, LA, 70123
Tranquil Living-Level 2 4500 Leo Street, MARRERO, LA, 70072	Jane M Haley	Phone: 5046154665 Email: brigette.gaudet@gmail.com Fax: 5042242785	License: 2203781790 State ID: AC0011159 Originally licensed: 2013-09-23 Effective: 2025-09-01 License issued: 2025-08-21 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 4500 LEO STREET, MARRERO, LA, 70072
Ville Ste. Marie Senior Living Community-Level 3 4112 Jefferson Hwy, JEFFERSON, LA, 70121	DeAnna Sanford	Phone: 5048343164 Email: vsmseniorssanford@att.net Fax: 5048490608	License: 8191 State ID: AC0010342 Originally licensed: 2001-02-01 Effective: 2026-03-01 License issued: 2026-02-02 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 4112 JEFFERSON HWY, JEFFERSON, LA, 70121
Lambeth House Assisted Living -Level 3 150 Broadway Street, NEW ORLEANS, LA, 70118	DANIELLE TIFFITH	Phone: 5048651960 Email: DTIFFITH@LAMBETHHOUSE.COM Fax: 5048659514	License: 10565 State ID: AC0010353 Originally licensed: 2004-12-31 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 150 BROADWAY STREET, NEW ORLEANS, LA, 70118
Living in Love, LLC - Level 2 1712 Holiday Drive, NEW ORLEANS, LA, 70114	Brushawn Vedor	Phone: 5043955683 Email: livinginlovellc@gmail.com Fax: 8881111111	License: 2203786243 State ID: AC0011017 Originally licensed: 2012-07-27 Effective: 2026-05-01 License issued: 2026-04-13 Expires: 2027-04-30 Parish: ORLEANS Mailing address: P.O. BOX 3125, HARVEY, LA, 70058
Oak House Assisted Living - Level 3 5354 Magazine St., NEW ORLEANS, LA, 70115	Laura Smith	Phone: 5048970535 Email: lsmith@poydrashome.com Fax: 5048979494	License: 2203781741 State ID: AC0011145 Originally licensed: 2013-08-07 Effective: 2026-08-01 License issued: 2026-06-01 Expires: 2027-07-31 Parish: ORLEANS Mailing address: 5354 MAGAZINE ST., NEW ORLEANS, LA, 70115
SGC Group LLC -Level 3 1101 Aline Street, NEW ORLEANS, LA, 70115	Christine Cottrell	Phone: 5043502244 Email: DON@LAURELNOLA.COM	License: 2203785122 State ID: AC0010303 Originally licensed: 2013-02-14 Effective: 2026-07-01 License issued: 2026-05-18 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 1101 ALINE STREET, NEW ORLEANS, LA, 70115
SummerHouse Vista Shores - Level 2 5958 Saint Bernard Ave., NEW ORLEANS, LA, 70122	Kyle Avance	Phone: 5042883737 Email: KAVANCE@SUMMERHOUSEVISTASHORES.COM Fax: 5042883730	License: 2203785234 State ID: AC0010701 Originally licensed: 2012-03-13 Effective: 2025-12-01 License issued: 2025-12-01 Expires: 2026-11-30 Parish: ORLEANS

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 5958 SAINT BERNARD AVE, NEW ORLEANS, LA, 70122
The Azaleas Assisted Living At Woldenberg Village - Level 3 3701 Behrman Place, NEW ORLEANS, LA, 70114	Anndee Major	Phone: 5043675640 Email: amajor@commcare.com Fax: 5043667204	License: 8610 State ID: AC0010344 Originally licensed: 2001-09-28 Effective: 2025-10-01 License issued: 2025-10-08 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 3701 BEHRMAN PLACE, NEW ORLEANS, LA, 70114
The Carrollton 701 South Carrollton Avenue, NEW ORLEANS, LA, 70118	JAMES MATHEWS	Phone: 5043800067 Email: JAMATHEWS@LIBERTYSENIORLIVING.COM Fax: 5043800365	License: 2203785637 State ID: AC0012954 Originally licensed: 2023-02-23 Effective: 2026-02-01 License issued: 2026-01-14 Expires: 2027-01-31 Parish: ORLEANS Mailing address: 701 SOUTH CARROLLTON AVENUE, NEW ORLEANS, LA, 70118
The Suites at Algiers Point - Level 3 813 Pelican Avenue, NEW ORLEANS, LA, 70114	ANDREA ROMERO	Phone: 5043627166 Email: ANDREA@ALGIERSPOINTSUITES.COM Fax: 5042677340	License: 2203784318 State ID: AC0010734 Originally licensed: 2012-05-03 Effective: 2026-06-01 License issued: 2026-06-01 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 813 PELICAN AVENUE, NEW ORLEANS, LA, 70114

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
A Life Choice for Personal Enhancement, LLC 401 Whitney Avenue Suite #405., GRETNA, LA, 70056	Tricia Marshall-Ferguson	Phone: 5045818215 Email: alcadmin@alifechoicesupports.com Fax: 5043217966	License: 2203783236 State ID: CM0011990 Originally licensed: 2017-04-07 Effective: 2026-04-01 License issued: 2026-03-03 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 401 WHITNEY AVENUE SUITE #405, GRETNA, LA, 70056
ABC Case Management 3340 Severn Ave, Suite 220, METAIRIE, LA, 70002	Michelle Wall	Phone: 5045208545 Email: Michelle.Wall@abcsca.com Fax: 5045208548	License: 2203785413 State ID: CM0010505 Originally licensed: 2010-11-08 Effective: 2026-07-01 License issued: 2026-05-11 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: P. O. BOX 1284, DENHAM SPRINGS, LA, 70727
ARC of Greater New Orleans 1771 Nashville Ave., NEW ORLEANS, LA, 70115	Michelle Stiaes	Phone: 5048974060 Email: mstiaes@arcgno.org Fax: 5042083101	License: 2190 State ID: CM0006472 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 925 LABARRE ROAD, METAIRIE, LA, 70001
Quality Support Coordination Inc Region 1 641 Papworth Avenue, METAIRIE, LA, 70005	Janet Connell	Phone: 5046200064 Email: jconnell@qscmail.com Fax: 5048856746	License: 2203783394 State ID: CM0007297 Originally licensed: 2007-06-18 Effective: 2026-06-01 License issued: 2026-03-18 Expires: 2027-05-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 641 PAPWORTH AVENUE, METAIRIE, LA, 70005
The First Step Youth & Family Services 2, LLC 1200 Monroe Street, GRETNA, LA, 70053	Kimberly Andres	Phone: 5043542759 Email: thefirststepllc2@gmail.com Fax: 5045562919	License: 2203785127 State ID: CM0012136 Originally licensed: 2018-02-14 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 1200 MONROE STREET, GRETNA, LA, 70053
Integrity Case Management Services LLC 4035 Washington Ave, NEW ORLEANS, LA, 70125	Ingrid M Adams	Phone: 5044974610 Email: ingridadams@hotmail.com Fax: 5049304392	License: 2203786646 State ID: CM0013416 Originally licensed: 2025-07-16 Effective: 2025-07-16 License issued: 2025-07-16 Expires: 2026-06-30 Parish: ORLEANS Mailing address: 2704 CREELY DR, CHALMETTE, LA, 70043
Raintree Children and Family Services 1233 Eighth Street, NEW ORLEANS, LA, 70115	LaShawna Schofield	Phone: 5048999045 Email: lschofield@raintreeservices.org Fax: 5048950204	License: 2128 State ID: CM0006512 Effective: 2026-02-01 License issued: 2026-01-05 Expires: 2027-01-31 Parish: ORLEANS Mailing address: 1233 EIGHT STREET, NEW ORLEANS, LA, 70115
Ventilator Assisted Care Program 210 State Street, NEW ORLEANS, LA, 70118	Annsley Stoma	Phone: 5048969228 Email: annsley.stoma@lcmchealth.org Fax: 5048969313	License: 2203783592 State ID: CM0006514 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 200 HENRY CLAY AVENUE, NEW ORLEANS, LA, 70118
Volunteers of America Southeast Louisiana 3901 Tulane Ave, NEW ORLEANS, LA, 70119	Voris Vigeeq	Phone: 5045393003 Email: vvigee@voasela.org Fax: 5045760781	License: 2203786078 State ID: CM0013032 Originally licensed: 2024-01-26 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Alphacare Support Coordination, LLC 315 W. Genie Street, CHALMETTE, LA, 70043	Joycelyn V Santee	Phone: 5047313100 Email: Alphacare@yahoo.com Fax: 5049106883	License: 2203787085 State ID: CM0011030 Originally licensed: 2012-08-09 Effective: 2026-06-01 License issued: 2026-06-11 Expires: 2027-05-31 Parish: ST. BERNARD Mailing address: 315 W. GENIE, CHALMETTE, LA, 70043

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1st Class Care Every Time, LLC 1200 24th Street, Suite G, KENNER, LA, 70062	ERICA RICHARDSON	Phone: 5044661550 Email: 1stclasscare@att.net Fax: 5044661551	License: 2203784471 State ID: HC0007841 Originally licensed: 2009-01-15 Effective: 2025-10-01 License issued: 2025-08-27 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 1200 24TH STREET, SUITE G, KENNER, LA, 70062

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
A Beam of Light, LLC 2028 Paxton Street Suite A, HARVEY, LA, 70058	Annette Revader	Phone: 5043281627 Email: abeamlight08@yahoo.com Fax: 5043281467	License: 2203784024 State ID: HC0006426 Originally licensed: 2008-11-17 Effective: 2025-08-01 License issued: 2025-06-18 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: P O BOX 925, MARRERO, LA, 70073
A First Name Basis Home Care 3445 North Causeway Boulevard, Suite 403, METAIRIE, LA, 70002	DOMINIQUE MORRIS	Phone: 5042479155 Email: admin@afirstnamebasis.com Fax: 5042479157	License: 2203786877 State ID: HC0011065 Originally licensed: 2012-12-01 Effective: 2025-12-24 License issued: 2026-01-16 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596
A Hand to Hold, LLC 1500 LAFAYETTE STREET SUITE 104, GRETNA, LA, 70053	Crystal Yancy	Phone: 8333029543 Email: ahandtohold24hours@gmail.com Fax: 5043284922	License: 2203783910 State ID: HC0007357 Originally licensed: 2007-09-14 Effective: 2026-04-01 License issued: 2026-02-20 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 1500 LAFAYETTE STREET SUITE 104, GRETNA, LA, 70053
A-1 Absolute Best Care, LLC 401 Whitney Avenue, Suite 401, GRETNA, LA, 70056	MR. Larry Riley, JR.	Phone: 5043680206 Email: absolutebestcare@bellsouth.net Fax: 5043686338	License: 7376 State ID: HC0006164 Originally licensed: 2005-10-01 Effective: 2025-11-01 License issued: 2025-10-23 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 401 WHITNEY AVENUE SUITE 401, GRETNA, LA, 70056
AAA Care, LLC 1901 - B Airline Hwy., METAIRIE, LA, 70001	MS. Stephanie Jackson	Phone: 5044821700 Email: aaa_care@bellsouth.net Fax: 5044821800	License: 2203784711 State ID: HC0005130 Originally licensed: 2004-03-05 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: P.O. BOX 640402, KENNER, LA, 70064
ABBA Personal Healthcare, LLC 1425 N Broad St., Suite 200, NEW ORLEANS, LA, 70119	TRENT TATE	Phone: 5043804002 Email: evelynfilipinas@yahoo.com Fax: 5043925158	License: 2203785622 State ID: HC0012554 Originally licensed: 2020-01-10 Effective: 2026-01-01 License issued: 2025-12-11 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 1425 N BROAD STREET, SUITE 200, NEW ORLEANS, LA, 70119
ARC of Greater New Orleans 925 Labarre Road, METAIRIE, LA, 70001	Michelle Stiaes	Phone: 8666904013 Email: info@arcgno.org Fax: 5048314107	License: 2203784158 State ID: HC0006039 Originally licensed: 1991-12-11 Effective: 2025-12-01 License issued: 2025-11-20 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 925 LABARRE ROAD, METAIRIE, LA, 70001
Abiding in the Vine Care Provider 1141 Whitney Ave. Bldg 2, GRETNA, LA, 70056	Brandy Green	Phone: 8338149653 Email: abidinginthevine1@gmail.com Fax: 5042650153	License: 2203784220 State ID: HC0012467 Originally licensed: 2019-03-04 Effective: 2026-03-01 License issued: 2026-01-27 Expires: 2027-02-28 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1141 WHITNEY AVE. BLDG 2, GRETNA, LA, 70056
Able Life Care Services, Inc. 401 Whitney Avenue Suite 302, GRETNA, LA, 70056	Courtney Clofer	Phone: 5043675511 Email: cclofer@actshomehealth.com Fax: 5043675512	License: 2203783066 State ID: HC0006335 Originally licensed: 2002-03-25 Effective: 2025-12-01 License issued: 2025-11-25 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 401 WHITNEY AVENUE SUITE 302, GRETNA, LA, 70056
Acadian Home Care Services 1614 Belle Chasse Hwy., Suite A, GRETNA, LA, 70056	Gabrielle Thomas	Phone: 5043092160 Email: gabrielle@acadianhcs.com Fax: 5043092960	License: 2203783727 State ID: HC0007237 Originally licensed: 2007-06-08 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 1614 BELLE CHASSE HWY, SUITE A, GRETNA, LA, 70056
Advanced Personal Care Services, Inc. 1800 CAROL SUE AVE SUITE 6, GRETNA, LA, 70056	WANNSHANNDA WEBER	Phone: 5042270773 Email: info@advancedpcsinc.net Fax: 5042270715	License: 2203783340 State ID: HC0005637 Originally licensed: 2005-10-01 Effective: 2026-05-01 License issued: 2026-03-16 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 1800 CAROL SUE AVE SUITE 6, GRETNA, LA, 70056
Affiliated Heart 2 Heart Homecare Services, Inc. 1799 Stumpf Blvd. Bldg. 3 Suite 3, GRETNA, LA, 70056	Elizabeth Childers	Phone: 5042279998 Email: aheart2hearthc@yahoo.com Fax: 5042270722	License: 2203784301 State ID: HC0005754 Originally licensed: 2005-04-20 Effective: 2026-06-01 License issued: 2026-05-05 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 12553 SOUTH HARRELL'S FERRY ROAD, BATON ROUGE, LA, 70816
Agape Care Providers, Inc. 784 BEHRMAN HIGHWAY, GRETNA, LA, 70056	Shelia M Brown	Phone: 5043921398 Email: tcpacpadm@gmail.com Fax: 5043920825	License: 9965 State ID: HC0006457 Originally licensed: 2003-02-14 Effective: 2026-03-01 License issued: 2026-02-24 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: P.O. BOX 2900, GRETNA, LA, 70054
Ageless Healthcare 2475 Canal Street, Suite 101, NEW ORLEANS, LA, 70119	Isiss Donate	Phone: 8334188555 Email: rcaillier@myagelesscare.com Fax: 5045829294	License: 2203785679 State ID: HC0012481 Originally licensed: 2019-09-18 Effective: 2026-04-06 License issued: 2026-04-14 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 1353 SURREY ST., LAFAYETTE, LA, 70501
All America Personal Care, Inc. 3939 Veterans Blvd. Suite 220, METAIRIE, LA, 70002	Caren Dwyer	Phone: 8663641822 Email: aapc_inc@yahoo.com Fax: 5044572325	License: 15426 State ID: HC0006183 Originally licensed: 2000-05-22 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 2912 PALM VISTA DRIVE, KENNER, LA, 70065
Amazing Love N Care PCA Services 2273 Barataria Blvd.	Sabrina Hains	Phone: 8002591908 Email: lovencarepcaservices@gmail.	License: 2203784957 State ID: HC0012495 Originally licensed: 2019-06-27

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Suites 1 & 2, MARRERO, LA, 70072		com Fax: 5042265052	Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 2273 BARATARIA BLVD. SUITES 1 & 2, MARRERO, LA, 70072
Angels Care, LLC 7809 Airline Drive, Suite 208 B, METAIRIE, LA, 70003	Kevin Ivey	Phone: 5042647146 Email: angelscarelaregion3@hotmail.com Fax: 5042647147	License: 11540 State ID: HC0005380 Originally licensed: 2005-03-14 Effective: 2026-04-01 License issued: 2026-03-16 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 200 BEDFORD ST SUITE A, LAPLACE, LA, 70068
Aspiring Personal Care Services 10001 Lake Forest Blvd. Suite 704, NEW ORLEANS, LA, 70127	Ashley Johnson	Phone: 5042246556 Email: tthibodaux@aspiringpca.com Fax: 5043838744	License: 2203784127 State ID: HC0012408 Originally licensed: 2018-10-17 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 10001 LAKE FOREST BLVD. SUITE 704, NEW ORLEANS, LA, 70127
Attentive Companions Home Care 4480 General Degaulle Drive Suite 225, NEW ORLEANS, LA, 70131	Vinetta Dabney	Phone: 8883888229 Email: vdabney@achc.care Fax: 5045105888	License: 2203785464 State ID: HC0012890 Originally licensed: 2022-08-05 Effective: 2025-08-01 License issued: 2025-06-17 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: P.O. BOX 740444, NEW ORLEANS, LA, 70131
Berry""s Reliable Resources, LLC 2200 Veterans Blvd, Suite 206, KENNER, LA, 70062	Rhonda B Williams	Phone: 5042720795 Email: berrysdsws@gmail.com Fax: 5043049242	License: 2203786445 State ID: HC0005204 Originally licensed: 2004-04-14 Effective: 2026-01-01 License issued: 2025-12-23 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 2200 VETERANS BLVD, SUITE 206, KENNER, LA, 70062
Best Care Providers Inc. 401 Whitney Avenue, Suite 123, GRETNA, LA, 70056	Barbara Moore	Phone: 5043683425 Email: bestcareproviderswhitney@gmail.com Fax: 5043683467	License: 6254 State ID: HC0006098 Originally licensed: 1999-02-11 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 401 WHITNEY AVENUE, SUITE 123, GRETNA, LA, 70056
BrightCare HomeCare of Metairie 2121 N. Causeway Blvd. Suite 262, METAIRIE, LA, 70001	Shirdetra Chark	Phone: 5043000998 Email: jamiearton@brightcarehomecare.com Fax: 9852289027	License: 2203786533 State ID: HC0013401 Originally licensed: 2025-04-08 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 112 OIL CENTER DRIVE SUITE 17, LAFAYETTE, LA, 70503
Care And Development Center, Inc. 827 South Causeway Blvd., Suite 210, JEFFERSON, LA, 70121	MR. Gilbert Charles	Phone: 5048338383 Email: caredc1@bellsouth.net Fax: 5048330983	License: 11901 State ID: HC0005511 Originally licensed: 1997-11-17 Effective: 2025-12-01 License issued: 2025-10-17 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 827 S. CAUSEWAY BLVD. #210, JEFFERSON, LA, 70121

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Clear Head Westbank 525 Commerce St. Suite 2, GRETNA, LA, 70056	Tanisha Wilkerson	Phone: 5042693685 Email: clearheadwestbank@gmail.com Fax: 5042762856	License: 2203786750 State ID: HC0012220 Originally licensed: 2018-01-19 Effective: 2026-08-01 License issued: 2026-06-11 Expires: 2027-07-31 Parish: JEFFERSON Mailing address: 525 COMMERCE ST. SUITE 2, GRETNA, LA, 70056
Community Living Alternatives, Inc. 4134 Florida Ave., Ste. 100, KENNER, LA, 70065	JO BUGG	Phone: 5044710086 Email: Jobugg@cox.net Fax: 5044710664	License: 2203782190 State ID: HC0006349 Originally licensed: 2002-04-25 Effective: 2025-12-01 License issued: 2025-11-03 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 4134 FLORIDA AVE. SUITE 100, KENNER, LA, 70065
Cornerstone Caregiving 2401 Westbend Pkwy. Suite 3110, NEW ORLEANS, LA, 70114	DANIEL HUNOWAY	Phone: 5046086870 Email: neworleansLA@cornerstonecaregiving.com Fax: 5045761522	License: 2203785706 State ID: HC0006277 Originally licensed: 2002-06-30 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 2401 WESTBEND PKWY. SUITE 3110, NEW ORLEANS, LA, 70114
DDMS of Louisiana, NO. 2 2121 38th Street, KENNER, LA, 70065	ROUKAYATOU OUSSEYNI	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5049109099	License: 2203784118 State ID: HC0006066 Originally licensed: 1998-07-29 Effective: 2025-10-01 License issued: 2025-10-06 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Desire Care, LLC 2637 Edenborn Avenue, Suite 301, METAIRIE, LA, 70002	Douglas Oriano	Phone: 5043045780 Email: desirecarenola2@gmail.com Fax: 5046053901	License: 2203784155 State ID: HC0006443 Originally licensed: 2003-01-30 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 5909 WHEELER DR., METAIRIE, LA, 70003
Destined For Options, LLC 3525 N. Causeway Blvd. Suite 501A, METAIRIE, LA, 70002	Bre'jon Briley	Phone: 5043090259 Email: destinedforoptions@gmail.com Fax: 5043092702	License: 2203786630 State ID: HC0012764 Originally licensed: 2021-07-08 Effective: 2025-12-01 License issued: 2025-11-21 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 3525 N. CAUSEWAY BLVD. SUITE 501A, METAIRIE, LA, 70002
Divine Purpose Homecare, Inc. 525 Commerce Street, GRETNA, LA, 70056	LaShondra Marshall	Phone: 5043923397 Email: godsdivinnepurpose@yahoo.com Fax: 5043568697	License: 2203786439 State ID: HC0007837 Originally licensed: 2008-11-24 Effective: 2026-05-01 License issued: 2026-04-29 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 525 COMMERCE STREET, GRETNA, LA, 70056
Egan At Home LLC 3621 Ridgelake Drive, Suite 300, METAIRIE, LA, 70002	Patrick Egan	Phone: 5048349996 Email: nlouque@eganathome.com Fax: 5048338985	License: 2203785358 State ID: HC0007943 Originally licensed: 2009-02-27 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 3621 RIDGELAKE DRIVE, SUITE 300, METAIRIE, LA, 70002
Family Helpers Of Greater New Orleans 3625 Florida Avenue, KENNER, LA, 70065	JOSIE ELLZEY	Phone: 8772032645 Email: tammy_johnson_fhogno@yahoo.com Fax: 9858479187	License: 2203785060 State ID: HC0005797 Originally licensed: 2003-06-03 Effective: 2025-08-01 License issued: 2025-07-16 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 3625 FLORIDA AVENUE, KENNER, LA, 70065
Family Resources Unlimited, Inc. 2214 Reverend Richard Wilson Drive, KENNER, LA, 70062	D'Wan J Nunnery	Phone: 5047123504 Email: familyresourcesunlimited@gmail.com Fax: 5047123515	License: 2203784720 State ID: HC0006192 Originally licensed: 2000-09-01 Effective: 2025-10-01 License issued: 2025-08-22 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 2214 REVEREND RICHARD WILSON DRIVE, KENNER, LA, 70062
Freedom Care of Louisiana DBA FreedomCare 650 Poydras Street, Suite 1400, NEW ORLEANS, LA, 70130	Elisha Wallace	Phone: 5044991016 Email: Louisiana@FreedomCare.com Fax: 5045531157	License: 2203786681 State ID: HC0012937 Originally licensed: 2023-02-28 Effective: 2026-07-01 License issued: 2026-06-05 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 1979 MARCUS AVENUE, SUITE C115, NEW HYDE PARK, NY, 11042
Gateway Foundation 4107 Lac Couture Drive, HARVEY, LA, 70058	Darryl Chandler	Phone: 5043689935 Email: gatewaysystem@bellsouth.net Fax: 5043689918	License: 2203781844 State ID: HC0006186 Originally licensed: 2000-09-11 Effective: 2025-10-01 License issued: 2025-08-22 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 4103 LAC COUTURE DRIVE, HARVEY, LA, 70058
Gulf Coast Social Services 2400 Edenborn Avenue, 1st Floor, METAIRIE, LA, 70001	Jeff Kurtz	Phone: 5048316561 Email: jeff_kurtz@gcssla.org Fax: 5048288178	License: 2203781608 State ID: HC0006133 Originally licensed: 2005-10-01 Effective: 2026-03-01 License issued: 2026-02-24 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 2400 EDENBORN AVENUE, 1ST FLOOR, METAIRIE, LA, 70001
Heavenly Staffing Care Services, LLC 1901 Manhattan Blvd. Building D ,Suite 216, HARVEY, LA, 70058	Bria Mitchell	Phone: 5042647421 Email: heavenlystaffingllc@gmail.com Fax: 5042647421	License: 2203786179 State ID: HC0013090 Originally licensed: 2024-04-08 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 1901 MANHATTAN BLVD., BUILDING D, SUITE 216, HARVEY, LA, 70058
Helping Hands Of New Orleans 2400 Veterans Blvd. Suite 490, KENNER, LA, 70062	Tara Gibbs-Riley	Phone: 5044641449 Email: hhnooffice@gmail.com Fax: 5044643559	License: 2203784569 State ID: HC0005220 Originally licensed: 2004-02-12 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 2400 VETERANS BLVD. SUITE 490, KENNER, LA, 70062

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Holistic Case Management, LLC 1901 Manhattan Blvd., Bldg. D Suite 112, HARVEY, LA, 70058	Erica Matthews	Phone: 5044302542 Email: erica@holisticcasemanagement.com Fax: 5049102431	License: 2203786718 State ID: HC0012166 Originally licensed: 2017-08-21 Effective: 2025-09-01 License issued: 2025-09-12 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 1901 MANHATTAN BLVD., BLDG. D SUITE 112, HARVEY, LA, 70058
Holistic Home & Healthcare 10001 Lake Forest Blvd. Suite 605, NEW ORLEANS, LA, 70127	Daijonia Hopson	Phone: 5047021798 Email: admin@holistichealthcareonline.com Fax: 5048147843	License: 2203786954 State ID: HC0013549 Originally licensed: 2026-04-02 Effective: 2026-04-02 License issued: 2026-04-08 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 10001 LAKE FOREST BLVD. SUITE 605, NEW ORLEANS, LA, 70127
Home Care Solutions 5354 Magazine Street, NEW ORLEANS, LA, 70115	Daphane Dominguez	Phone: 5048280900 Email: daphne@homecareneworleans.com Fax: 5048388253	License: 2203785832 State ID: HC0011005 Originally licensed: 2012-05-04 Effective: 2025-08-01 License issued: 2025-07-09 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 5354 MAGAZINE STREET, NEW ORLEANS, LA, 70115 Already listed elsewhere in this region; license details supplied here
Home Instead 3330 West Esplanade Avenue, Suite 200, METAIRIE, LA, 70002	Lisa Rabito	Phone: 5044554911 Email: lisa.rabito@homeinstead.com Fax: 5048874266	License: 2203784006 State ID: HC0010633 Originally licensed: 2011-08-29 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 3330 WEST ESPLANADE AVENUE, SUITE 200, METAIRIE, LA, 70002
Independent Family Solutions,LLC 2200 VETERANS BLVD SUITE 103 A, KENNER, LA, 70062	Terri White	Phone: 5047798202 Email: wterri28@yahoo.com Fax: 5047798203	License: 2203783467 State ID: HC0007586 Originally licensed: 2008-05-21 Effective: 2026-04-01 License issued: 2026-02-24 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 2200 VETERANS BLVD SUITE 103 A, KENNER, LA, 70062
Inspiration House Care Providers, Inc. 1820 Franklin Avenue #34, GRETNA, LA, 70053	Newton Thomas	Phone: 5043662442 Email: thomas.newton60@gmail.com Fax: 5043662458	License: 2203781073 State ID: HC0004978 Originally licensed: 2003-02-28 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: P.O. BOX 6277, NEW ORLEANS, LA, 70174
Institute For Networking Community Services, Inc. 1301 Friedrichs Street, GRETNA, LA, 70053	MS. Stephanie Bender-Jackson	Phone: 5043676600 Email: incsgretna@gmail.com Fax: 5043676690	License: 3938 State ID: HC0006002 Originally licensed: 1995-12-12 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 1301 FRIEDRICKS STREET, GRETNA, LA, 70053
JMS Caring Services, LLC 1615 Poydras Street,	Jashina C Washington	Phone: 5046486786 Email:	License: 2203784257 State ID: HC0012436

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Suite 900, Office #948, NEW ORLEANS, LA, 70112		JMSCARINGSERVICES@GMAIL.COM Fax: 5046486701	Originally licensed: 2019-03-29 Effective: 2026-03-01 License issued: 2025-12-22 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 1615 POYDRAS STREET, SUITE 900, OFFICE #948, NEW ORLEANS, LA, 70112
Job Link, Inc. 3727 General Degaulle Dr., NEW ORLEANS, LA, 70114	Carolena Tang	Phone: 5043661828 Email: crofla@aol.com Fax: 5043661867	License: 2203783350 State ID: HC0006009 Originally licensed: 1999-03-11 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 3727 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Magnolia Community Services, Inc. 100 Central Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 3061 State ID: HC0005978 Originally licensed: 1994-06-03 Effective: 2026-07-01 License issued: 2026-05-20 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Nola @ Home Care 3131 N I-10 Service Rd. Suite 210, METAIRIE, LA, 70002	Tracy Brown	Phone: 5046053993 Email: luisa@nolahomecare.com Fax: 5049109998	License: 2203785565 State ID: HC0012307 Originally licensed: 2018-02-14 Effective: 2026-01-01 License issued: 2025-11-12 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 3131 N I-10 SERVICE RD. SUITE 210, METAIRIE, LA, 70002 Already listed elsewhere in this region; license details supplied here
Nursing Solutions of LA, LLC 3303 Richland Ave., Ste. 240, METAIRIE, LA, 70002	Rodney Jackson	Phone: 5044556733 Email: nursingsolutions@eatel.net Fax: 5044556734	License: 2203785620 State ID: HC0008114 Originally licensed: 2009-07-06 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 3303 RICHLAND AVE., STE. 240, METAIRIE, LA, 70002
Parishes Supportive Living, Inc. 2550 Belle Chasse Hwy Suite 240, GRETNA, LA, 70053	Dawn Duvernay	Phone: 9856625347 Email: parishespsl@gmail.com Fax: 9856625350	License: 2203785385 State ID: HC0005779 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-06-03 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 1130 ROMA AVENUE, HAMMOND, LA, 70403
Pillar Homecare 4480 General DeGaulle Drive, Suite 110, NEW ORLEANS, LA, 70131	Dr. Tamara White	Phone: 5045818726 Email: pillarhomecarenola@gmail.com Fax: 5043704419	License: 2203785231 State ID: HC0012839 Originally licensed: 2022-02-22 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 4480 GENERAL DEGAULLE DRIVE, SUITE 110, NEW ORLEANS, LA, 70131
Reliable Community Alternatives, LLC 3901 HOUMA BLVD,	Jassell Watson	Phone: 5047794740 Email: oscott@rcahomecare.net Fax: 5047794744	License: 2203785017 State ID: HC0005375 Originally licensed: 2005-10-01 Effective: 2025-08-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
SUITE 100, METAIRIE, LA, 70006			License issued: 2025-07-10 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 11611 W AIRPORT BLVD, SUITE H-226, MEADOWS PLACE, TX, 77477
Reliable PCA And SIL Agency, LLC 2420 Barataria Blvd, Suite 6, MARRERO, LA, 70072	MS. Gloria L Boswell	Phone: 5043405306 Email: reliablepca@gmail.com Fax: 5043287677	License: 2203781858 State ID: HC0005011 Originally licensed: 2005-10-01 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: P.O. BOX 2545, HARVEY, LA, 70058
Right At Home 209 Canal St., Suite A, METAIRIE, LA, 70005	Loren C Berot	Phone: 5047808128 Email: operations@nola-rah.com Fax: 5047808367	License: 2203784625 State ID: HC0007680 Originally licensed: 2009-02-14 Effective: 2026-01-01 License issued: 2025-11-05 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 209 CANAL ST.,SUITE A, METAIRIE, LA, 70005 Already listed elsewhere in this region; license details supplied here
Shalom Home Care Services, LLC 110 Bellemeade Blvd. Suite A, GRETNA, LA, 70056	MS. Lisa J Thomas	Phone: 8334344916 Email: shalomhomecare@bellsouth.net Fax: 5043659954	License: 2203783741 State ID: HC0006896 Originally licensed: 2006-07-21 Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 110 BELLEMEADE BLVD. SUITE A, GRETNA, LA, 70056
Supreme Care, LLC 1942 Williams Blvd. Suite 4, KENNER, LA, 70062	PATRICIA MARTIN	Phone: 5042658027 Email: supremecare@netzero.com Fax: 5043092190	License: 2203785275 State ID: HC0006681 Originally licensed: 2006-06-28 Effective: 2025-08-01 License issued: 2025-08-04 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 1942 WILLIAMS BLVD. SUITE 4, KENNER, LA, 70062
Terras Total Care, Inc. 2100 Lapalco Blvd, HARVEY, LA, 70058	GWENDOLYN BARZE	Phone: 5043681801 Email: terrastotalcare@ymail.com Fax: 5043660718	License: 15515 State ID: HC0005575 Originally licensed: 2005-10-01 Effective: 2026-06-01 License issued: 2026-05-07 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 2100 LAPALCO BLVD, HARVEY, LA, 70058
The Guild at Raphael Village 530 Jackson Avenue, NEW ORLEANS, LA, 70130	Jacqueline M Case	Phone: 5045245955 Email: jcase@raphaelvillage.org Fax: 5044820059	License: 2203785027 State ID: HC0012208 Originally licensed: 2017-10-11 Effective: 2026-06-01 License issued: 2026-03-27 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 517 SORAPARU STREET, SUITE 104, NEW ORLEANS, LA, 70130
The Medical Team, Inc. 3445 N CAUSEWAY BLVD SUITE 904, METAIRIE, LA, 70002	Helen Killion	Phone: 5048344447 Email: achampagne@medteam.com Fax: 5048344448	License: 2203782404 State ID: HC0005410 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-05-19 Expires: 2027-06-30 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 3445 N CAUSEWAY BLVD SUITE 904, METAIRIE, LA, 70002
Total Assurance, Inc. 4300 S. I- 10 Service Road W., Suite 209, METAIRIE, LA, 70001	Yolanda C White	Phone: 5044650760 Email: tassurance@aol.com Fax: 5044650470	License: 2203784632 State ID: HC0005258 Originally licensed: 2004-06-28 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 4300 S. I- 10 SERVICE ROAD W., SUITE 209, METAIRIE, LA, 70001
Truth Professional Care Services, LLC 7240 Crowder Blvd. Suite 203, NEW ORLEANS, LA, 70127	Cherelle McClain	Phone: 5042457247 Email: dswaingan@yahoo.com Fax: 5042457248	License: 2203784502 State ID: HC0012549 Originally licensed: 2019-12-09 Effective: 2025-12-01 License issued: 2025-10-27 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 7420 ARBOR DRIVE, NEW ORLEANS, LA, 70127
United Cerebral Palsy of Greater New Orleans 2200 Veterans Blvd., KENNER, LA, 70062	Kendra Nelson	Phone: 5044614266 Email: kendra@ucpgno.org Fax: 5044619976	License: 8031 State ID: HC0006204 Originally licensed: 2000-06-15 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 2200 VETERANS BLVD., KENNER, LA, 70062
Visiting Angels 1929 Hickory Avenue, NEW ORLEANS, LA, 70123	Cavahna S Berry	Phone: 5047370522 Email: cberry@visitingangels.com Fax: 5047370533	License: 2203786203 State ID: HC0005675 Originally licensed: 2004-01-09 Effective: 2026-02-01 License issued: 2025-12-15 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: P.O. BOX 11158, NEW ORLEANS, LA, 70123 Already listed elsewhere in this region; license details supplied here
Volunteers of America Southeast Louisiana, Inc 3801 Canal Street, Suite 328, NEW ORLEANS, LA, 70119	Renee L Davenport	Phone: 5048368710 Email: rdavenport@voasela.org Fax: 5048368710	License: 2203785203 State ID: HC0005016 Originally licensed: 2005-10-01 Effective: 2026-02-01 License issued: 2026-01-27 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
West Bank ARC, Inc. 401 Gretna Blvd., GRETNA, LA, 70053	Preston Wright Jr.	Phone: 5043611131 Email: preston@westbankarc.org Fax: 5043619616	License: 2950 State ID: HC0005972 Originally licensed: 1985-11-30 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 401 GRETNA BLVD., GRETNA, LA, 70053
With Love and Kindness Personal Care and Respite 4480 Gen. DeGaulle Avenue, Suite 221, NEW ORLEANS, LA, 70131	Rochelle B Smith	Phone: 8882517773 Email: rochellebsmith11@yahoo.com Fax: 8884221787	License: 2203784568 State ID: HC0012586 Originally licensed: 2020-01-24 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 4480 GEN. DEGAULLE AVENUE, SUITE 221, NEW ORLEANS, LA, 70131

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
#1 In Home Care 1539 Jackson Ave., Suite 430, NEW ORLEANS, LA, 70130	Shawn Lopez	Phone: 5043419290 Email: info@1inhomecare.com Fax: 5043413605	License: 2203784650 State ID: HC0008081 Originally licensed: 2009-08-25 Effective: 2026-06-01 License issued: 2026-05-19 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 1539 JACKSON AVE., SUITE 430, NEW ORLEANS, LA, 70130 Already listed elsewhere in this region; license details supplied here
#1 Priority Personal Care Service, LLC 6305 Elysian Fields Avenue Suite 303, NEW ORLEANS, LA, 70122	Deidre Mullen	Phone: 5043458891 Email: admin@ppcs.nocoxmail.com Fax: 5043014717	License: 2203784224 State ID: HC0007853 Originally licensed: 2009-01-06 Effective: 2026-02-01 License issued: 2025-12-16 Expires: 2027-01-31 Parish: ORLEANS Mailing address: 6305 ELYSIAN FIELDS AVENUE SUITE 303, NEW ORLEANS, LA, 70122
#1 Sylvan Healthcare 10001 Lake Forest Blvd. Suite 613A, NEW ORLEANS, LA, 70127	Emma Emilien	Phone: 5042489177 Email: emilysylvan@sylvanhealthcare.com Fax: 8664507799	License: 2203785590 State ID: HC0012950 Originally licensed: 2023-01-20 Effective: 2026-01-01 License issued: 2025-12-18 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 10001 LAKE FOREST BLVD. SUITE 613A, NEW ORLEANS, LA, 70127
Action Resources Total Care, Inc. 8000 Crowder Blvd. Suite A, NEW ORLEANS, LA, 70127	MS. Michele Almore	Phone: 5042448688 Email: actionrtci@aol.com Fax: 5042448565	License: 7121 State ID: HC0007121 Originally licensed: 2007-01-29 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: ORLEANS Mailing address: 8000 CROWDER BLVD. SUITE A, NEW ORLEANS, LA, 70127
Advance Home Care Services, LLC 317 N. Broad Street Suite 207, NEW ORLEANS, LA, 70119	Keiyanah K Ratleff	Phone: 5048224438 Email: advancehs@att.net Fax: 5048224439	License: 15418 State ID: HC0008036 Originally licensed: 2009-05-18 Effective: 2025-08-01 License issued: 2025-07-28 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 7817 LIGUSTRUM DRIVE, NEW ORLEANS, LA, 70126
Amazing Care Services, LLC 10555 Lake Forest Blvd. 1 F, NEW ORLEANS, LA, 70127	Jolanda Berry	Phone: 5042413337 Email: berryjwil@yahoo.com Fax: 5042413085	License: 2203784619 State ID: HC0007266 Originally licensed: 2007-07-05 Effective: 2026-01-01 License issued: 2025-12-04 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 10555 LAKE FOREST BLVD. F1, NEW ORLEANS, LA, 70127
Amazing Grace PCA, LLC 10001 Lake Forest Blvd, Ste. 412, NEW ORLEANS, LA, 70127	Tara Bailey	Phone: 8443098190 Email: dalelodiong@yahoo.com Fax: 5043098196	License: 2203786100 State ID: HC0007481 Originally licensed: 2007-11-21 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: ORLEANS Mailing address: 10001 LAKE FOREST DRIVE, STE. 412, NEW ORLEANS, LA, 70127
Angels Family Care Services, Inc.	MS. Karlana Kaywood	Phone: 5043930407 Email:	License: 4026 State ID: HC0007064

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
6400 General Meyer Avenue, NEW ORLEANS, LA, 70131		melwilliams3@comcast.net Fax: 5043937098	Originally licensed: 1995-08-01 Effective: 2026-03-01 License issued: 2026-02-09 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 132 RIVERLANDS DRIVE, LAPLACE, LA, 70068
Community Connection Programs, Inc. 1332 Oretha Castle Haley Blvd., NEW ORLEANS, LA, 70113	Tanda Armstrong (Chavis)	Phone: 5045224304 Email: tarmstrong@ccprograms.org Fax: 5045224305	License: 2203781463 State ID: HC0006952 Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 1332 ORETHA CASTLE HALEY BLVD., NEW ORLEANS, LA, 70113
Contin-U-Care Outreach Services, LLC 317 North Broad Street Suite #200, NEW ORLEANS, LA, 70119	Linda F Magee	Phone: 5046846038 Email: continucare53@bellsouth.net Fax: 5046846039	License: 15416 State ID: HC0005294 Originally licensed: 2005-10-01 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 7816 LIGUSTRUM DRIVE, NEW ORLEANS, LA, 70126
Courteous Care, Inc 1515 S. Salcedo Street Suite 106, NEW ORLEANS, LA, 70125	Tonia Hall	Phone: 5048272557 Email: tonia4hall@yahoo.com Fax: 5048275558	License: 15257 State ID: HC0008049 Originally licensed: 2009-07-02 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 4911 PERELLI DRIVE, NEW ORLEANS, LA, 70127
Crossroads Louisiana, Inc 3751 General Degaulle Drive, NEW ORLEANS, LA, 70114	Krista Toups-Henry	Phone: 5043661828 Email: crofla@aol.com Fax: 5043661867	License: 2203784751 State ID: HC0005009 Originally licensed: 2003-05-19 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 3727 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Dreamcatchers Total Care, Inc. 3924 General Degaulle Drive, NEW ORLEANS, LA, 70114	Tarasa Anderson	Phone: 5043629090 Email: dreamcatchers504@bellsouth.net Fax: 5046176700	License: 2203782309 State ID: HC0006271 Originally licensed: 2001-07-12 Effective: 2026-02-01 License issued: 2026-01-15 Expires: 2027-01-31 Parish: ORLEANS Mailing address: 3924 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Faith and Hope of New Orleans 6317 Marshal Foch Street, NEW ORLEANS, LA, 70124	BRITTANY WHEELER	Phone: 5049427171 Email: angrumn@gmail.com Fax: 5049427174	License: 2203786294 State ID: HC0006292 Originally licensed: 2001-08-28 Effective: 2025-08-01 License issued: 2025-06-10 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 130 VIEUX CARRE PLACE, MONROE, LA, 71203
First Choice Attendant Services, LLC 1836 St. Bernard Avenue Suite 200, NEW ORLEANS, LA, 70116	Doneshia Foucha	Phone: 5049473371 Email: firstchoice1836@att.net Fax: 5049473601	License: 15449 State ID: HC0007627 Originally licensed: 2008-04-16 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: ORLEANS

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1836 ST. BERNARD AVENUE SUITE 200, NEW ORLEANS, LA, 70116
Interactive Patient Care Attendant Services 1932 Franklin Avenue Suite B, NEW ORLEANS, LA, 70117	Sierra Williams	Phone: 5049440053 Email: interactivepca@yahoo.com Fax: 5049440055	License: 15341 State ID: HC0007496 Originally licensed: 2008-04-23 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 1932 FRANKLIN AVENUE SUITE B, NEW ORLEANS, LA, 70117
Loving Hearts of LA 10040 I-10 Service Rd, Suite C, NEW ORLEANS, LA, 70127	Natalie Harrison	Phone: 5048215220 Email: info@lovingheartsofla.com Fax: 5048216330	License: 2203785094 State ID: HC0005271 Originally licensed: 2004-04-27 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 10040 I-10 SERVICE RD, STE C, NEW ORLEANS, LA, 70127
Loving Hearts of LA 10040 I-10 Services Rd Suite B, NEW ORLEANS, LA, 70127	Gian Durand	Phone: 5048215220 Email: info@lovingheartsofla.com Fax: 5048216330	License: 2203786528 State ID: HC0006074 Originally licensed: 1998-07-01 Effective: 2026-03-01 License issued: 2026-02-26 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 10040 I-10 SERVICE RD SUITE B, NEW ORLEANS, LA, 70127
PACE Greater New Orleans 4201 N. Rampart Street, NEW ORLEANS, LA, 70117	Kurt Wootan	Phone: 5049416057 Email: Kwootan@ccano.org Fax: 5049416082	License: 2203785552 State ID: HC0012942 Originally licensed: 2022-12-16 Effective: 2025-12-01 License issued: 2025-11-21 Expires: 2026-11-30 Parish: ORLEANS Mailing address: 4201 N. RAMPART STREET, NEW ORLEANS, LA, 70117
Payne"s Home Care Services, Inc 7829 Fig Street Suite B, NEW ORLEANS, LA, 70125	Kathy C Payne	Phone: 5048658142 Email: paynehcs@gmail.com Fax: 5048613267	License: 7178 State ID: HC0006144 Originally licensed: 2005-10-01 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: ORLEANS Mailing address: POST OFFICE BOX 13321, NEW ORLEANS, LA, 70185
Positive Care, LLC 10555 Lakeforest Boulevard Suite 9-E, NEW ORLEANS, LA, 70127	Shelia Leon	Phone: 5042417391 Email: positivecarellc@yahoo.com Fax: 5042417390	License: 15149 State ID: HC0005756 Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-11-03 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 10555 LAKEFOREST BOULEVARD SUITE 9-E, NEW ORLEANS, LA, 70127
Preferred Caregivers & Sitters, LLC 1522 St. Charles Avenue, NEW ORLEANS, LA, 70130	Millie Wright	Phone: 5045860321 Email: bmillie@aol.com Fax: 5045860389	License: 2203781052 State ID: HC0006316 Originally licensed: 2002-04-25 Effective: 2026-02-01 License issued: 2025-12-16 Expires: 2027-01-31 Parish: ORLEANS Mailing address: 1522 ST. CHARLES AVENUE, NEW ORLEANS, LA, 70130 Already listed elsewhere in this region; license details supplied here

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Renaissance 1 5705 St. Roch Ave., NEW ORLEANS, LA, 70122	Thawanda Clark	Phone: 5042431901 Email: administration@renaissance1ss.org Fax: 5042431903	License: 2203782200 State ID: HC0005121 Originally licensed: 2003-11-09 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: ORLEANS Mailing address: 1151 WINCHESTER PARK DRIVE, NEW ORLEANS, LA, 70128
Strive Incorporated 1139 Napoleon Avenue, NEW ORLEANS, LA, 70115	Denise Jett-Washington	Phone: 5048952557 Email: denise@striveincorporated.org Fax: 5048999985	License: 7590 State ID: HC0006180 Originally licensed: 2000-03-09 Effective: 2026-08-01 License issued: 2026-06-16 Expires: 2027-07-31 Parish: ORLEANS Mailing address: 1139 NAPOLEON AVENUE, NEW ORLEANS, LA, 70115
Superb Health Care, Inc. 4480 General Degaulle Drive, NEW ORLEANS, LA, 70131	Niengala Dukes	Phone: 5049751242 Email: niengala@bellsouth.net Fax: 5045715554	License: 15486 State ID: HC0007411 Originally licensed: 2008-04-14 Effective: 2026-05-01 License issued: 2026-04-29 Expires: 2027-04-30 Parish: ORLEANS Mailing address: P O BOX 6742, NEW ORLEANS, LA, 70174
Cathy E. Moore Respite Care and Pca Services,Inc. 2626 Charles Drive, Suite B, CHALMETTE, LA, 70043	Cathy E Moore	Phone: 5042782922 Email: cathym1963@gmail.com Fax: 5042782923	License: 10049 State ID: HC0004986 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-06-17 Expires: 2027-06-30 Parish: ST. BERNARD Mailing address: P O BOX 79, VIOLET, LA, 70092
Cherie"s Tender Care, LLC 6723 Saint Claude Ave Suite 100A, ARABI, LA, 70032	Tarshia Robinson	Phone: 5049458118 Email: cheriestendercarellc@gmail.com Fax: 5043097560	License: 2203785431 State ID: HC0006352 Originally licensed: 2002-04-30 Effective: 2026-06-01 License issued: 2026-05-05 Expires: 2027-05-31 Parish: ST. BERNARD Mailing address: P.O. 3791, NEW ORLEANS, LA, 70177
Divine Miracles, Inc. 2626 Charles Drive, Ste. G, CHALMETTE, LA, 70043	Donyette Williams	Phone: 5043222375 Email: divinemiraclesinc@yahoo.com Fax: 5043222414	License: 15243 State ID: HC0008007 Originally licensed: 2009-05-20 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: ST. BERNARD Mailing address: 2626 CHARLES DRIVE, SUITE G, CHALMETTE, LA, 70043
Faith PCA Services LLC 322 W. Judge Perez Dr. Suite B, CHALMETTE, LA, 70043	Crystal Foucher	Phone: 5047089431 Email: faithpca23@yahoo.com Fax: 5047660489	License: 2203786490 State ID: HC0013044 Originally licensed: 2023-09-28 Effective: 2026-01-01 License issued: 2026-01-22 Expires: 2026-12-31 Parish: ST. BERNARD Mailing address: 2208 MUNSTER BLVD., MERAUX, LA, 70075
Lil Lu"s Booming Enterprise, Inc. 208 W. Judge Perez Suite 1&2, CHALMETTE, LA, 70043	CORA M PIERCE	Phone: 8663253037 Email: lillusboomingent@yahoo.com Fax: 5046826668	License: 15359 State ID: HC0004983 Originally licensed: 2003-03-14 Effective: 2026-04-01 License issued: 2026-03-11 Expires: 2027-03-31 Parish: ST. BERNARD

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 208 W JUDGE PEREZ, SUITE 1 & 2, CHALMETTE, LA, 70043
Lovin Touch Professional Care Services 2810 Paris Road, CHALMETTE, LA, 70043	Paula J Robinson	Phone: 5043049283 Email: paula@lovintouch.nocoxmail.com Fax: 5043049289	License: 2203782447 State ID: HC0010551 Originally licensed: 2011-07-07 Effective: 2025-09-01 License issued: 2025-08-25 Expires: 2026-08-31 Parish: ST. BERNARD Mailing address: 2810 PARIS ROAD, CHALMETTE, LA, 70043
R.C. Moore Respite & PCA 6301 East St. Bernard Highway, VIOLET, LA, 70092	MR. David Smith	Phone: 5046829110 Email: wimoore1@aol.com Fax: 5046829117	License: 15316 State ID: HC0006658 Originally licensed: 2005-10-01 Effective: 2025-10-01 License issued: 2025-10-06 Expires: 2026-09-30 Parish: ST. BERNARD Mailing address: P.O. BOX 508, VIOLET, LA, 70092

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BridgePoint Continuing Care Hospital 1101 Medical Center Blvd., 4th Floor, MARRERO, LA, 70072	Anthony Digerolamo	Phone: 5043496836 Email: adigerolamo@bridgepointhealthcare.com Fax: 5043496111	License: 2203787059 State ID: HO0001698 Originally licensed: 1991-11-22 Effective: 2025-12-09 License issued: 2026-05-14 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 1111 MEDICAL CENTER BLVD, SUITE S-580, MARRERO, LA, 70072
Crescent City Surgical Centre 3017 Galleria Drive, METAIRIE, LA, 70001	Geoffrey Morris	Phone: 5048302500 Email: gmorris@ccsurg.com Fax: 5048302425	License: 2203782452 State ID: HO0010513 Originally licensed: 2011-01-28 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 3017 GALLERIA DRIVE, METAIRIE, LA, 70001
East Jefferson General Hospital 4200 Houma Blvd, METAIRIE, LA, 70006	Gregory Nielsen	Phone: 5044544000 Email: Gregory.Nielsen@lcmchealth.org Fax: 5044545591	License: 2203785741 State ID: HO0001664 Originally licensed: 1976-12-06 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 4200 HOUMA BLVD, METAIRIE, LA, 70006
Oceans Behavioral Hospital of Greater New Orleans-Gretna 229 Bellemeade Blvd, GRETNA, LA, 70056	ALLEN MCCARTNEY	Phone: 5045176168 Email: allen.mccartney@oceanshealthcare.com Fax: 5045753601	License: 2203784881 State ID: HO0007738 Originally licensed: 2008-08-20 Effective: 2025-12-01 License issued: 2025-11-13 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 3905 HEDGCOXE ROAD, UNIT 250249, PLANO, TX, 75025
Ochsner Extended Care Hospital 2614 Jefferson Hwy, 2nd Floor, JEFFERSON, LA, 70121	William Wright	Phone: 5044648590 Email: william.wright@ochsner.org Fax: 5044648550	License: 2203783960 State ID: HO0001706 Originally licensed: 1995-01-05 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Ochsner Medical Center 1516 Jefferson Highway, NEW ORLEANS, LA, 70121	Timmothy Riddell	Phone: 5048423000 Email: triddell@ochsner.org Fax: 5048423065	License: 163 State ID: HO0001592 Originally licensed: 1964-02-26 Effective: 2026-06-01 License issued: 2026-06-29 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 1516 JEFFERSON HIGHWAY, NEW ORLEANS, LA, 70121
Ochsner Medical Center-Kenner LLC 180 West Esplanade Avenue, KENNER, LA, 70065	Abdul E Khan	Phone: 5044648600 Email: Amkhan@ochsner.org Fax: 5044648062	License: 605 State ID: HO0007013 Originally licensed: 1985-08-22 Effective: 2025-10-01 License issued: 2025-09-02 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 180 WEST ESPLANADE AVENUE, KENNER, LA, 70065
Ochsner Rehabilitation Hospital 2614 Jefferson Hwy, 4th and 5th floors, JEFFERSON, LA, 70121	Laurel DuPont	Phone: 5042915100 Email: MNotario@selectmedical.com Fax: 5042915099	License: 2203783869 State ID: HO0012346 Originally licensed: 2018-04-03 Effective: 2026-04-01 License issued: 2026-02-04 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 4714 GETTYSBURG RD., MECHANCSBRG, PA, 17055
Omega Hospital LLC 2525 Severn Avenue, METAIRIE, LA, 70002	RICHARD TANZELLA	Phone: 5048324200 Email: ergeorge@ergenterprises.net Fax: 5048324209	License: 600 State ID: HO0001567 Originally licensed: 1999-02-22 Effective: 2025-11-01 License issued: 2025-09-04 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 2525 SEVERN AVE, METAIRIE, LA, 70002
Perimeter Behavioral Hospital of New Orleans 3639 Loyola Dr, KENNER, LA, 70065	GARY A BURNS	Phone: 5043052700 Email: gaburns@perimeterhealthcare.com Fax: 5043052157	License: 2203784286 State ID: HO0012050 Originally licensed: 2017-08-17 Effective: 2026-02-01 License issued: 2025-01-05 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 3639 LOYOLA AVE, KENNER, LA, 70065
River Oaks Hospital 1525 River Oaks Road West, HARAHAN, LA, 70123	Crystal Mitchell	Phone: 5047341740 Email: crystal.manningmitchell@uhsinc.com Fax: 5047341730	License: 274 State ID: HO0001735 Originally licensed: 1970-07-08 Effective: 2025-12-01 License issued: 2025-12-03 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 1525 RIVER OAKS ROAD WEST, HARAHAN, LA, 70123
United Medical Healthwest-New Orleans 3201 Wall Boulevard, Suite B, GRETNA, LA, 70056	Cyrilla Bonds	Phone: 5044335551 Email: gretnaadmin@umrhospital.com Fax: 5044335535	License: 622 State ID: HO0004191 Originally licensed: 2001-11-29 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 3201 WALL BOULEVARD, SUITE B, GRETNA, LA, 70056
West Jefferson Medical Center 1101 Medical Center	ROBERT M CALHOUN	Phone: 5043475511 Email: Robert.Calhoun@LCMCHealt	License: 2203782616 State ID: HO0001594 Originally licensed: 1965-03-17 Effective: 2025-12-12

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Boulevard, MARRERO, LA, 70072		h.org Fax: 5043496299	License issued: 2026-01-28 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 1101 MEDICAL CENTER BOULEVARD, MARRERO, LA, 70072
Beacon Behavioral Hospital - New Orleans, LLC 14500 Hayne Blvd., Suite 200, NEW ORLEANS, LA, 70128	Paul S Alford	Phone: 5042100460 Email: arianeb@beaconbh.com Fax: 5042100970	License: 2203785100 State ID: HO0006709 Originally licensed: 2006-01-11 Effective: 2025-12-01 License issued: 2025-12-03 Expires: 2026-11-30 Parish: ORLEANS Mailing address: 14707 PERKINS RD., BATON ROUGE, LA, 70810
Community Care Hospital 1421 General Taylor St., NEW ORLEANS, LA, 70115	GREGORY M FINCH	Phone: 5048992500 Email: gregoryf@communitycarehospital.com Fax: 5048991578	License: 365 State ID: HO0001739 Originally licensed: 1994-11-01 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 1421 GENERAL TAYLOR ST., NEW ORLEANS, LA, 70115
Manning Family Childrens 200 Henry Clay Avenue, NEW ORLEANS, LA, 70118	Lucio Fragoso	Phone: 5048999511 Email: Lucio.Fragoso@lcmchealth.org Fax: 5048969717	License: 256 State ID: HO0001723 Originally licensed: 1963-07-02 Effective: 2026-01-11 License issued: 2026-05-04 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 200 HENRY CLAY AVENUE, NEW ORLEANS, LA, 70118
New Orleans East Hospital 5620 Read Boulevard, NEW ORLEANS, LA, 70127	TAKEISHA DAVIS	Phone: 5045926600 Email: takeisha.davis@lcmchealth.org Fax: 5045926619	License: 2203782045 State ID: HO0011254 Originally licensed: 2014-07-09 Effective: 2026-07-01 License issued: 2026-05-06 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 5640 READ BLVD., SUITE 200, NEW ORLEANS, LA, 70127
St. Charles Surgical Hospital 1717 St. Charles Ave., NEW ORLEANS, LA, 70130	Myra Deigange	Phone: 5045296600 Email: penny.banks@scsh.com Fax: 5045296676	License: 648 State ID: HO0007881 Originally licensed: 2009-02-11 Effective: 2026-03-01 License issued: 2026-01-07 Expires: 2027-02-28 Parish: ORLEANS Mailing address: P O BOX 8770, METAIRIE, LA, 70011
Touro Infirmary 1401 Foucher Street, NEW ORLEANS, LA, 70115	Christopher J Lege	Phone: 5048978247 Email: Christopher.Lege@lcmchealth.org Fax: 5048978769	License: 197 State ID: HO0001600 Originally licensed: 1963-11-04 Effective: 2026-07-01 License issued: 2026-06-09 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 1401 FOUCHER STREET, NEW ORLEANS, LA, 70115
University Medical Center New Orleans 2000 Canal Street, NEW ORLEANS, LA, 70112	Thomas Patrias	Phone: 5047023000 Email: Thomas.Patrias@lcmchealth.org Fax: 5049627050	License: 2203782408 State ID: HO0001573 Originally licensed: 1961-06-28 Effective: 2025-08-01 License issued: 2025-07-15 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 2000 CANAL STREET, NEW ORLEANS, LA, 70112

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
St. Bernard Parish Hospital 8000 West Judge Perez Drive, CHALMETTE, LA, 70043	ALANNA R FAST	Phone: 5048269500 Email: kellender@ochsner.org Fax: 5048269600	License: 2203781114 State ID: HO0011020 Originally licensed: 2012-08-20 Effective: 2026-08-01 License issued: 2026-06-08 Expires: 2027-07-31 Parish: ST. BERNARD Mailing address: 8000 WEST JUDGE PEREZ DRIVE, CHALMETTE, LA, 70043

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acron Community Home 2722 Acron Street, KENNER, LA, 70062	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203784079 State ID: MR0002937 Originally licensed: 1986-05-21 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Alton Street Community Home 3705 Alton Street, METAIRIE, LA, 70001	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203782255 State ID: MR0003187 Originally licensed: 1991-01-31 Effective: 2026-01-01 License issued: 2025-12-08 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Argonne Street Community Home 4530-32 Argonne Street, METAIRIE, LA, 70001	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203782256 State ID: MR0003175 Originally licensed: 1991-01-03 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Arkansas Community Home 4232 Arkansas Street, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203784080 State ID: MR0002919 Originally licensed: 1986-01-14 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Cher Ami Homes of Gretna 1817 Hancock Street, GRETNA, LA, 70053	Carolena Tang	Phone: 5043661828 Email: crofla@aol.com Fax: 5043661867	License: 322 State ID: MR0003113 Originally licensed: 1989-10-03 Effective: 2026-08-01 License issued: 2026-05-26 Expires: 2027-07-31 Parish: JEFFERSON Mailing address: 3727 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Clemson Group Home 10 Sabine Court, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203784102 State ID: MR0003106 Originally licensed: 1989-09-18 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Delaware 1 Community Home 4309 Delaware Avenue, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203784085 State ID: MR0002918 Originally licensed: 1984-01-16 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, BATON ROUGE, LA, 70816
Fayette Group Home 2610 Fayette Street, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203784087 State ID: MR0003107 Originally licensed: 1989-09-13 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Franklin Street Community Home 400 Franklin Street, GRETNA, LA, 70053	Carolena Tang	Phone: 5043661828 Email: crofla@aol.com Fax: 5043661867	License: 2203785377 State ID: MR0003104 Originally licensed: 1989-09-11 Effective: 2026-06-01 License issued: 2026-04-01 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 3727 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Gadsden Community Home 2612-2614 Gadsden Street, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203782257 State ID: MR0003170 Originally licensed: 1990-11-27 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Garden Street Community Home 1607 Garden Street, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203782245 State ID: MR0003960 Originally licensed: 1990-11-27 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, BATON ROUGE, LA, 70816
Helena Group Home 2644 Helena Street, KENNER, LA, 70062	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203784089 State ID: MR0002936 Originally licensed: 1986-05-27 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Idaho Community Home 4312 Idaho Avenue, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203784090 State ID: MR0002917 Originally licensed: 1984-01-30 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Idaho Street Community Home	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitah	License: 2203783844 State ID: MR0003181 Originally licensed: 1990-12-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
3235 Idaho Street, KENNER, LA, 70065		ealth.com Fax: 5044055487	Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Lochlomand Group Home 1205 Lochlomand Street, HARVEY, LA, 70058	TERRENCE CRAWFORD	Phone: 5043629526 Email: Terrence.crawford@sevitahealth.com Fax: 5043629526	License: 2203787009 State ID: MR0002932 Originally licensed: 1987-08-30 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Magnolia 213 St. George Ave. 213 St. George Ave, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5048338021 Email: admin@mcs-nola.org Fax: 5047311353	License: 2203786125 State ID: MR0003311 Originally licensed: 1997-02-01 Effective: 2026-02-01 License issued: 2025-11-24 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia 680 Jefferson Heights Community Home 680 Jefferson Heights Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311353	License: 2203782986 State ID: MR0003313 Originally licensed: 1997-05-30 Effective: 2025-11-01 License issued: 2025-09-03 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia 748 Jefferson Heights 748 Jefferson Heights, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 2203785016 State ID: MR0004031 Originally licensed: 2001-01-25 Effective: 2026-07-01 License issued: 2026-05-06 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia 821 Jefferson Heights 821 Jefferson Heights, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5043044364 Email: admin@mcs.nola.org Fax: 5047311357	License: 2203783034 State ID: MR0011853 Originally licensed: 2016-12-28 Effective: 2026-02-01 License issued: 2025-11-24 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia 825 Jefferson Heights 825 Jefferson Heights, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047337571	License: 2203783056 State ID: MR0003315 Originally licensed: 1997-07-03 Effective: 2026-02-01 License issued: 2025-11-24 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Bloom Group Home 100 Central Avenue, Unit K, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311353	License: 2203785086 State ID: MR0002899 Originally licensed: 1978-08-31 Effective: 2025-10-01 License issued: 2025-08-11 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, UNIT K, JEFFERSON, LA, 70121

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Magnolia Bollinger 749 St. George Ave., JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311353	License: 2203785103 State ID: MR0012779 Originally licensed: 2021-08-04 Effective: 2026-08-01 License issued: 2026-06-01 Expires: 2027-07-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVE., JEFFERSON, LA, 70121
Magnolia Deckbar Community Home 520 Deckbar Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 839 State ID: MR0003316 Originally licensed: 1997-08-15 Effective: 2026-08-01 License issued: 2026-06-01 Expires: 2027-07-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Dodge Community Home 333 Dodge Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 699 State ID: MR0003210 Originally licensed: 1991-06-28 Effective: 2026-06-01 License issued: 2026-04-08 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Henican Group Home 146 Central Ave., JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 2203786743 State ID: MR0007186 Originally licensed: 2007-03-30 Effective: 2026-02-01 License issued: 2025-11-24 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Hickory Community Home 764 Hickory Avenue, HARAHAN, LA, 70123	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 834 State ID: MR0003312 Originally licensed: 1997-05-13 Effective: 2026-05-01 License issued: 2026-03-05 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Lamantia #1 Group Home 143 Central Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 2203782552 State ID: MR0011434 Originally licensed: 2015-11-06 Effective: 2026-01-01 License issued: 2025-11-05 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Lamantia #2 139 Central Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 2203782700 State ID: MR0003277 Originally licensed: 1994-11-29 Effective: 2025-12-01 License issued: 2025-10-09 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 100 CENTRAL AVE, JEFFERSON, LA, 70121
Magnolia Maine St. Community Home 119 Maine Street, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5048373439 Email: admin@mcs-nola.org Fax: 5047311353	License: 2203786089 State ID: MR0003231 Originally licensed: 1993-02-08 Effective: 2026-01-01 License issued: 2025-11-20 Expires: 2026-12-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Maison Central Group Home 140 Central Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 868 State ID: MR0003749 Originally licensed: 1999-04-26 Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia River Road Group Home 4461 River Road, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047331306 Email: admin@mcs-nola.org Fax: 5047311357	License: 716 State ID: MR0003226 Originally licensed: 1992-03-06 Effective: 2026-03-01 License issued: 2026-02-05 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Schwegmann Community Home 117 Newman Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311353	License: 1010 State ID: MR0007187 Originally licensed: 2007-03-30 Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Shrewsbury Court Community Home 400 Shrewsbury Court, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 869 State ID: MR0003784 Originally licensed: 1999-06-15 Effective: 2026-06-01 License issued: 2026-04-23 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Temple Street Group Home 326 Central Avenue, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5043012431 Email: admin@mcs-nola.org Fax: 5047311353	License: 2203781918 State ID: MR0003271 Originally licensed: 1994-09-15 Effective: 2026-09-01 License issued: 2026-07-01 Expires: 2027-08-31 Parish: JEFFERSON Mailing address: 100 CENTRAL AVENUE, JEFFERSON, LA, 70121
Magnolia Tolmas 753 St. George Ave, JEFFERSON, LA, 70121	Jennifer Conrad	Phone: 5047311306 Email: admin@mcs-nola.org Fax: 5047311357	License: 2203785021 State ID: MR0012778 Originally licensed: 2021-07-27 Effective: 2026-07-01 License issued: 2026-05-04 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 100 CENTRAL AVE, JEFFERSON, LA, 70121
Meadowdale Community Home 4704 Meadowdale Street, METAIRIE, LA, 70006	Roukayatou Ousseyni	Phone: 5045133159 Email: roukatatou.ousseyni@sevitahealth.com Fax: 5049109099	License: 2203786830 State ID: MR0013526 Originally licensed: 2025-11-24 Effective: 2025-11-24 License issued: 2025-12-02 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Melbrook Community Home 336 Melbrook Drive, GRETNA, LA, 70053	Carolena Tang	Phone: 5043661828 Email: crofla@aol.com Fax: 5043661867	License: 1001 State ID: MR0007969 Originally licensed: 2009-02-26 Effective: 2026-03-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-01-13 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 3727 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Seventeenth Street Group Home 404 17th Street, GRETNA, LA, 70053	TERRENCE CRAWFORD	Phone: 2253675289 Email: Terrence.crawford@sevitahealth.com Fax: 5043675289	License: 2203787018 State ID: MR0003255 Originally licensed: 1994-03-01 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
St. Rosalie Group Home 119 Kass Street, GRETNA, LA, 70056	Stephanie Mills	Phone: 5045233755 Email: smills@ccano.org Fax: 5045232789	License: 2203786161 State ID: MR0002949 Originally licensed: 1984-02-01 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 200 BETA STREET, BELLE CHASSE, LA, 70037
Thirty Eighth Street Community Home 2204-2206 38th Street, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203782262 State ID: MR0003160 Originally licensed: 1990-08-17 Effective: 2026-05-01 License issued: 2026-05-22 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Twenty-Seventh St Group Home 127 Twenty-Seventh Street, KENNER, LA, 70065	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055489	License: 2203784098 State ID: MR0003003 Originally licensed: 1986-07-10 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Viola Community Home 2316 Litchwood Lane, HARVEY, LA, 70058	MR Vaughn Green	Phone: 5043014364 Email: viola2316comm@gmail.com Fax: 5043011604	License: 627 State ID: MR0003153 Originally licensed: 1990-04-01 Effective: 2026-04-01 License issued: 2026-04-01 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 2316 LITCHWOOD LANE, HARVEY, LA, 70058
Arthur Community Home 4700 MacArthur Blvd., NEW ORLEANS, LA, 70131	Carolena Tang	Phone: 5043661828 Email: crofla@aol.com Fax: 5043661867	License: 999 State ID: MR0006971 Originally licensed: 2006-10-10 Effective: 2025-11-01 License issued: 2025-08-27 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 3727 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Carlisle Court Community Home 6250 Carlisle Court, NEW ORLEANS, LA, 70131	TERRENCE CRAWFORD	Phone: 5043923860 Email: Terrence.crawford@sevitahealth.com Fax: 5043923860	License: 2203786996 State ID: MR0003158 Originally licensed: 1990-08-07 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Constance Group Home 5005 Constance Street, NEW ORLEANS, LA, 70115	VORIS VIGEE	Phone: 5048368717 Email: vvigee@voasela.org Fax: 5048368717	License: 2203780169 State ID: MR0002884 Originally licensed: 1999-11-01 Effective: 2026-03-01 License issued: 2026-02-03 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Craft Group Home 311 Vallette Street, NEW ORLEANS, LA, 70114	VORIS VIGEE	Phone: 5048368717 Email: vvigee@voasela.org Fax: 5046176491	License: 6388 State ID: MR0003164 Originally licensed: 1990-08-28 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: ORLEANS Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Elysian Fields Community Home 1241 Elysian Fields Avenue, NEW ORLEANS, LA, 70117	Ifeanyi Okpalobi, Jr.	Phone: 5042457991 Email: anioma1@bellsouth.net Fax: 5043240409	License: 2203783860 State ID: MR0003046 Originally licensed: 1988-05-19 Effective: 2025-09-01 License issued: 2025-07-25 Expires: 2026-08-31 Parish: ORLEANS Mailing address: P. O. BOX 640009, KENNER, LA, 70064
Gayoso Group Home 209-211 South Gayoso Street, NEW ORLEANS, LA, 70119	VORIS VIGEE	Phone: 5043838958 Email: vvigee@voasela.org Fax: 5048368717	License: 637 State ID: MR0003163 Originally licensed: 1990-07-31 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: ORLEANS Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Iberville Community Home 3228 Iberville Street, NEW ORLEANS, LA, 70119	Ifeanyi Okpalobi, Jr.	Phone: 5042457991 Email: anioma1@bellsouth.net Fax: 5043240409	License: 2203783859 State ID: MR0003079 Originally licensed: 1989-01-11 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: ORLEANS Mailing address: P. O. BOX 640009, KENNER, LA, 70064
Iberville Group Home 4174 Iberville Street, NEW ORLEANS, LA, 70119	VORIS VIGEE	Phone: 5048362891 Email: olee@voasela.org Fax: 5048368717	License: 2203780106 State ID: MR0002882 Originally licensed: 1999-10-01 Effective: 2026-03-01 License issued: 2026-02-03 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Lakeshore Community Home 1495 Gardena Street, NEW ORLEANS, LA, 70122	Roukayatou Ousseyni	Phone: 5045133159 Email: roukayatou.ousseyni@sevitahealth.com Fax: 5044055487	License: 2203782247 State ID: MR0010499 Originally licensed: 2010-10-28 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 2121 38TH STREET, KENNER, LA, 70065
Miller Manor 333 Henry Clay Avenue, NEW ORLEANS, LA, 70118	Denise J Washington	Phone: 5042188709 Email: denise@striveincorporated.org Fax: 5048959985	License: 258 State ID: MR0002897 Originally licensed: 1982-03-31 Effective: 2026-06-01 License issued: 2026-05-06 Expires: 2027-05-31 Parish: ORLEANS

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1135 NAPOLEON AVENUE, NEW ORLEANS, LA, 70115
Nunez Street Community Home 733 Nunez Street, NEW ORLEANS, LA, 70114	Carolena Tang	Phone: 5043661828 Email: crofla@aol.com Fax: 5043661867	License: 691 State ID: MR0003204 Originally licensed: 1991-05-17 Effective: 2026-06-01 License issued: 2026-04-01 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 3727 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Olympia Group Home 118 S. Olympia Street, NEW ORLEANS, LA, 70119	VORIS VIGEE	Phone: 5048368717 Email: vvigee@voasela.org Fax: 5048368717	License: 2203780145 State ID: MR0002883 Originally licensed: 1999-11-01 Effective: 2026-03-01 License issued: 2026-02-03 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Rendon Community Home 127-129 South Rendon Street, NEW ORLEANS, LA, 70115	VORIS VIGEE	Phone: 5048368717 Email: vvigee@voasela.org Fax: 5046176491	License: 484 State ID: MR0003023 Originally licensed: 1987-08-04 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: ORLEANS Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
State Street Community Home 3209 State Street Drive, NEW ORLEANS, LA, 70115	Carolena Tang	Phone: 5043661828 Email: crofla@aol.com Fax: 5043661867	License: 2203785627 State ID: MR0003213 Originally licensed: 1991-08-30 Effective: 2025-10-01 License issued: 2025-07-28 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 3727 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Padua Community Services - Padua House 200 Beta Street, BELLE CHASSE, LA, 70037	Cassandra Toumba	Phone: 5045196482 Email: ctoumba@ccano.org Fax: 5045232789	License: 239 State ID: MR0002865 Originally licensed: 1978-12-22 Effective: 2026-03-01 License issued: 2026-02-03 Expires: 2027-02-28 Parish: PLAQUEMINES Mailing address: 200 BETA STREET, BELLE CHASSE, LA, 70037
Verrett Group Home 3725 Bayou Road, ST BERNARD, LA, 70085	Iris D Moore	Phone: 5046829823 Email: wimoore1@aol.com Fax: 5046829117	License: 633 State ID: MR0003159 Originally licensed: 1990-07-31 Effective: 2025-08-01 License issued: 2025-07-28 Expires: 2026-07-31 Parish: ST. BERNARD Mailing address: P. O. BOX 508, VIOLET, LA, 70092

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bayside Healthcare Center 3201 Wall Blvd., GRETNA, LA, 70056	Eric Wahlen	Phone: 5043931515 Email: eric@hometownhc.com Fax: 5043917426	License: 2203784571 State ID: NH0002721 Originally licensed: 1989-08-29 Effective: 2026-01-01 License issued: 2025-12-05 Expires: 2026-12-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: JEFFERSON Mailing address: 3201 WALL BLVD., GRETNA, LA, 70056
Chateau Living Center 716 Village Road, KENNER, LA, 70065	Heather Mocklin	Phone: 5044640604 Email: cladministrator@plantationmgt.com Fax: 5044640808	License: 959 State ID: NH0002653 Originally licensed: 1984-11-12 Effective: 2026-07-01 License issued: 2026-04-23 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
Colonial Oaks Living Center 4312 Ithaca Street, METAIRIE, LA, 70006	Justin Lindsey	Phone: 5048876414 Email: jelindsey@plantationmgt.com Fax: 5044552964	License: 2203784842 State ID: NH0002512 Originally licensed: 1970-06-15 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
East Jefferson General Hospital - SNF 4200 Houma Blvd., METAIRIE, LA, 70002	Ruby Brewer	Phone: 5045034699 Email: Ruby.Brewer@lcmchealth.org Fax: 5045036497	License: 2203785785 State ID: NH0002658 Effective: 2050-02-01 License issued: 2024-01-31 Expires: 2051-01-31 Parish: JEFFERSON Mailing address: 4200 HOUMA BLVD., METAIRIE, LA, 70002
Jefferson Healthcare Center 2200 Jefferson Hwy., JEFFERSON, LA, 70121	MISTY WEAVER	Phone: 5048373144 Email: jhadministrator@plantationmgt.com Fax: 5048323909	License: 858 State ID: NH0002694 Originally licensed: 1989-12-27 Effective: 2025-12-01 License issued: 2025-10-28 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
Marrero Healthcare Center 5301 August Lane, MARRERO, LA, 70072	MR Philip Sweeney	Phone: 5043413658 Email: marrero.adm@nexion-health.com Fax: 3183473746	License: 815 State ID: NH0002743 Originally licensed: 1966-10-28 Effective: 2025-11-01 License issued: 2025-09-18 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 5301 AUGUST AVENUE, MARRERO, LA, 70072
Metairie Health Care Center 6401 Riverside Drive, METAIRIE, LA, 70003	Andrew Cedor	Phone: 5048858611 Email: acedor@metairiehc.com Fax: 5048858154	License: 854 State ID: NH0002699 Originally licensed: 1972-08-31 Effective: 2025-12-01 License issued: 2025-11-07 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 6401 RIVERSIDE DRIVE, METAIRIE, LA, 70003
Ochsner Medical Center, Skilled Nursing Facility 2614 Jefferson Highway, 3rd Floor, JEFFERSON, LA, 70121	DANIELLE YENUGANTI	Phone: 5047364949 Email: danielle.yenuganti@ochsner.org Fax: 5047364990	License: 2203783756 State ID: NH0002649 Originally licensed: 1985-01-24 Effective: 2049-02-01 License issued: 2018-02-21 Expires: 2050-01-01 Parish: JEFFERSON Mailing address: 2614 JEFFERSON HIGHWAY, 3RD FLOOR, JEFFERSON, LA, 70121
St Anthony Community Care Center	Amy Sprout	Phone: 5047338448 Email:	License: 2203785177 State ID: NH0002558 Originally licensed: 1991-11-12

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
6001 Airline Hwy., METAIRIE, LA, 70003		asprout@commcare.com Fax: 5047331917	Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 6001 AIRLINE DRIVE, METAIRIE, LA, 70003
St Joseph of Harahan 405 Folse Dr., HARAHAN, LA, 70123	Diane Floyd	Phone: 5047387676 Email: sjadministrator@plantationmgt.com Fax: 5047389993	License: 968 State ID: NH0002773 Originally licensed: 1992-09-09 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
Waldon Health Care Center 2401 Idaho Street, KENNER, LA, 70062	KONSWALO TAYLOR	Phone: 5044660222 Email: ktaylor@waldonhc.com Fax: 5044660228	License: 855 State ID: NH0002661 Originally licensed: 1976-02-25 Effective: 2025-12-01 License issued: 2025-10-28 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 2401 IDAHO STREET, KENNER, LA, 70062
Wynhoven Community Care Center 1050 Medical Center, MARRERO, LA, 70072	Sonya Berry	Phone: 5043470777 Email: sberry@commcare.com Fax: 5043417240	License: 2203785774 State ID: NH0002666 Originally licensed: 1986-12-23 Effective: 2026-06-01 License issued: 2026-04-16 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 1050 MEDICAL CENTER, MARRERO, LA, 70072
Chateau De Notre Dame Community Care Center 2832 Burdette Street, NEW ORLEANS, LA, 70125	TORREL BRIDGES	Phone: 5048662741 Email: tbridges@commcare.com Fax: 5048662861	License: 2203785772 State ID: NH0002475 Originally licensed: 1977-10-01 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 950 WEST CAUSEWAY APPROACH, MANDEVILLE, LA, 70471
Covenant Home 5919 Magazine Street, NEW ORLEANS, LA, 70115	MS Margaret Hoffmann	Phone: 5048976216 Email: covenanthome@aol.com Fax: 5043329206	License: 91 State ID: NH0002514 Originally licensed: 1972-06-30 Effective: 2026-08-01 License issued: 2026-05-22 Expires: 2027-07-31 Parish: ORLEANS Mailing address: 5919 MAGAZINE STREET, NEW ORLEANS, LA, 70115
Ferncrest Manor Living Center 14500 Haynes Blvd., NEW ORLEANS, LA, 70128	Jesse Shaffer	Phone: 5042461426 Email: jshaffer@ferncrest.com Fax: 5042461591	License: 459 State ID: NH0002668 Originally licensed: 1987-04-06 Effective: 2025-10-01 License issued: 2025-07-17 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 14500 HAYNE BLVD., NEW ORLEANS, LA, 70128
Jo Ellen Smith Convalescent Ctr. 4502 General Meyer Avenue, NEW ORLEANS, LA, 70131	BLAKE LIPARI	Phone: 5043617923 Email: blipari@jesliving.com Fax: 5043684807	License: 2203782578 State ID: NH0002662 Originally licensed: 1986-08-19 Effective: 2025-10-01 License issued: 2025-08-20 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 4502 GENERAL MEYERS AVENUE, NEW ORLEANS, LA, 70131

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
John J. Hainkel, Jr. Home & Rehabilitation Center 612 Henry Clay Avenue, NEW ORLEANS, LA, 70118	ANDREW ST. PIERRE	Phone: 5048965900 Email: astpierre@commcare.com Fax: 5048965982	License: 2203784459 State ID: NH0012383 Originally licensed: 2018-07-01 Effective: 2025-11-01 License issued: 2025-10-06 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 612 HENRY CLAY AVENUE, NEW ORLEANS, LA, 70118
Lafon Nursing Facility of the Holy Family 6900 Chef Menteur Hwy, NEW ORLEANS, LA, 70126	Michelle Matthew	Phone: 5042416285 Email: mmatthew@lafon-sothf.org Fax: 5042416295	License: 311 State ID: NH0008200 Originally licensed: 1973-08-10 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 6900 CHEF MENTEUR HWY, NEW ORLEANS, LA, 70126
Our Lady of Wisdom Community Care Center 5600 General De Gaulle Drive, NEW ORLEANS, LA, 70131	Andrew Lessig	Phone: 5043945991 Email: alessig@commcare.com Fax: 5043045421	License: 2203785773 State ID: NH0003832 Originally licensed: 1999-12-29 Effective: 2026-06-01 License issued: 2026-06-03 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 950 WEST CAUSEWAY APPROACH, MANDEVILLE, LA, 70471
Poydras Home 5354 Magazine Street, NEW ORLEANS, LA, 70115	Erin Kolb	Phone: 5048970535 Email: ekolb@poydrashome.com Fax: 5048979494	License: 142 State ID: NH0002498 Originally licensed: 1960-03-01 Effective: 2026-03-01 License issued: 2026-02-03 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 5354 MAGAZINE STREET, NEW ORLEANS, LA, 70115
St Margaret's Daughters Home 3525 Bienville St, NEW ORLEANS, LA, 70119	DIANE PETRIE	Phone: 5042796414 Email: dpetrie@stmargaretsno.org Fax: 5042771834	License: 2203781674 State ID: NH0002819 Originally licensed: 1987-06-30 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: ORLEANS Mailing address: 3525 BIENVILLE ST, NEW ORLEANS, LA, 70119
St. Anna's at Lambeth House 150 Broadway, NEW ORLEANS, LA, 70118	CAYLA SCOTT KENNEDY	Phone: 5048651960 Email: cscott@lambethhouse.com Fax: 5048659514	License: 2203781696 State ID: NH0002480 Originally licensed: 1992-03-31 Effective: 2026-07-01 License issued: 2026-04-27 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 150 BROADWAY, NEW ORLEANS, LA, 70118
St. Bernard Nursing & Rehab 4021 Roneagle Way, NEW ORLEANS, LA, 70122	KIM RUSSELL	Phone: 5042467900 Email: kim.russell@stbernardncc.com Fax: 5042466570	License: 2203785417 State ID: NH0002759 Originally licensed: 1989-04-13 Effective: 2026-07-01 License issued: 2026-05-18 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 10401 LINN STATION ROAD, SUITE 300, LOUISVILLE, KY, 40223
St. Jude's 450A S Claiborne Ave, FL 6, NEW ORLEANS, LA, 70112	Fallon Deffes	Phone: 5048953953 Email: Fdeffes@stmargaretsno.org Fax: 5045343314	License: 2203785199 State ID: NH0002581 Originally licensed: 1988-07-27 Effective: 2026-02-01 License issued: 2026-02-02 Expires: 2027-01-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ORLEANS Mailing address: 3525 BIENVILLE STREET, NEW ORLEANS, LA, 70119
Willow Wood at Woldenberg Village 3701 Behrman Place, NEW ORLEANS, LA, 70114	Anndee Major	Phone: 5043675640 Email: amajor@commcare.com Fax: 5043675643	License: 161 State ID: NH0002640 Originally licensed: 1971-01-27 Effective: 2026-02-01 License issued: 2025-12-18 Expires: 2027-01-31 Parish: ORLEANS Mailing address: 3701 BEHRMAN PLACE, NEW ORLEANS, LA, 70114
Riverbend Nursing and Rehabilitation Center, Inc. 13735 Highway 23, BELLE CHASSE, LA, 70037	MS Kellie Maronge	Phone: 5046560068 Email: kmaronge@gouxco.com Fax: 5046560037	License: 2203781924 State ID: NH0003818 Originally licensed: 1999-12-23 Effective: 2026-01-01 License issued: 2025-11-05 Expires: 2026-12-31 Parish: PLAQUEMINES Mailing address: 13735 HIGHWAY 23, BELLE CHASSE, LA, 70037

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Southeast Louisiana legal Service New Orleans	Supervisor	504-529-1000	SLLS provides free legal advice in certain divorce, there is pro bono provide free legal services free legal services to those that qualify.

Volunteer and Faith-Based Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
The Retired and Senior Volunteer Program	Supervisor	504-821-4121	Engages people age 55 and older in a dive5rse range of volunteer activities.
Habitat for Humanity	Supervisor	504-861-2077 info@habitat-nola.org	Offers program to help elderly adults, including homeownership home repairs and the Aging in place program
Hands-on New Orleans	Chris Cameron, Ex. Director	ccameron@handsonneworlenas.org	Managed to restore a sense of pride to our neighborhood, and create a more vibrant community through high impact services
Jefferson Parish Community Action Programs	Dionne Nichols	504-736-6900/ JeffCap	JEFFCAP is Jefferson parish's agency dedicated to empowering as many families in Jefferson Parish and surrounding areas, including elderly disabled, economically disadvantaged.
Retried and Senior Volunteer Program (RSVP)	Director	504-821-4121 ext 123	RSVP, offer volunteer and faith-based services for the elderly. RSVP connects seniors 55 and older with volunteer opportunities
A Community Voice	Director	NO volunteer community organization	A Community voice (ACV) is a grassroots non-profit organizing working families, seniors, and women to advocate for social and economic justice. They focus

Organization / Provider	Contact Person	Phone / Email	Services Provided
			on community empowerment, local government accountability, disaster relief, and infrastructure, including campaigns for fair water rates, blight reduction via rain gardens, and environmental safety

Household Repair - Plumbing, Electrical, Flooring, etc.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Low-income Home Energy Assistance Program (LIHEAP)	MANAGER	504-293-1199	The LIHEAP program serves households that meet the eligibility Criteria sixty years or older, disabled. The second goal of the program is to help conserve energy and to reduce the energy cost of the household.
Senior Renovation Service	MANAGER	hensleybrothers.com	Provide funding and resource

Heating Ventilation and Air Conditioning (HVAC)

Organization / Provider	Contact Person	Phone / Email	Services Provided
LIHEAP Cooling Assistance	Jackie Thomas	985-777-0076	Home energy bills, Improvements to homes and apartments to make them more energy efficient, a lifeline for people age 60+
Weatherization Assistance	Director	energyawebinfo@lhc.la.gov	Helps limited-income household improve their energy efficiency and reduce their energy costs. Making upgrades and repair to a home

Pest Control - Bed Bugs, Fleas, Pest Infestation

Organization / Provider	Contact Person	Phone / Email	Services Provided
LaJaunie's Pest Control	Manager	504-788-1860	Guaranteed protection from roaches, spiders, Ants& more Free inspection.
Terminix NOLA	Manager	504-834-7330	Guaranteed protection from roaches, spiders, Ants& more Free inspection. We are providing the safest product to treat pets
Bug Stars Termite and pest control	Manager	504-344-9417	Bug Stars provides effective termite and pest control services to protect you and your family from dangerous disease
NOLA Pest Control	Manager	504-250-8088	Trust us to provide top-notch Residential termite control services, handle rodent, bed bugs, and other pests.

Janitorial, Biohazard and Hoarding Cleanup

Organization / Provider	Contact Person	Phone / Email	Services Provided
NOLA Home care	Director	504-656-9640 info@nolahomecare.com	Provide help with household chores, laundry & light housekeeping

Pharmacy/Medication Delivery and Discounts

Organization / Provider	Contact Person	Phone / Email	Services Provided
Access Health Louisiana Pharmacy Services	Manager	866-530-6111	Provides on-site services a certain locations , improving the quality of patient care through expanded medical services.

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
Central Home Health	Brandi Doucet	504-455-5959	Provide Exceptional care from their hearts ore have nurse on call 24 hours a day 7 days a week.
Nola @Home	Manager	504-605-3993	Provide in-home senior care. Offer many types of elderly caregiving support.
Ocsner Home Health of New Orleans	Manager	504-372-6610	Ochnser Home Health provides quality services is their mission and to us, service means getting to know our patients
Abundant Home Health	Kiandre Bardell	504-708-1060	Provide in-home senior care. Offer many types of elderly caregiving support. Provide exceptional care from their heart.
Amedisys Home Health	Lynette Gordon	504-383-1080	Provide Exceptional care from their heart. Offers many types of elderly care.
Christian Home Helath Care	Elaine T. Davis	504-949-7177	Provide exceptional care from their heart. Offers many types of elderly care.
Chateau Home Health	Manager	504-305-2257	Provide Exceptional care from their hearts ore have nurse on call 24 hours a day 7 days a week.
Contemporary Family Health Center	Manager	504-241-7751	Provide Exceptional care from their hearts ore have nurse on call 24 hours a day 7 days a week.
Covenant Home Health, LLC	Charles Carollo	504-831-8000	Covenant Home Health provides skilled, home-based medical services and therapies with a personal touch, ensuring a reliable continuation of your physician's ...
Concerned Care Home Health, Inc.	Richard Martin	504-210-1971	Is committed to provide compassionate care. As a part of social services we offer financial and home assessment.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Delta Home Health South, a Part of the Elara Caring Network	Anna Labauve	985-851-7584	Provides care for adults and children of all ages with compassion, skill and a dedication to making life comfortable in your own.
Divinity Home Health Services, LLC	Jessica Brown	985-262-0445	Effort to provide patients with a higher level of care, divinity offers a wide range of services, including: skilled nursing ,physical , occupational , and speech
Egan Healthcare of Plaquemines, Inc.	Laura Cancienne	504-392-4193	Ambulatory Health care services, and social assistance. Specialized in Home Health, Caregivers, Wellness, Home Care, Rehabilitation Therapy, Skilled nursing and Pediatric Nursing Care.
Egan-Ochsner Home Health River Parishes	Kevin Hardy	985-653-8117	Egan offers a full suite of in-home care services including home health care, skilled nursing, wound care, physical therapy occupational therapy , private duty.
Elara Caring	Renee Brockman	504-469-3849	Provide a comprehensive, compassionate and holistic program of care and support to help you meet your health and goals
Canon Healthcare LLC	Kenosha Sampson	504-818-2723	Canon hospice is dedicated to helping patients and families accept terminal illness
Feliciana Home Health (west)	Hagen Plauche	225-687-820	Home Health Care is a wide range of health care services provided in the home for an illness or injury. These services can include Skilled Nursing ...
Feliciana Home Health	Melissa Landry	225-683-3347	Home Health Care is a wide range of health care services provided in the home for an illness or injury. These services can include Skilled Nursing as well as Physical, Occupational, and Speech Therapy.
At Home Healthcare	Brian Chehardy	504-513-3125	Provides non-medical in home care for seniors. Provide continuous care monitoring reducing complication and emergency visits while promoting a stable recovery at home.
Centerwell Home Health (Hammond)	Denise Cunningham	985-223-14321	Personalized home healthcare from nurses and therapists in the comfort of home—helping you manage a chronic condition or recover from injury, illness …
Excellent Home Health Care, LLC	Delainey Bouie	504-362-9207	Excellent is proud to provide home care and senior care services to seniors. Offering tailor and compassionate care individuals coping with disabilities and chronic condition…
Family Homecare, Inc.	Gina Raglan	504-835-0934	Family care is a non-profit agency with a mission to assist seniors, individuals with disabilities and those with special needs in maintaining their independence and well-being within the comfort of their own home.
Guardian Home Health Care of LA., Inc.	Beverly Odom	504-828-2294	Guardian provide skilled care at home and work with your doctor to get you back to health.

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acts Home Health Care, Inc. 401 Whitney Avenue, Suite 304, GRETNA, LA, 70056	Courtney Clofer	Phone: 5043622030 Email: cclofer@gmail.com Fax: 5043628574	License: 2203783094 State ID: HH0001391 Originally licensed: 1992-05-13 Effective: 2025-12-01 License issued: 2025-11-07 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 401 WHITNEY AVENUE, SUITE 304, GRETNA, LA, 70056
Amedisys Home Health Care 3501 N. Causeway Blvd., Ste 200, METAIRIE, LA, 70002	Carrie Scholl-Gleason	Phone: 5048387080 Email: LicenseandCert@amedisys.com Fax: 5048388038	License: 1011 State ID: HH0001360 Originally licensed: 1991-08-08 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 3501 N. CAUSEWAY BLVD., STE 200, METAIRIE, LA, 70002
Audubon of New Orleans Home Health, Inc. 3621 Ridgelake Dr., Ste. 307, METAIRIE, LA, 70002	Ray Banker	Phone: 5043564663 Email: dtroxclair@audubonhomehealth.com@audubonhomehealth.com Fax: 5042493120	License: 2203786554 State ID: HH0001377 Originally licensed: 1992-03-13 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 9256 INTERLINE AVENUE, BATON ROUGE, LA, 70809
Aveanna Healthcare 3421 N.Causeway Blvd., Suite 502, METAIRIE, LA, 70002	Dorla Pizzolatto	Phone: 5048304512 Email: credentialing@aveanna.com Fax: 5048381239	License: 2203786420 State ID: HH0001330 Originally licensed: 1991-01-23 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 400 INTERSTATE NORTH PARKWAY, SE, SUITE 1600 ATTN:LICENSING, ATLANTA, GA, 30339
Central Home Health, LLC 8070 CROWDER BLVD. STE. B, NEW ORLEANS, LA, 70127	Samara Davis-Torrence	Phone: 5044555959 Email: samara1989@aol.com Fax: 5044558997	License: 2203786869 State ID: HH0001178 Originally licensed: 1993-03-10 Effective: 2025-12-01 License issued: 2026-01-07 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 8070 CROWDER BLVD. STE. B, NEW ORLEANS, LA, 70127
Chateau Home Health Inc. 3715 Williams Blvd, Ste 109, KENNER, LA, 70065	MS Lorraine G James	Phone: 5044390651 Email: chateauhomehealthinc@live.com Fax: 5043704326	License: 2203785718 State ID: HH0001419 Originally licensed: 1992-12-14 Effective: 2025-11-01 License issued: 2025-10-28 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: P.O BOX 1114, KENNER, LA, 70062
Covenant Home Health, LLC 3445 N. Causeway Blvd. STE 501, METAIRIE, LA, 70002	Mitzi Pears	Phone: 5048318000 Email: mitzi@superiorhhc.com Fax: 5048314000	License: 2203786685 State ID: HH0011214 Originally licensed: 1993-09-20 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 3445 N. CAUSEWAY BLVD. STE 501, METAIRIE, LA, 70002 Already listed elsewhere in this region; license details supplied here
Egan-Ochsner Home Health New Orleans 880 W Commerce Road,	MARGIE FALS	Phone: 5048354474 Email: LRA@lhcgroup.com Fax: 5048323292	License: 2203784904 State ID: HH0001269 Originally licensed: 1985-04-18 Effective: 2026-02-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Ste 500, HARAHAN, LA, 70123			License issued: 2026-01-08 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: PO BOX51266, LAFAYETTE, LA, 70505
Elara Caring 3901 Houma Blvd Plaza Ste 303-C, METAIRIE, LA, 70006	Renee Brockman	Phone: 5044693849 Email: regulatory@elara.com Fax: 5044693823	License: 2203785369 State ID: HH0001457 Originally licensed: 1993-06-23 Effective: 2026-06-01 License issued: 2026-05-22 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 3010 LYNDON B JOHNSON FREEWAY SUITE 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here
Excellent Home Health Care, LLC 1821 Franklin Street, GRETNA, LA, 70053	DELAINEY M BOUIE	Phone: 5043629207 Email: excellenthome74@bellsouth.net Fax: 5043629209	License: 2203782401 State ID: HH0001294 Originally licensed: 1989-02-23 Effective: 2026-06-01 License issued: 2026-06-01 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 1821 FRANKLIN STREET, GRETNA, LA, 70053 Already listed elsewhere in this region; license details supplied here
Family Homecare, Inc. 3636 S. I-10 Service Rd., Suite 206, METAIRIE, LA, 70001	MS Gina W Ragland, Rn	Phone: 5048350934 Email: gragland@familyhomecare.net Fax: 5048350165	License: 2203785254 State ID: HH0001453 Originally licensed: 1993-06-02 Effective: 2026-02-01 License issued: 2025-12-17 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 3636 S. I-10 SERVICE RD., #206, METAIRIE, LA, 70001 Already listed elsewhere in this region; license details supplied here
Guardian Home Health Care of LA., Inc. 2825 Athania Parkway, METAIRIE, LA, 70002	MS Beverly P Odom	Phone: 5048282294 Email: BEVERLY@GHHNOLA.COM Fax: 5048282234	License: 2203786702 State ID: HH0001563 Originally licensed: 1995-12-01 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 2825 ATHANIA PARKWAY, METAIRIE, LA, 70002 Already listed elsewhere in this region; license details supplied here
Nurses Registry Home Health, Inc. 800 W. Commerce Road, Suite 106, NEW ORLEANS, LA, 70123	MS Jeanne B Caldwell	Phone: 5047360803 Email: jeannec@mynrhh.com Fax: 5047360501	License: 2203786309 State ID: HH0001442 Originally licensed: 1993-04-08 Effective: 2025-11-01 License issued: 2025-11-03 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 800 W. COMMERCE ROAD, SUITE 106, NEW ORLEANS, LA, 70123
Ochsner Home Health of New Orleans 3500 N Causeway, Blvd.,Ste 220, METAIRIE, LA, 70002	Lauren Pepin	Phone: 5043726610 Email: lra@lhcgroup.com Fax: 5042083582	License: 2203784996 State ID: HH0003896 Originally licensed: 1986-09-11 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
St. Michaels Home Health 332 Amelia St, GRETNA, LA, 70053	Kelli S Vedros	Phone: 5043224525 Email: stmichaelshomehealth@yahoo.com Fax: 5045357406	License: 2203784869 State ID: HH0001370 Originally licensed: 1992-01-02 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 332 AMELIA ST, GRETNA, LA, 70053
The Medical Team, Inc. 3445 Causeway Blvd, #904, METAIRIE, LA, 70002	LISA ARCEMENT	Phone: 9858726666 Email: achampagne@medteam.com Fax: 9858723263	License: 2203786863 State ID: HH0001335 Originally licensed: 1980-01-15 Effective: 2025-08-01 License issued: 2025-12-23 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 4722 HIGHWAY 311, HOUMA, LA, 70360
Total Home Health Care 330 Amelia Street, GRETNA, LA, 70053	Dolores Jambon	Phone: 5043408888 Email: thhc2006@gmail.com Fax: 5045357406	License: 2203784830 State ID: HH0001423 Originally licensed: 1993-01-15 Effective: 2025-10-01 License issued: 2025-10-03 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 330 AMELIA STREET, GRETNA, LA, 70053
VitalCaring Group 2450 Severn Ave., STE 208, METAIRIE, LA, 70001	BEKKI MILLER	Phone: 5048311190 Email: licensing@vitalcaring.com	License: 2203786691 State ID: HH0001216 Originally licensed: 1982-08-26 Effective: 2026-03-01 License issued: 2026-03-03 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 8150 NORTH CENTRAL EXPWY SUITE 1800, DALLAS, TX, 75206
Abundant Home Health, Inc 10001 Lake Forest Blvd. Ste. 305, NEW ORLEANS, LA, 70127	Kiandre Bardell	Phone: 5047081060 Email: abundanthomehealthinc@gmail.com Fax: 5042417704	License: 2203782276 State ID: HH0001260 Originally licensed: 1984-01-12 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 10001 LAKE FOREST BLVD., STE 305, NEW ORLEANS, LA, 70127
Christian Home Health Care Inc. 4110 Franklin Avenue, NEW ORLEANS, LA, 70122	Elaine Davis	Phone: 5049497177 Email: elaine.davis@christianhhc.com Fax: 5045440425	License: 2203784727 State ID: HH0001288 Originally licensed: 1988-11-14 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 4110 FRANKLIN AVENUE, NEW ORLEANS, LA, 70122
Home Health Care 2000-New Orleans 8080 Crowder Blvd Suite A, NEW ORLEANS, LA, 70127	Letitia Williams	Phone: 5042421122 Email: dpreed@hhc2000.com Fax: 5042420550	License: 2203786811 State ID: HH0001526 Originally licensed: 1995-04-01 Effective: 2026-05-01 License issued: 2026-04-17 Expires: 2027-04-30 Parish: ORLEANS Mailing address: 1901 OAK PARK BLVD., LAKE CHARLES, LA, 70601
LCMC Health Home Care 1401 Foucher Street, NEW ORLEANS, LA, 70115	JEFFREY HEBERT	Phone: 5048978576 Email: jeffrey.hebert@lcmchealth.org Fax: 5048978640	License: 261 State ID: HH0001278 Originally licensed: 1987-03-18 Effective: 2026-04-01 License issued: 2026-03-13 Expires: 2027-03-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ORLEANS Mailing address: 1401 FOUCHER STREET, NEW ORLEANS, LA, 70115

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Anvoi Hospice 1013 N. Causeway Blvd., Ste 201B, METAIRIE, LA, 70001	Jean Hill	Phone: 5046033577 Email: AR@mdallc.com Fax: 5048288023	License: 2203783324 State ID: HP0010462 Originally licensed: 2010-09-28 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 1013 N. CAUSEWAY BLVD., STE. 201B, METAIRIE, LA, 70001
Audubon Hospice of New Orleans 3621 Ridgelake Drive, Suite 305,, METAIRIE, LA, 70002	Raymond W Banker Jr.	Phone: 5042741942 Email: dtroxclair@audubonhomehealth.com Fax: 5042741943	License: 2203786895 State ID: HP0003870 Originally licensed: 2000-03-20 Effective: 2025-12-04 License issued: 2026-02-04 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 9256 INTERLINE AVENUE, BATON ROUGE, LA, 70809
Guardian Angel Hospice 825 Little Farms Avenue, Suite D, METAIRIE, LA, 70003	GINA M JONES	Phone: 5047372244 Email: ghospice@bellsouth.net Fax: 5047372245	License: 289 State ID: HP0004362 Originally licensed: 2003-04-15 Effective: 2025-08-01 License issued: 2025-07-17 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 825 LITTLE FARMS AVE, STE D, METAIRIE, LA, 70003
Gulf South Hospice of New Orleans 812 Hesper Ave, METAIRIE, LA, 70005	MR Robert H. Merrett	Phone: 5045252643 Email: rmerrett@gulfsouthhospice.com Fax: 5045252645	License: 2203784760 State ID: HP0010529 Originally licensed: 2011-04-14 Effective: 2026-07-01 License issued: 2026-06-25 Expires: 2027-06-30 Parish: JEFFERSON Mailing address: 812 HESPER AVE, METAIRIE, LA, 70005
Harmony Hospice, LLC 3621 Ridgelake Drive, Ste 200, METAIRIE, LA, 70002	KELLIE COMPTON	Phone: 5048328111 Email: administrator@harmonyhospicellc.com Fax: 5048326111	License: 299 State ID: HP0007436 Originally licensed: 2007-10-26 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 3621 RIDGELAKE DRIVE, STE 200, METAIRIE, LA, 70002
Heart of Hospice 1700 Belle Chasse Hwy., Bldg. B, Ste. 230, TERRYTOWN, LA, 70056	Norman Davis	Phone: 5043410038 Email: LRA@LHCGROUP.com Fax: 5043410320	License: 2203782741 State ID: HP0007316 Originally licensed: 2007-10-31 Effective: 2026-04-01 License issued: 2026-03-13 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
Hospice Associates of New Orleans, LLC 3941 Houma Blvd., Ste 1A, METAIRIE, LA, 70006	Britney Gauthreaux	Phone: 5044572200 Email: bgauthreaux@care.associates Fax: 5044572207	License: 262 State ID: HP0004793 Originally licensed: 2005-03-01 Effective: 2025-09-01 License issued: 2025-08-28 Expires: 2026-08-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 3941 HOUMA BLVD., STE 1A, METAIRIE, LA, 70006
Louisiana Hospice & Palliative Care of New Orleans 1700 Belle Chasse Hwy., Ste C100, TERRYTOWN, LA, 70056	Carrie Mattern	Phone: 5044839792 Email: lra@lhcgroup.com Fax: 5044839793	License: 2203785720 State ID: HP0007016 Originally licensed: 2006-12-14 Effective: 2023-02-01 License issued: 2023-04-25 Expires: 2024-01-31 Parish: JEFFERSON Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
My Hospice 3510 N. Causeway Blvd.,Suite 501A, METAIRIE, LA, 70002	MS Beverly P Odom	Phone: 5048313044 Email: bevmodom@icloud.com Fax: 5048315696	License: 243 State ID: HP0007358 Originally licensed: 2007-10-24 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 3510 N. CAUSEWAY BLVD., SUITE 501A, METAIRIE, LA, 70002
NOLA SJH II, LLC 507 Upstream Street, RIVER RIDGE, LA, 70123	Melissa Taylor	Phone: 5043054910 Email: lmartinez@carpenterhealth.net Fax: 5043054916	License: 2203784111 State ID: HP0004033 Originally licensed: 2001-01-11 Effective: 2025-08-01 License issued: 2025-07-17 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
Notre Dame Hospice 3330 North Causeway Blvd. Suite 320, METAIRIE, LA, 70002	Nickolas Deckard	Phone: 5042273600 Email: tgonzalez@notredamehospice.com Fax: 5042273601	License: 2203786983 State ID: HP0001756 Originally licensed: 1989-06-30 Effective: 2025-08-01 License issued: 2026-04-30 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 950 WEST CAUSEWAY APPROACH, MANDEVILLE, LA, 70471
Serenity Hospice Services, LLC 3445 N. Causeway Blvd., #901, METAIRIE, LA, 70002	Brandi Plaisance	Phone: 5043663996 Email: mitzi@superiorhhc.com Fax: 5043667269	License: 2203785509 State ID: HP0004118 Originally licensed: 2001-09-28 Effective: 2025-08-01 License issued: 2025-08-01 Expires: 2026-07-31 Parish: JEFFERSON Mailing address: 3445 N. CAUSEWAY BLVD., #901, METAIRIE, LA, 70002
St. Margaret Home Health and Hospice 3525 Bienville Street, NEW ORLEANS, LA, 70119	ANGELLE MCCONDUIT-LARKS	Phone: 5043735923 Email: amcconduit-hammond@stmargaretsno.org Fax: 5043049252	License: 2203781791 State ID: HP0001755 Originally licensed: 1989-07-01 Effective: 2025-10-01 License issued: 2025-10-07 Expires: 2026-09-30 Parish: ORLEANS Mailing address: 3525 BIENVILLE STREET, NEW ORLEANS, LA, 70119

Nurse Staffing Agencies — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Advantage Medical Professionals LLC 1 Galleria Blvd, Suite 1900 #0495, METAIRIE, LA, 70001	Paul Centanni	Phone: 5044560073 Email: paul.centanni@ampstaffing.com Fax: 5044560072	License: 2203786887 State ID: NS0013124 Originally licensed: 2023-12-31 Effective: 2026-01-27 License issued: 2026-01-27 Expires: 2027-12-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 7, METAIRIE, LA, 70001
Assuring Hearts Staffing Agency 1901 Manhattan Blvd. Suite 213, HARVEY, LA, 70058	Brushawn Vedor	Phone: 8449327787 Email: assuringheartsllc@outlook.com Fax: 0000000000	License: 2203786852 State ID: NS0013539 Originally licensed: 2025-12-22 Effective: 2025-12-22 License issued: 2025-12-22 Expires: 2027-11-30 Parish: JEFFERSON Mailing address: PO BOX 3125, HARVEY, LA, 70058
Gifted Nurses, LLC 3330 W Esplanade Ave, Suite 505, METAIRIE, LA, 70002	Fredrick Ducham	Phone: 5048312123 Email: DDucham@giftedhealthcare.com Fax: 5048312123	License: 2203786080 State ID: NS0013167 Originally licensed: 2024-01-30 Effective: 2026-01-01 License issued: 2026-02-10 Expires: 2027-12-31 Parish: JEFFERSON Mailing address: 3330 W ESPLANDADE AVE, SUITE 505, METAIRIE, LA, 70002
Pink Virtue Healthcare 17 Petunia Ct, WESTWEGO, LA, 70094	Mykel Walls	Phone: 5045598888 Email: pinkvirtuehealthcare@gmail.com Fax: 5045598888	License: 2203786931 State ID: NS0013569 Originally licensed: 2026-03-10 Effective: 2026-03-10 License issued: 2026-03-10 Expires: 2028-02-28 Parish: JEFFERSON Mailing address: 17 PETUNIA CT, WESTWEGO, LA, 70094
TBC Healthcare Solutions 3501 Severn Ave, Suite 19A, METAIRIE, LA, 70002	Kristine Diano	Phone: 5043135400 Email: kristi@tbccare.com Fax: 5045150316	License: 2203786016 State ID: NS0013130 Originally licensed: 2024-01-02 Effective: 2026-01-01 License issued: 2025-12-05 Expires: 2027-12-31 Parish: JEFFERSON Mailing address: 3501 SEVERN AVE, SUITE 19A, METAIRIE, LA, 70002
United Nursing International 4051 Veterans Memorial Blvd., METAIRIE, LA, 70002	Imelda Brar	Phone: 5048888641 Email: ibrar@unihcr.com Fax: 8663681429	License: 2203786123 State ID: NS0013197 Originally licensed: 2024-02-23 Effective: 2026-02-01 License issued: 2026-02-12 Expires: 2028-01-31 Parish: JEFFERSON Mailing address: 19528 VENTURA BLVD, TARZANA, CA, 91356

Law Enforcement

Organization / Provider	Contact Person	Phone / Email	Services Provided
St. Charles Parish Sheriff's Office	Sheriff Greg Champange	985-783-6237	I am Sheriff Greg Champagne, and I am proud to offer you this window into our Office. This provides you the opportunity to learn about our office and its programs, and have better access to us so that we may better serve you.
Plaquemine Parish Sheriff	Sheriff Gerald A. Turlich, Jr.	504-822-1111	PPSO is dedicated to strengthening and continually improving this relationship in an effort to maintain this high quality of life for our community. Through leadership, pride and professionalism, the priority of the Plaquemines Parish Sheriff's Office is

Organization / Provider	Contact Person	Phone / Email	Services Provided
			efficiently serving and protecting Plaquemines Parish.
Jefferson Parish. Sheriff	Sheriff Joseph P. Lopinto III	504-363-5500	We at the JPSO are committed to keeping Jefferson Parish a safe place to live, work and to raise a family. The Jefferson Parish Sheriff's Office (the JPSO) is a stand-alone governmental entity, separate and apart from the Parish Council.
Orleans Parish Sheriff Office	Sheriff Susan A. Hutson	504-822-8000	The Public Information Office serves as the central hub for facilitating internal and external communications for the Orleans Parish Sheriff's Office. This office is responsible for managing the agency's public relations, media relations, and internal communications strategies. It ensures timely and accurate dissemination of information to the public, media outlets, and agency personnel

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
New Orleans Coroner	Dwight L Mckenna, M.D.	504-658-9660	Our Mission is to provide timely, thorough, [Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] accurate, and independent medico-legal investigations that: Promote justice, Enhance public safety and public health. Provide compassionate service to the afflicted, the grieving, the maltreated, and the decease.
St Charles Parish Coroner	Dr. Brian Brogle	985-785-3693	Coroner's key responsibilities include investigating deaths, determining cause and manner of death, identifying the deceased, completing death certificates, and notifying next of kin. They also play a role in public health and safety by identifying trends and contributing to prevention efforts.
Jefferson Parish Coroner	Gerald "Gerry" Cvitanovich, M.D.,	504-365-9100	The Jefferson Parish Coroner's Office is an independent, scientific body whose goal is to enhance public health and safety for the citizens of Jefferson Parish. The Office shall strive to provide timely, accurate determinations of cause and manner of death by maintaining the highest standards in the field of death investigation. The Office shall also strive to provide guidance, dignity and compassion to the mentally ill and their families and to protect all victims of sexual assault.
St Bernard Coroner	Shannon D. Dicus, Sheriff - Coroner	504-354-8355	The responsibilities of the Coroner Division are many and complex. By state law, it is the duty of the Coroner Division to inquire and determine the circumstances, manner and cause of death (COD) for cases that fall within the Coroner's jurisdiction. These deaths include suspected homicide, suicide, or accidental deaths. These also include natural deaths were there is no physician to sign the death certificate or the physician is legally prohibited from doing so.

Veterans Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
St Charles Parish	Ebony Crowell	ebony.crowell2@la.gov/ 985-783-2221	The Veterans Affairs oversees VA in its mission to provide health, education, disability, funerary, and financial benefits earned by Veterans of the United States Armed Forces.
JEFFERSON PARISH (EAST BANK)	Lloyd Cole	lloyd.cole@la.gov/ 504-731-4580	The Veterans Affairs oversees VA in its mission to provide health, education, disability, funerary, and financial benefits earned by Veterans of the United States Armed Forces.
St Bernard Parish	Veron Scott	veron.scott@la.gov 504-324-7982	The Veterans Affairs oversees VA in its mission to provide health, education, disability,

Organization / Provider	Contact Person	Phone / Email	Services Provided
			funerary, and financial benefits earned by Veterans of the United States Armed Forces.

Kidney Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dialysis Clinic, Inc. - New Orleans East	Mike Lavigne	Patient.Experience@dciinc.org 504-242-3770	A renal dialysis center, sometimes referred to as a dialysis center, is a hospital-based or independent unit approved and licensed to provide outpatient dialysis services. Dialysis is a lifesaving treatment for those with chronic kidney failure and takes over for the kidneys as it cleanses the blood.
Chateau Dialysis	Jarrid Johnson	Jarrid.johnson@davita.com 1-800-424-6589	We provide treatment for many CKD-related kidney problems in our clinics, such as: further monitoring and stabilization of your kidney function. Management of any associated symptoms or complications you may have. Blood count management.
FMC Dialysis Services Avondale	Danielle Fontenot	clinic2201@fmc-na.com 504-342-7773	Fresenius Kidney Care addresses the unique and varied needs of every patient — bringing education, nutritional resources, mental health support, financial guidance, and more, as we provide care to those living with kidney disease. We believe emotional well-being is just as important as physical well-being, and we customize care for each patient so they can stay true to their passions and goals in life and thrive.
Fleur de Lis Dialysis	Christi Walding	Christi.Walding@davita.com 504-240-2696	Medicare-certified dialysis facility located in New Orleans, LA. It provides End-Stage Renal Disease (ESRD) treatment and is held to specific safety and quality standards by the Centers for Medicare & Medicaid Services
Earhart Dialysis	Penny Barthe	Penny.Barthe@davita.com 504-861-1256	DaVita Earhart Dialysis is a leading healthcare provider in New Orleans, LA, offering a comprehensive range of dialysis services and treatments for patients with chronic kidney disease. With a focus on clinical excellence and patient-centered care, DaVita Earhart Dialysis provides innovative solutions such as home dialysis and integrated care, ensuring the highest quality of treatment and support for individuals with kidney disease.
East Jefferson Artificial Kidney Center	Andrew Montz	ejmedstaffoffice@lcmchealth.org 504-455-5535	The "East Jefferson Artificial Kidney Center" likely refers to dialysis services or transplant programs at East Jefferson General Hospital (EJGH) in Metairie, LA, now part of LCMC Health (EJGH), specifically mentioning the Tulane Transplant Institute at East Jefferson and East Jefferson Artificial Kidney dialysis facilities, offering comprehensive kidney care, including transplants and dialysis, with expanded services.

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BMA Marrero 7325 Westbank Expressway, MARRERO, LA, 70072	Andrew Montz	Phone: 5043416699 Email: clinic1191@fmc-na.com Fax: 5043400900	License: 2203783935 State ID: ES0001095 Originally licensed: 2003-12-19 Effective: 2025-12-01 License issued: 2025-11-04 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 7325 WESTBANK EXPRESSWAY, MARRERO, LA, 70072
Chateau Dialysis 720 Village Road, KENNER, LA, 70065	Lionette M Dufrene	Phone: 5044692796 Email: jarrid.johnson@davita.com Fax: 5044697587	License: 115 State ID: ES0001105 Originally licensed: 2003-12-10 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 5200 VIRGINIA WAY, L&C DEPT, BRENTWOOD, TN, 37027 Already listed elsewhere in this region; license details supplied here
East Jefferson Artificial Kidney Center 4425 Utica Street, METAIRIE, LA, 70006	Danielle Fontenot	Phone: 5044555535 Email: Clinic1234@fmc-na.com Fax: 5044555253	License: 045 State ID: ES0001089 Originally licensed: 2003-04-29 Effective: 2026-04-01 License issued: 2026-03-23 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 4425 UTICA STREET, METAIRIE, LA, 70006 Already listed elsewhere in this region; license details supplied here
Fresenius Kidney Care New Orleans Uptown 2500 Louisiana Avenue, NEW ORLEANS, LA, 70115	Scott Riddell	Phone: 5048913533 Email: Scott.Riddell@fmc-na.com Fax: 5048919089	License: 2203784061 State ID: ES0012401 Originally licensed: 2018-08-21 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 2500 LOUISIANA AVENUE, NEW ORLEANS, LA, 70115
Fresenius Medical Care Crescent City Home Program 3030 North Arnoult Road Suite B, METAIRIE, LA, 70002	Scott Ridell	Phone: 5044546989 Email: clinic8644@fmc-na.com Fax: 5044556311	License: 2203782359 State ID: ES0011211 Originally licensed: 2015-06-08 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 3030 NORTH ARNOULT ROAD SUITE B, METAIRIE, LA, 70002
Fresenius Medical Care Kenner 2717 Decatur Street, KENNER, LA, 70062	Andrew Montz	Phone: 5044691075 Email: Clinic4145@fmc-na.com Fax: 5044692873	License: 167 State ID: ES0007254 Originally licensed: 2007-06-21 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: JEFFERSON Mailing address: 2717 DECATUR STREET, KENNER, LA, 70062
Fresenius Medical Care New Orleans 630 Deckbar Avenue, JEFFERSON, LA, 70121	Scott Riddell	Phone: 5048370021 Email: heather.clark@freseniusmedicalcare.com Fax: 5048370502	License: 2203782008 State ID: ES0001102 Originally licensed: 2003-12-17 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: JEFFERSON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 630 DECKBAR AVENUE, JEFFERSON, LA, 70121
Fresenius Medical Care North Arnoult 3030 North Arnoult Road, METAIRIE, LA, 70002	Scott Riddell	Phone: 5044573498 Email: Andrew.Montz@freseniusmedicalcare.com Fax: 5044573585	License: 202 State ID: ES0010579 Originally licensed: 2011-05-09 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: JEFFERSON Mailing address: 3030 NORTH ARNOULT ROAD, METAIRIE, LA, 70002
Fresenius Medical Care Westbank 5301 Westbank Expressway, MARRERO, LA, 70072	Scott Riddell	Phone: 5043408577 Email: clinic4780@fmc-na.com Fax: 5043408209	License: 2203783171 State ID: ES0004846 Originally licensed: 2005-01-20 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: JEFFERSON Mailing address: 5301 WESTBANK EXPRESSWAY, MARRERO, LA, 70072
Kenner Regional Dialysis Center 200 W. Esplanade, Suite 100, KENNER, LA, 70065	Ms. Sylvesta Cameron	Phone: 5044710931 Email: Sylvesta.Cameron@davita.com Fax: 5044710317	License: 099 State ID: ES0001157 Originally licensed: 2003-12-09 Effective: 2025-12-01 License issued: 2025-11-20 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 5200 VIRGINIA WAY 4TH FLOOR L&C DEPT., BRENTWOOD, TN, 37027
Marrero Dialysis 1908 Jutland Drive, HARVEY, LA, 70058	Kiera Dillard	Phone: 5043476224 Email: Tiffany.Williams7@davita.com Fax: 5043476257	License: 178 State ID: ES0007785 Originally licensed: 2008-10-07 Effective: 2025-09-01 License issued: 2025-08-25 Expires: 2026-08-31 Parish: JEFFERSON Mailing address: 5200 VIRGINIA WAY L&C DEPT, BRENTWOOD, TN, 37027
Metairie Dialysis Center 7100 Airline Drive, METAIRIE, LA, 70003	Jarrid Johnson	Phone: 5047311969 Email: Jacky.Jones@davita.com Fax: 5047318533	License: 150 State ID: ES0006641 Originally licensed: 2005-11-30 Effective: 2025-11-01 License issued: 2025-10-29 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 5200 VIRGINIA WAY L&C DEPT, BRENTWOOD, TN, 37027
Metairie Kidney Center 4424 Conlin Street, Suite 1, METAIRIE, LA, 70006	Mr. Murat Hatipoglu	Phone: 5048878319 Email: Management@metropolitankidney.com Fax: 5048878274	License: 2203786696 State ID: ES0006800 Originally licensed: 2006-06-21 Effective: 2026-03-01 License issued: 2026-02-14 Expires: 2027-02-28 Parish: JEFFERSON Mailing address: 4424 CONLIN STREET, SUITE 2A, METAIRIE, LA, 70006
Oakwood Dialysis Center 148 Hector Avenue, GRETNA, LA, 70056	Shantrell Johnson	Phone: 5043761603 Email: Shelly.Bailey@davita.com Fax: 5043762364	License: 158 State ID: ES0007035 Originally licensed: 2006-10-20 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: JEFFERSON Mailing address: 5200 VIRGINIA WAY 4TH FLOOR L&C DEPARTMENT, BRENTWOOD, TN, 37027
Ochsner Kidney Care - Marrero	Cindy Leyes	Phone: 5042908310 Email:	License: 2203785143 State ID: ES0012805

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1201-1209 Barataria Boulevard, MARRERO, LA, 70072		cleyes@nationalrenalcare.com Fax: 5042908311	Originally licensed: 2021-11-13 Effective: 2025-11-01 License issued: 2025-10-25 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 1207-1209 BARATARIA BOULEVARD, MARRERO, LA, 70072
Ochsner Kidney Care - Metairie 4300 W. Esplanade, METAIRIE, LA, 70006	Cindy Leyes	Phone: 5042908210 Email: cleyes@nationalrenalcare.com Fax: 5042908211	License: 2203785144 State ID: ES0012815 Originally licensed: 2021-11-29 Effective: 2025-11-01 License issued: 2025-10-25 Expires: 2026-10-31 Parish: JEFFERSON Mailing address: 4300 W. ESPLANADE, METAIRIE, LA, 70006
Ochsner Kidney Care Jefferson Highway 320 Maine Street, JEFFERSON, LA, 70121	Gina Barrios, RN	Phone: 5042730810 Email: gbarrios@nationalrenalcare.com Fax: 5042730811	License: 2203784928 State ID: ES0012734 Originally licensed: 2021-05-20 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: JEFFERSON Mailing address: 320 MAINE STREET, JEFFERSON, LA, 70121
Southern Kidney Specialists - Gretna LLC 959 Behrman Hwy, GRETNA, LA, 70056	Danielle Fontenot	Phone: 5043911041 Email: kfremin@southernkidney.org Fax: 5043918157	License: 2203784746 State ID: ES0011478 Originally licensed: 2016-01-11 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: JEFFERSON Mailing address: 959 BEHRMAN HWY, GRETNA, LA, 70056
Westwego Dialysis 1 Westbank Expressway, WESTWEGO, LA, 70094	Shannon Fortenberry	Phone: 5043476942 Email: candace.hammond@davita.com Fax: 5043416957	License: 2203781552 State ID: ES0011104 Originally licensed: 2013-02-06 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: JEFFERSON Mailing address: 5200 VIRGINIA WAY, L& C DEPT., BRENTWOOD, TN, 37027
Dialysis Clinic, Inc. - New Orleans East 2077 Caton Street , Suite A, NEW ORLEANS, LA, 70122	Ms. Kassidy Addison	Phone: 5042423770 Email: mike.lavigne@dciinc.org Fax: 5042429937	License: 2203783471 State ID: ES0003810 Originally licensed: 2003-02-12 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 1061 CANAL STREET, SUITE 1001, NEW ORLEANS, LA, 70122 Already listed elsewhere in this region; license details supplied here
Earhart Dialysis 7730 Earhart Blvd., NEW ORLEANS, LA, 70125	Josh Gates	Phone: 5048611256 Email: christi.walding@davita.com Fax: 5048615082	License: 2203783049 State ID: ES0011844 Originally licensed: 2017-02-02 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: ORLEANS Mailing address: 5200 VIRGINIA WAY L& C DEPT., BRENTWOOD, TN, 37027 Already listed elsewhere in this region; license details supplied here
Fleur de Lis Dialysis 5555 Bullard Avenue, Suite 110, NEW ORLEANS, LA, 70128	Christi Walding	Phone: 5042402696 Email: Christi.Walding@davita.com Fax: 5042402877	License: 186 State ID: ES0001097 Originally licensed: 2003-09-30 Effective: 2026-05-01 License issued: 2026-04-20

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-04-30 Parish: ORLEANS Mailing address: 5200 VIRGINIA WAY L&C DEPT, BRENTWOOD, TN, 37027 Already listed elsewhere in this region; license details supplied here
Fresenius Kidney Care Algiers 2908 General DeGaulle Drive, NEW ORLEANS, LA, 70114	Andrew Montz	Phone: 5042271521 Email: clinic100165@fmc-na.com Fax: 5042271530	License: 2203784062 State ID: ES0012362 Originally licensed: 2018-08-21 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: ORLEANS Mailing address: 2908 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Fresenius Kidney Care Gentilly 6101 Elysian Fields Avenue, NEW ORLEANS, LA, 70122	Scott Riddell	Phone: 5042884380 Email: danielle.fontenot@freseniusmedicalcare.com Fax: 5042884384	License: 2203784245 State ID: ES0012478 Originally licensed: 2019-03-26 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: ORLEANS Mailing address: 6101 ELYSIAN FIELDS AVENUE, NEW ORLEANS, LA, 70122
Fresenius Medical Care Lake Forest 10545 Lake Forest Blvd., NEW ORLEANS, LA, 70127	Danielle Fontenot	Phone: 5042484910 Email: clinic9246@fmc-na.com Fax: 5042484914	License: 2203782300 State ID: ES0011355 Originally licensed: 2015-03-04 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 10545 LAKE FOREST BLVD., NEW ORLEANS, LA, 70127
Fresenius Medical Care New Orleans East Ferncrest 14500 Hayne Blvd,, NEW ORLEANS, LA, 70128	Danielle Fontenot	Phone: 5042487136 Email: clinic1371@fmc-na.com Fax: 5042487158	License: 170 State ID: ES0001093 Originally licensed: 2003-12-12 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 14500 HAYNE BLVD, NEW ORLEANS, LA, 70128
Gentilly Dialysis 4720 Paris Avenue, NEW ORLEANS, LA, 70122	Candice Dryer	Phone: 5042839098 Email: Keishea.Mitchell@davita.com Fax: 5042823888	License: 2203783027 State ID: ES0011843 Originally licensed: 2017-01-05 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: ORLEANS Mailing address: 5200 VIRGINIA WAY ATTN: L & C DEPT, BRENTWOOD, TN, 37027
Memorial Dialysis Center 4427 South Robertson Street, NEW ORLEANS, LA, 70115	JoAnn Mendez	Phone: 5048991103 Email: joann.mendez@davita.com Fax: 5048991956	License: 088 State ID: ES0001166 Originally licensed: 2003-07-02 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: ORLEANS Mailing address: 5200 VIRGINIA WAY L&C DEPT 4TH FLOOR, BRENTWOOD, TN, 37027
New Orleans Kidney Center ,LLC 3434 Prytania Street, Suite 200 & 220A, NEW ORLEANS, LA, 70115	Lawrence Melito	Phone: 5048998414 Email: lawrence.melito@innovativerenal.com Fax: 5048998458	License: 168 State ID: ES0007277 Originally licensed: 2007-06-29 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: ORLEANS

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: CO IRC, 1550 W. MCEWEN DRIVE, SUITE 600, FRANKLIN, TN, 37067
Nola Dialysis 5646 Read Blvd, Ste 150, NEW ORLEANS, LA, 70127	ANISHA AUGUST	Phone: 5042482137 Email: joann.mendez@davita.com Fax: 5042481832	License: 2203781613 State ID: ES0011115 Originally licensed: 2013-03-27 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: ORLEANS Mailing address: 5200 VIRGINIA WAY 4TH FLOOR L&C DEPARTMENT, BRENTWOOD, TN, 37027
Ochsner Kidney Care - Algiers 4001 General DeGaulle Drive, NEW ORLEANS, LA, 70114	Cindy Leyes	Phone: 5042908110 Email: cleyes@nationalrenalcare.com Fax: 5042908111	License: 2203785131 State ID: ES0012753 Originally licensed: 2021-11-15 Effective: 2025-11-01 License issued: 2025-10-25 Expires: 2026-10-31 Parish: ORLEANS Mailing address: 4001 GENERAL DEGAULLE DRIVE, NEW ORLEANS, LA, 70114
Westbank Chronic Renal Center 3631 Behrman Place, NEW ORLEANS, LA, 70114	Jarrid Johnson	Phone: 5043660808 Email: Shelly.Bailey@davita.com Fax: 5043673816	License: 196 State ID: ES0001086 Originally licensed: 2003-07-02 Effective: 2025-08-01 License issued: 2025-07-23 Expires: 2026-07-31 Parish: ORLEANS Mailing address: 5200 VIRGINIA WAY L&C DEPT 4TH FLOOR, BRENTWOOD, TN, 37027
Chalmette Dialysis Center 4020 Paris Road, CHALMETTE, LA, 70043	MR Murat Hatipoglu	Phone: 5042778423 Email: mangement@metropolitankidney.com Fax: 5042770171	License: 059 State ID: ES0001092 Originally licensed: 2003-06-16 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: ST. BERNARD Mailing address: 4424 CONLIN STREET, SUITE 2A, METAIRIE, LA, 70006
Fresenius Kidney Care Chalmette 3027 Jean Lafitte Pkwy, CHALMETTE, LA, 70043	Scott Riddell	Phone: 5046822877 Email: danielle.fontenot@freseniusmedicalcare.com Fax: 5046822878	License: 2203783985 State ID: ES0012357 Originally licensed: 2018-05-08 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ST. BERNARD Mailing address: 3027 JEAN LAFITTE PKWY, CHALMETTE, LA, 70043

Adult Day Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Empower to Inspire	Janeita Fontenette	https://ldh.la.gov/directory/detail/20031 504-354-9763	The Adult day program goal is to provide excellent personal care during the daytime to participants with development issues physical disabilities the elderly and our beloved veterans
Abundant Life Healthcare Center	Manager	https://www.abundantlifeadhc.org/ 504-240-2900	Center is vibrant and welcome facility dedicated

Organization / Provider	Contact Person	Phone / Email	Services Provided
			to providing comprehensive healthcare services for adults
Clover Adult Day Care	Chantè Jones, RN, BSN, MHA, Director of Health Services	https://clovernola.org/adult-day-care/ 504-523-6221	Adult Day Care can accommodate adults and seniors from a range of activity and health levels, including: independent seniors, at-risk seniors, veterans and medically-fragile adults, and adults with intellectual or developmental disabilities.
Poydras House	Elena Cambre	tecambre@poydrashome.com 504-897-0535	Phase senior day program offers the same welcoming environment that our full-time residents enjoy while helping families keep their loved ones at home longer.
Norco Adult Day Care	Manager	985-764-9084	Program that provides daytime care of adults with disabilities of those who need assistance with daily living tasks.
Kingsley House Day Care	Chante Jones	504-523-6224	Kinsley center is vibrant and welcome facility dedicated to providing comprehensive healthcare services for adults
Hope Haven Adult Healthcare center	Ryan Barbe	https://pacegno.org/ 504-354-9763	Provide a safe, positive caring alternative to nursing home care fo those who do not need 24-hour skilled nursing.
Slidell Adult Day Health Care	Mr. Dwight Denham	https://slidelladultdaycare.com/ 985-643-1112	Provide a safe, engaging and supportive environment where adults can socialize ,participate in activities, and receive
The Comforts of Home Adult Day Healthcare LLC	Ms Shonitra Vaughn	https://ldh.la.gov/directory/detail/5035 504-367-0889	Adult Day Care can accommodate adults and seniors from a range of activity and health levels, those include: independent seniors, at-risk seniors, veterans and medically-fragile adults, and adults with intellectual or developmental disabilities.
#1 in Home Care	Rachel Mayeaux	https://www.1inhomecare.com/ 985-652-1847	Specializes in private pay home health services for seniors, including companionship and assistance with daily activities.
Preferred Caregivers & Sitters, LLC	Millie Wright	https://ldh.la.gov/index.cfm/directory/detail/5509 504-586-0321	Home health care service in New Orleans, Louisiana

Organization / Provider	Contact Person	Phone / Email	Services Provided
Visiting Angels	Jaime Maxwell	https://www.visitingangels.com/gno/home?utm_source=gmb&utm_medium=organic&utm_campaign=local504-737-0522	Provides in-home care services, located at 1929 Hickory Ave, New Orleans.
Nola at Home Care	Brian and Kim Flaherty	info@nolahomecare.com 504-814-4861	Offers personalized in-home care.
Home Care Solutions	Manager	info@HomeCareNewOrleans.com 504-828-0900	Provides private duty services.
Dependable In Home Care	Manager	help@dependablecare.net 504-486-5044	A third-generation family-owned company.
Angel's Wing's of Heaven Sitting	Patricia Barnes	985-634-0543	Offers personalized care, with services extending to the Northshore area.
Courtesy Home Care Agency, LLC	Manager	985-664-1477	Provides sitters for seniors and individuals with physical/mental challenges.

REGION 2

Primary Care and Specialty Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dr Ahlecia Haney	225-492-3775	225-342-7133	Need Medical records of individual
Dr Amanda Lea	225-342-7296	225-658-2262	Need medical records of individual
Dr BrIn Gremillion	225-214-3638	225-342-7296	Request for protected information
Ashley D. Bordelon	225-769-4044	225-638-4586	Request for protected information
Dr Linda Stewart	225-926-1495	225-926-2013	Request for protected information
Dr.Antonio Edwards	225-687-1772	225-687-1013	Request for protected information
Dr. B. Glrnn Kidder Jr	225-769-2200	225-768-2161	Request for protected information
Dr.Brad Ramsey	225-926-7200	225-706-3061	Request for protected information
Dr. Brian Higgins	225-749-2645	225-749-8216	Request for Protected Information
Dr. Brain Murphy (Neuro)	225-769-4044	225-246-9106	Request for Protected Information
Dr.Brian Oliveria	225-246-9552	225-246-9106	Request for Protected Information
Dr. Carol Smotherts-Swift	225-713-2400	225-713-2410	Request for Protected Information
De. Casey Carlisle	225-246-9240	225--246-4043	Request for Protected Information
Dr Christina Austin	225-246-9240	225-246-4130	Request for Protected Information
Dr. Christine Smith	225-275-4656	225-412-9547	Request for Protected Information
Dr. Christopher Guarisco	225-336-3100	225336-3100	Request for Protected Information
Dr. Christopher Mckinnie	225-358-4853	225-374-0121	Request for Protected Information
Dr. Corey Hall	225-774-1120	225-774-1158	Request for Protected Information
Dr. D.marshall -Brown	225-358-4853	225-358-2450	Request for Protected Information
Dr. Daniel Naul	985-446-2680	985-447-2528	Request for Protected Information
DR Hedi Sinclair	225-635-5848	225-635-5847	Request for Protected Information
Dr David Fontenot	225-246-9736	225-246-9112	Request for Protected Information
Dr. Donnie Batie	225-367-4558	225-367-4576	Request for Protected Information
Dr Frank Alvarez	225-246-9240	225-246-9128	Request for Protected Information
Dr Gertrude Gboloo	225-644-1990	225-644-3264	Request for Protected Information
DR Gerald Dyness	225-246-9240	225-246-9209	Request for Protected Information
DR. Gerard Faldoust	225-687-6629	225-687-6669	Request for Protected Information
Dr. Glen Schexanyder	225-473-8151	225-473-4406	Request for Protected Information
Dr Gerta Monore-Wilkes	225-658-2036	225-658-9788	Request for Protected Information
Dr. Hedi Sinclair	225-490-0604	225-490-0360	Request for Protected Information
Dr. Henry Dixon	225-387-0851	225-383-8477	Request for Protected Information
Dr. Herschel Dean	225-924-9985	225924-0884	Request for Protected Information
Dr. Jacob Wood	225-763-4900	225-763-4938	Request for Protected Information
Dr James Cook	225-336-3100	225-336-3111	Request for Protected Information

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dr. Jeri Johnson	225374-0220	225-374-0221	Request for Protected Information
Dr. Brandon Weeks	225-762-5200	225754-6888	Request for Protected Information
Dr. Jeryl Breaux	225-761-5200	225-761-5593	Request for Protected Information
Dr. John Knapp	225-647-8511	225-673-1123	Request for Protected Information
DR. Karen Muratore	225-336-3100	225-336-3114	Request for Protected Information
Dr. Katherine Pearce	225-374-0220	225-374-0321	Request for Protected information
DR. Keith Holmes	225-261-9790	225-754-5099	Request for Protected Information
Dr. Kenneth Gaddis	225-761-5410	225-754-5046	Request for Protected Information
Dr. Kevin Babin	225-769-4044	225-246-9112	Request for Protected Information
Dr. Kurt Graves	225-769-4044	225-246-9112	Request for Protected Information
DR. Landon Roussel	225-283-4457	225-372-8088	Request for Protected Information
Dr Lara Falcon	225-246-9240	225-246-9136	Request for Protected Information
Dr. Mark Hodges	225-765-8829	225-765-8283	Request for Protected Information
Dr. Mark Hodges	225-246-9109	225-769-4044	Request for Protected Information
Dr Mark Mouton	225-774-7111	225-774-7714	Request for Protected Information
DR. Mark Shoptaugh	225-267-7389	225-928-2498	Request for Protected Information
Dr. Matthew bumgardner	225-761-5000	225-754-5052	Request for Protected Information
Dr. Michael Bodin	225-647-8511	225-743-2620	Request for Protected Information
Dr. Michael Green (Port Allen)	225-448-5307	225-749-8216	Request for Protected Information
DR Michael O Stuart	225-987-9000	225-987-9000	Request for Protected Information
Dr. M T Fontenot	225-763-4500	225-763-4490	Request for Protected Information
Dr. Michael Yorek	225-763-4900	225763-4063	Request for Protected Information
Dr. Micheal Watkins(Houma)	985-841-1970	985-851-1971	Request for Protected Information
Dr. Michel Hirsch	225-765-5500	225-473-4406	Request for Protected Information
Dr. Michelle Cosse	225-654-3607	225-658-2262	Request for Protected Information
Dr. Nathan Sugaman	225-763-4900	225-763-4924	Request for Protected Information
Dr. Nuamdi Nwabueze	225-635-3072	225-635-0085	Request for Protected Information
Dr. Paul Rachal(New Roads)	225-713-2400	225-713-2410	Request for Protected Information
Dr. Pedro Oliveira	225-246-9552	225-246-9106	Request for Protected Information
Dr. Phillip Radgett	225-267-6626	225-267-5993	Request for Protected Information
Dr. Rani Whitfield	225-765-5500	225-924-1243	Request for Protected Information
Dr. Rachel Wissner	225-754-5100	225-754-5010	Request for Protected Information
Dr. Rachel Gruner	225-246-9240	225-246-4548	Request for Protected Information
Dr. Raynando Banks	225-387-7858	225-381-6980	Request for Protected Information
Dr. Regan Elkins	225-654-3607	225-654-3607	Request for Protected Information
DR. Rebevcva Treuil	225-769-4044	225-246-9130	Request for Protected Information
DR Renee Daigle	225-756-4100	225-756-4106	Request for Protected Information
DR R. Robichaux	225-387-7900	225-381-2737	Request for Protected Information

Organization / Provider	Contact Person	Phone / Email	Services Provided
DR. Rodolfo Manalae	225-775-0289	225-115-8500	Request for Protected Information
Dr. Ronald Andrews	225-922-8377	225-930-0260	Request for Protected Information
Dr. Roy Kadair	225-246-9240	225-246-9112	Request for Protected Information
Dr. Shudelette Nelson	225-650-2000	225-650-2089	Request for Protected Information
Dr. Shaw Hall	225-765-5500	225-944-5415	Request for Protected Information
Dr. Shilpa Reddy	225-761-5200	225-761-5487	Request for Protected Information
Dr. Stacy Jones	225-267-4558	225-367-4576	Request for Protected Information
Dr. Susan McNamara	225-761-5200	225-461-5247	Request for Protected Information
Dr. T'lane Folse	225-765-5500	225-774-5432	Request for Protected Information
Dr. Tasha Shanlin	225-424-2554	225-4248812	Request for Protected Information
Dr.Tiffini Lundy	225-658-6500	225-683-1370	Request for Protected Information
Dr. Timothy Durel	225-751-5200	225-754-3255	Request for Protected Information
Dr. Timothy Bella	225-272-0106	225-275-4558	Request for Protected Information
Dr. Timothy Lindsey	225-635-5648	225-635-5647	Request for Protected Information
Dr. Todd Cooley	225-769-4044	225-246-4011	Request for Protected Information
Dr. Tommy Gould	225-954-3607	225-658-2262	Request for Protected Information
Dr. Vasanth Vineyagam	225-367-4558	225-367-4576	Request for Protected Information
Dr. Vaughn Meiner	225-706-3060	225-706-3061	Request for Protected Information
Dr. Vincent Tumminello	225-246-9240	225-246-4328	Request for Protected Information
Dr. William Baird	225-761-5211	225-761-5208	Request for Protected Information
Dr. William Gladney	225-246-9240	225-246-9209/Office 225-246-4106/FAX	Request for Protected Information
Dr. Casey Carlisle	225-246-9240	225-246-4043	Request for Protected Information
Dr. Charles Haliburton	225-765-8829	225-765-8283	Request for Protected Information
Dr.Kodi Crisp-Coleman	225-761-5480	225-761-5208	Request for Protected Information
Dr.Linda Stewart	225-926-1495	225-926-2013	Request for Protected Information
Dr. Oliveira	225-246-9552	225-246-9106	Request for Protected Information
Livonia Community Healthcare Angel Whitty NP	225-412-0202	225-412-0366	Request for Protected Information
Dr.Samaki Green	225-987-9000	225-987-9143	Request for Protected Information
James Breaux, NP	225-774-1158	225-774-1158	Request for Protected Information
Dori Wright, NP	225-916-7127	844-447-2520	Request for Protected Information

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Advanced Surgical Care of Baton Rouge 7310 Perkins Road, BATON ROUGE, LA, 70808	Mandy Gros	Phone: 2252363100 Email: mgros@ascbatonrouge.com Fax: 2252363110	License: 161 State ID: AS0007884 Originally licensed: 2009-01-15 Effective: 2026-01-01 License issued: 2025-12-22

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 7310 PERKINS ROAD, BATON ROUGE, LA, 70808
B.R.A.S.S. Surgery Center 5328 Didesse Drive, BATON ROUGE, LA, 70808	KIMI HART	Phone: 2257661718 Email: kimi.hart@scasurgery.com Fax: 2257661225	License: 153 State ID: AS0001007 Originally licensed: 1981-12-03 Effective: 2026-07-01 License issued: 2026-05-13 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 5328 DIDESSE DRIVE, BATON ROUGE, LA, 70808
Baton Rouge Vascular Access ASC, LLC 505 East Airport Avenue, BATON ROUGE, LA, 70806	Dane Grandt	Phone: 2257692572 Email: dane.grandt@azuracare.com Fax: 2257692576	License: 2203784129 State ID: AS0012413 Originally licensed: 2018-10-30 Effective: 2025-12-22 License issued: 2025-12-29 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 505 EAST AIRPORT AVENUE, BATON ROUGE, LA, 70806
Bluebonnet Surgical Center LLC 5049 Bluebonnet Blvd, BATON ROUGE, LA, 70809	Marie Billings	Phone: 2253348040 Email: marie@sanchezplasticsurgery.com Fax: 2252695145	License: 2203786412 State ID: AS0013267 Originally licensed: 2024-11-21 Effective: 2025-11-01 License issued: 2025-10-30 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 5049 BLUEBONNET BLVD, BATON ROUGE, LA, 70809
Capital Surgery Center 8250 Picardy Avenue, BATON ROUGE, LA, 70809	Amanda Duncan	Phone: 2254480190 Email: aduncan@capitalsc.net Fax: 2254480191	License: 2203785587 State ID: AS0012948 Originally licensed: 2023-01-20 Effective: 2026-01-01 License issued: 2025-12-08 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 8250 PICARDY AVENUE, BATON ROUGE, LA, 70809
Eye Care Surgery Center 10423 Old Hammond Highway, BATON ROUGE, LA, 70816	Warren Rena	Phone: 2259320070 Email: warren@eyesbr.com Fax: 2259320060	License: 92 State ID: AS0001013 Originally licensed: 1984-07-17 Effective: 2026-04-01 License issued: 2026-04-07 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 10423 OLD HAMMOND HIGHWAY, BATON ROUGE, LA, 70816
Interventional Pain Management Center 8748 Bluebonnet Blvd., BATON ROUGE, LA, 70810	Andrea Seely	Phone: 2253292900 Email: Aseely@surgerypartners.com Fax: 2253292901	License: 160 State ID: AS0004782 Originally licensed: 2004-10-04 Effective: 2026-07-01 License issued: 2026-05-26 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 8748 BLUEBONNET BLVD., BATON ROUGE, LA, 70810
Louisiana Endoscopy Center, Inc. 9103 Jefferson Highway, BATON ROUGE, LA, 70809	Jimmy Dottolo	Phone: 2259270970 Email: jdottolo@amsurg.com Fax: 2257060160	License: 2203783582 State ID: AS0001034 Originally licensed: 1990-06-04 Effective: 2025-12-01 License issued: 2025-11-12 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 1A BURTON HILLS BLVD. ATTN: L @C, NASHVILLE, TN, 37215
Louisiana Orthopedic Surgery Center 7145 Perkins Road,	ROSS M HEBERT	Phone: 2257653111 Email: rhebert@brortho.com Fax: 2257653114	License: 2203783469 State ID: AS0004343 Originally licensed: 2003-01-15

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BATON ROUGE, LA, 70808			Effective: 2026-05-01 License issued: 2026-04-22 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 7145 PERKINS ROAD, BATON ROUGE, LA, 70808
Outpatient Surgery & Cosmetic Center 6550 Main Street, Suite 2600, ZACHARY, LA, 70791	MICHELLE R WILLIAMSON	Phone: 2255706357 Email: michelle@oscczachary.com Fax: 2255702237	License: 174 State ID: AS0010575 Originally licensed: 2011-04-20 Effective: 2026-04-01 License issued: 2026-02-09 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 6550 MAINT STREET, SUITE 2600, ZACHARY, LA, 70791
Outpatient Surgery Center for Sight 550 Connell's Park Lane, BATON ROUGE, LA, 70806	Charles Williamson, MD	Phone: 2254905324 Email: jbacot@weceye.com Fax: 2259242809	License: 129 State ID: AS0001039 Originally licensed: 1990-01-28 Effective: 2026-02-01 License issued: 2025-12-10 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 550 CONNELL'S PARK LANE, BATON ROUGE, LA, 70806
Regional Eye Surgery Center, L.L.C. 7777 Hennessey Blvd, Suite 5000, BATON ROUGE, LA, 70808	MR Ernest Landry	Phone: 2252146688 Email: ashlee@regionaleyesurgery.com Fax: 2252146687	License: 175 State ID: AS0004098 Originally licensed: 2001-08-23 Effective: 2026-08-01 License issued: 2026-06-10 Expires: 2027-07-31 Parish: EAST BATON ROUGE Mailing address: 7777 HENNESSEY BLVD, SUITE 5000, BATON ROUGE, LA, 70808
Surgery Center of Zachary, LLC 4845 Main Street,Suite A, ZACHARY, LA, 70791	Ross Herbert	Phone: 2253060100 Email: officeadmin@sczllc.com Fax: 2253060120	License: 2203783885 State ID: AS0010655 Originally licensed: 2011-09-02 Effective: 2026-06-01 License issued: 2026-06-02 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 4845 MAIN STREET, SUITE A, ZACHARY, LA, 70791

Free Standing Birthing Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Birth Center of Baton Rouge, LLC 277 Rue de la Vie, BATON ROUGE, LA, 70817	Elizabeth Fontenot	Phone: 2257611200 Email: Elizabeth@birthcenterbr.com Fax: 2257611215	License: 2203785670 State ID: BC0012963 Originally licensed: 2023-03-14 Effective: 2026-03-01 License issued: 2026-01-20 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 277 RUE DE LA VIE, BATON ROUGE, LA, 70817

Pain Management Clinics — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Urgent Care of Baton Rouge, Inc. 8786 Goodwood Blvd #106, BATON ROUGE, LA, 70806	Charles Williams MD	Phone: 2259276368 Email: jleman@jcmedllc.com Fax: 2259276399	License: 2203782208 State ID: PM0008258 Originally licensed: 2010-06-17 Effective: 2026-01-01 License issued: 2025-12-08 Expires: 2026-12-31 Parish: EAST BATON ROUGE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P O BOX 6527, METAIRIE, LA, 70009

Rural Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Fast Pace Health 1299 Marchand Drive, DONALDSONVILLE, LA, 70346	Randy Overton	Phone: 2257250087 Email: randy.overton@fastpacehealth.com Fax: 2257250088	License: 2203786800 State ID: RH0013441 Originally licensed: 2025-10-21 Effective: 2025-10-21 License issued: 2025-11-07 Expires: 2026-09-30 Parish: ASCENSION Mailing address: 1299 MARCHAND DRIVE, DONALDSONVILLE, LA, 70346
Reddy Family Medical Clinic- Donaldsonville 217 Rail Road Avenue, DONALDSONVILLE, LA, 70346	DR Nagaratna Reddy	Phone: 2254733931 Email: nagaratna@aol.com Fax: 2254733289	License: 013 State ID: RH0003349 Originally licensed: 2000-05-12 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ASCENSION Mailing address: 217 RAIL ROAD AVENUE, DONALDSONVILLE, LA, 70346
Zachary Internal Medicine Clinic 1169 Highway 19, Suite B, SLAUGHTER, LA, 70777	Shunn Phillips	Phone: 2255702257 Email: sphillips@brclinic.com Fax: 2252864078	License: 2203786727 State ID: RH0012626 Originally licensed: 2020-11-30 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: EAST FELICIANA Mailing address: 7373 PERKINS ROAD, BATON ROUGE, LA, 70808
Health Care First Medical Clinic, LLC 76805 Cedar Street, GROSSE TETE, LA, 70740	Kourtini Atkins-Luster, NP	Phone: 2256483433 Email: kal@hcfmed.org Fax: 8775807773	License: 2203786732 State ID: RH0007585 Originally licensed: 2008-01-14 Effective: 2025-09-12 License issued: 2025-09-19 Expires: 2026-08-31 Parish: IBERVILLE Mailing address: P O BOX 149, GROSSE TETE, LA, 70740
Reddy Family Medical Clinic - Plaquemine 58725 Belleview Avenue, Suite A-5, PLAQUEMINE, LA, 70764	Nagaratna Reddy	Phone: 2256876200 Email: Nagaratna@aol.com Fax: 2256876222	License: 033 State ID: RH0003186 Originally licensed: 2000-08-16 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: IBERVILLE Mailing address: 217 RAIL ROAD AVENUE, DONALDSONVILLE, LA, 70346
Reddy Family Medical Clinic- White Castle 32985 Bowie Street, WHITE CASTLE, LA, 70788	DR Nagaratna Reddy	Phone: 2255453631 Email: nagaratna@aol.com Fax: 2255458054	License: 012 State ID: RH0003736 Originally licensed: 2000-05-04 Effective: 2026-04-01 License issued: 2026-03-10 Expires: 2027-03-31 Parish: IBERVILLE Mailing address: 217 RAIL ROAD AVE., DONALDSONVILLE, LA, 70346
Our Lady of the Lake Physician Group New Roads 310 Durel Drive, NEW ROADS, LA, 70760	Jamy Richard	Phone: 2257132400 Email: Casey.Leonards@fmolhs.org Fax: 2257132401	License: 2203783060 State ID: RH0004746 Originally licensed: 2004-07-30 Effective: 2025-12-01 License issued: 2025-11-06 Expires: 2026-11-30 Parish: POINTE COUPEE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 310 DUREL DRIVE, NEW ROADS, LA, 70760
Oxbow Family Practice 120 North Carolina Ave., NEW ROADS, LA, 70760	Jibran Atwi,MD	Phone: 2257134044 Email: jatwi@pgacadiana.com Fax: 2252081188	License: 2203784370 State ID: RH0012513 Originally licensed: 2019-08-21 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: POINTE COUPEE Mailing address: 120 NORTH CAROLINA AVE., NEW ROADS, LA, 70760
St. Josephs Medical Clinic of Pointe Coupee 230 Roberts Drive, Suite B, NEW ROADS, LA, 70760	Chad Olinde	Phone: 2256184590 Email: colinde@pcgh.org Fax: 2256184591	License: 196RHC-1 State ID: RH0013418 Originally licensed: 2025-05-01 Effective: 2025-05-01 License issued: 2025-05-07 Expires: 2025-06-30 Parish: POINTE COUPEE Mailing address: 230 ROBERTS DRIVE, SUITE B, NEW ROADS, LA, 70760
St. Francis Cypress Rural Health Clinic 5266 Commerce Street, Building A, SAINT FRANCISVILLE, LA, 70775	Lee Chastant	Phone: 2256353260 Email: chastantl@wfph.org Fax: 2256352850	License: 2203783530RHC-1 State ID: RH0012617 Originally licensed: 2020-04-14 Effective: 2020-04-14 License issued: 2020-04-14 Expires: 2020-08-31 Parish: WEST FELICIANA Mailing address: 5266 COMMERCE STREET, BUILDING A, SAINT FRANCISVILLE, LA, 70775
St. Francis Pediatric Rural Health Clinic 10273 Gould Drive, SAINT FRANCISVILLE, LA, 70775	Ledoux Chastant	Phone: 2256359065 Email: chastantl@wfph.org Fax: 8449715807	License: 2203783530RHC-2 State ID: RH0013551 Originally licensed: 2026-01-06 Effective: 2026-01-06 License issued: 2026-01-15 Expires: 2026-08-31 Parish: WEST FELICIANA Mailing address: P.O. BOX 368, SAINT FRANCISVILLE, LA, 70775

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Ocean's Behavior Hospital –Opelousas	Medical Records	337-948-8820	Request for Protected Information
Ocean's Behavior Hospital Baton Rouge	Medical Records	225-356-7030	Request for Protected Information
Margaret Dumas Center	Case Manager/Supervisor	225-359-9315	Request for Protected Information
Baton Rouge Behavioral Wellness Center	Case Manager/Supervisor	(225) 387-7652 Email: Kel781@Brgeneral.org	Request for Protected Information
The Bridge Center for Hope	Case Manager/Supervisor	225-256-6604	Request for Protected Information
Seaside Hospital of Baton Rouge	Ebony Brown	225-300-4376	Request for Protected Information

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Ascension Behavioral Health 1056 E. Worthey Street Suite B, GONZALES, LA, 70737	JOHN NOSACKA	Phone: 2256215770 Email: John.Nosacka@la.gov Fax: 8336066429	License: 2203784683 State ID: BH0002292 Originally licensed: 2016-05-01 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: ASCENSION Mailing address: P O BOX 1725, GONZALES, LA, 70707
Cross Over Therapy 206 Clinic Drive, DONALDSONVILLE, LA, 70346	Tammy Cooper-fernandez	Phone: 2252646670 Email: tammy@crossovertherapy.com Fax: 2252646671	License: 2203783408 State ID: BH0012020 Originally licensed: 2017-07-18 Effective: 2026-07-01 License issued: 2026-07-01 Expires: 2027-06-30 Parish: ASCENSION Mailing address: 206 CLINIC DRIVE, DONALDSONVILLE, LA, 70346
Enhance Healthcare Services Behavioral Health LLC 1058 East Worthey Street, Suite B-2, GONZALES, LA, 70737	Juquilla Batiste	Phone: 2254503216 Email: enhancebhs@gmail.com Fax: 2254503799	License: 2203783526 State ID: BH0012108 Originally licensed: 2017-09-13 Effective: 2025-09-01 License issued: 2025-08-22 Expires: 2026-08-31 Parish: ASCENSION Mailing address: 1058 WORTHEY STREET, SUITE B-2, GONZALES, LA, 70737
Gulf Coast Behavioral Health 37283 Swamp Road #803, PRAIRIEVILLE, LA, 70769	Cristy Stibal	Phone: 2252549589 Email: cristy@gulfcoastih.com Fax: 2252287267	License: 2203785672 State ID: BH0012927 Originally licensed: 2023-03-15 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: ASCENSION Mailing address: 37283 SWAMP ROAD #803, PRAIRIEVILLE, LA, 70769
OLOLPG Ascension Counseling Center 1112 S. East Ascension Complex Blvd., GONZALES, LA, 70737	Colleen Arceneaux	Phone: 2254501016 Email: colleen.arceneaux@apgov.us Fax: 2253749198	License: 2203786240 State ID: BH0013255 Originally licensed: 2024-06-10 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: ASCENSION Mailing address: 1112 S. EAST ASCENSION COMPLEX BLVD., GONZALES, LA, 70737
Open Arms Behavioral Services, LLC 630 W.Cornerview Road, GONZALES, LA, 70737	Ariel Patterson	Phone: 2256474105 Email: dpatterson@oabsllc.com Fax: 8662348190	License: 2203784388 State ID: BH0011834 Originally licensed: 2017-03-30 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: ASCENSION Mailing address: PO BOX 359, GONZALES, LA, 70707
Rise N Shine 1724 N Burnside, Suite 7, GONZALES, LA, 70737	Cardetra Thompson	Phone: 2256448565 Email: cfurusa01@yahoo.com Fax: 2256446261	License: 2203783212 State ID: BH0011977 Originally licensed: 2017-03-22 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: ASCENSION Mailing address: 1724 N BURNSIDE, SUITE 7, GONZALES, LA, 70737
Spectrum Rehab Services, Inc 1026 E. Worthy Road, GONZALES, LA, 70737	Kyle Jacob	Phone: 2256657878 Email: kjacob@rehabservicesla.com Fax: 2256657856	License: 2203786891 State ID: BH0012216 Originally licensed: 2017-10-23 Effective: 2026-01-22 License issued: 2026-01-28 Expires: 2026-12-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ASCENSION Mailing address: 1000 CHINABERRY DRIVE, SUITE 900, BOSSIER CITY, LA, 71111
The Grove at Ascension 7384 John LeBlanc Boulevard, SORRENTO, LA, 70778	Denise Thibodeaux	Phone: 2253102600 Email: denise@thegroverecoverycenter.com Fax: 2252587098	License: 2203785023 State ID: BH0012777 Originally licensed: 2021-08-03 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: ASCENSION Mailing address: 7384 JOHN LEBLANC BOULEVARD, SORRENTO, LA, 70778
A Hand When Needed, Inc 146 McGehee Dr, BATON ROUGE, LA, 70815	David Jones	Phone: 2252560133 Email: ahandwn@att.net Fax: 8555410566	License: 2203783277 State ID: BH0011905 Originally licensed: 2017-05-02 Effective: 2026-05-01 License issued: 2026-04-16 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 146 MCGEHEE DR., BATON ROUGE, LA, 70815
A1 Crisis Center 3835 Choctaw Drive, BATON ROUGE, LA, 70805	Kassie Presnell, LAC	Phone: 2258884844 Email: a1crisiscenter@gmail.com Fax: 3378551829	License: 2203786297 State ID: BH0013230 Originally licensed: 2024-07-25 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 3835 CHOCTAW DRIVE, BATON ROUGE, LA, 70805
All Out Community Care Services 8562 Jefferson Hwy Suites A&B, BATON ROUGE, LA, 70809	Jermaine Hamilton	Phone: 2252272468 Email: info@alloutcc.com Fax: 2254108011	License: 2203784640 State ID: BH0011700 Originally licensed: 2016-11-21 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 8562 JEFFERSON HWY SUITE A & B, BATON ROUGE, LA, 70809
Allied Health Management 3535 Riley Street, BATON ROUGE, LA, 70805	Brandon Triggs	Phone: 8334448500 Email: alliedmanager@yahoo.com Fax: 2252081268	License: 2203786531 State ID: BH0013385 Originally licensed: 2025-04-16 Effective: 2026-04-01 License issued: 2026-04-01 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 10839 N. RIDGE DRIVE, BATON ROUGE, LA, 70805
Allstar Community Care, LLC 3060 Valley Creek Drive Suites A & B, BATON ROUGE, LA, 70808	Natasha James	Phone: 2259233733 Email: allstarcllc@gmail.com Fax: 2259233735	License: 2203786209 State ID: BH0011593 Originally licensed: 2017-02-20 Effective: 2026-05-01 License issued: 2026-04-21 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 3060 VALLEY CREEK DRIVE SUITES A & B, BATON ROUGE, LA, 70808
Array of Hope Outreach Center, LLC 11940 Bricksome Avenue Ste.C, BATON ROUGE, LA, 70816	Demetrice Clark-Silas	Phone: 2252505829 Email: thearrayofhope@gmail.com Fax: 2252505879	License: 2203784692 State ID: BH0011946 Originally licensed: 2017-06-02 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 11940 BRICKSOME AVENUE STE.C, BATON ROUGE, LA, 70816

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Avenue PARC 646 North Foster Drive Unit B, BATON ROUGE, LA, 70806	Tyjuana Smith	Phone: 2253272903 Email: Hello@Avenueparc.com Fax: 2253800023	License: 2203785793 State ID: BH0013005 Originally licensed: 2023-06-27 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 646 NORTH FOSTER DRIVE UNIT B, BATON ROUGE, LA, 70806
Avenues Recovery Center at Baton Rouge, LLC 2414 Bunker Hill Drive, BATON ROUGE, LA, 70808	Mason Smith	Phone: 2255907472 Email: hudi@avenuesrecovery.com Fax: 2255903147	License: 2203786296 State ID: BH0013106 Originally licensed: 2024-07-29 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 211 BOULEVARD OF THE AMERICAS STE 503, LAKEWOOD, NJ, 08701
Baton Rouge Behavioral Health 2751 Wooddale Blvd, Suite A, BATON ROUGE, LA, 70805	JOHN NOSACKA	Phone: 2259251906 Email: christopher.sunseri@la.gov Fax: 8554730115	License: 2203784685 State ID: BH0003459 Originally licensed: 2015-10-01 Effective: 2025-08-01 License issued: 2025-08-01 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 2751 WOODDALE BLVD, BATON ROUGE, LA, 70805
Baton Rouge Recovery Health, LLC 933 North Foster, BATON ROUGE, LA, 70806	Jaime Simpson	Phone: 2252680914 Email: jam072@brgeneral.org Fax: 2252919229	License: 2203785038 State ID: BH0012757 Originally licensed: 2021-08-18 Effective: 2025-08-01 License issued: 2025-08-06 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 728 NORTH BOULEVARD, BATON ROUGE, LA, 70802
Baton Rouge Treatment Center 11445 Reiger Road, BATON ROUGE, LA, 70809	MITZE ALEXANDER	Phone: 2259329867 Email: John.White@ctcprograms.com Fax: 2259329870	License: 2203782562 State ID: BH0003456 Originally licensed: 2016-01-01 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 11445 REIGER ROAD, BATON ROUGE, LA, 70809
Behavioral Services of Louisiana 8326 Kelwood Avenue, BATON ROUGE, LA, 70806	KYLE JACOB	Phone: 3184596795 Email: twilliams@rehabservicesla.com Fax: 3186265429	License: 2203784342 State ID: BH0011892 Originally licensed: 2017-02-27 Effective: 2026-07-01 License issued: 2026-07-30 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 1000 CHINABERRY DRIVE, SUITE 900, BOSSIER CITY, LA, 71111
Beyond Intensive Outpatient Program 7485 Oakleaf Drive, BATON ROUGE, LA, 70812	Duran Adams	Phone: 2252230365 Email: beyondiotherapy@gmail.com Fax: 2252230365	License: 2203785535 State ID: BH0012912 Originally licensed: 2022-11-14 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 7485 OAKLEAF DRIVE, BATON ROUGE, LA, 70812
Bruce Professional Counseling Services-Baton Rouge 9418 Brookline Ave, Suite	Tina Bruce	Phone: 2259302993 Email: tina-bruce@att.net Fax: 2259302991	License: 2203783083 State ID: BH0011733 Originally licensed: 2017-02-17 Effective: 2025-02-01 License issued: 2025-02-03

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
C, BATON ROUGE, LA, 70809			Expires: 2026-01-31 Parish: EAST BATON ROUGE Mailing address: 9418 BROOKLINE AVE, SUITE C, BATON ROUGE, LA, 70809
Capital Area Recovery Program 2455 Wooddale Blvd, BATON ROUGE, LA, 70805	Joseph Pete,PHD	Phone: 2259223169 Email: Joseph.Pete@la.gov Fax: 2259223225	License: 2203782695 State ID: BH0003437 Originally licensed: 2016-04-05 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: P O BOX 66558, BATON ROUGE, LA, 70805
Chosen Behavioral Health 2285 North St., BATON ROUGE, LA, 70802	Tiffany Upshaw	Phone: 2252185647 Email: tiffanyu.chosenbehavioral03@gmail.com Fax: 2255293821	License: 2203786190 State ID: BH0013053 Originally licensed: 2023-10-25 Effective: 2026-04-01 License issued: 2026-04-08 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 64923, BATON ROUGE, LA, 70896 Already listed elsewhere in this region; license details supplied here
Clear Minds Behavioral Health, LLC 11861 Coursey Blvd, BATON ROUGE, LA, 70816	Rachel Richard-Robinson	Phone: 2256128656 Email: tarmstrong@clearmindsbr.com Fax: 2252501430	License: 2203783376 State ID: BH0011988 Originally licensed: 2017-06-02 Effective: 2026-06-26 License issued: 2026-06-26 Expires: 2026-08-24 Parish: EAST BATON ROUGE Mailing address: 11861 COURSEY BLVD, BATON ROUGE, LA, 70816
Community Counseling Agency, LLC 1520 Thomas H Delpit Drive, Suite 125, BATON ROUGE, LA, 70802	Keisha Houston	Phone: 2256362395 Email: communitycounselingagency@gmail.com Fax: 2259602984	License: 2203783333 State ID: BH0012055 Originally licensed: 2017-05-31 Effective: 2026-04-10 License issued: 2026-04-10 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 54341, BATON ROUGE, LA, 70892
Community Outreach Services, LLC 4255 East Brookstown Drive, BATON ROUGE, LA, 70805	Elliott L Temple	Phone: 2252505677 Email: 2133cosbr@gmail.com Fax: 2254445209	License: 2203785336 State ID: BH0012432 Originally licensed: 2018-12-05 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 4255 EAST BROOKSTOWN DRIVE, BATON ROUGE, LA, 70805
Crescent Health 8211 Goodwood Blvd Ste A1, BATON ROUGE, LA, 70806	Shalanda Judge	Phone: 2252064060 Email: crescentgrp@gmail.com Fax: 2253728649	License: 2203783069 State ID: BH0011874 Originally licensed: 2017-02-17 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 8211 GOODWOOD BLVD. STE A1, BATON ROUGE, LA, 70806
Dedicated Concepts 6220 Florida Blvd Suite C, BATON ROUGE, LA, 70831	Jaliah Pabon	Phone: 2253332441 Email: INFO@DEDICATEDCONCEPTS.ORG Fax: 8007687675	License: 2203786278 State ID: BH0013278 Originally licensed: 2024-07-01 Effective: 2025-07-01 License issued: 2025-07-08 Expires: 2026-06-30 Parish: EAST BATON ROUGE Mailing address: 6220 FLORIDA BLVD SUITE C, BATON ROUGE, LA, 70806

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Elemental Health 7946 Goodwood Blvd, BATON ROUGE, LA, 70806	Roxanne Lee	Phone: 2252186774 Email: roxanne.lee@elementalhealthbr.com Fax: 2252088060	License: 2203786390 State ID: BH0012922 Originally licensed: 2022-10-25 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 7946 GOODWOOD BLVD, BATON ROUGE, LA, 70806
Elev8 Treatment & Legacy Center 7742 Office Park Blvd Suite C-2, BATON ROUGE, LA, 70809	Donald Pope Jr.	Phone: 2254480440 Email: gkilpatrick@elev8treatment.com Fax: 2253519097	License: 2203784845 State ID: BH0012698 Originally licensed: 2021-02-01 Effective: 2026-02-01 License issued: 2026-02-02 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 7742 OFFICE PARK BLVD SUITE C-2, BATON ROUGE, LA, 70809
Empower Recovery Center 11616 Southfork Ave., Suite 403, BATON ROUGE, LA, 70816	Courtney Wallace	Phone: 2252617143 Email: credentialing@hcohealth.com Fax: 2252501026	License: 2203786782 State ID: BH0011638 Originally licensed: 2017-02-20 Effective: 2025-10-22 License issued: 2025-10-24 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 11616 SOUTHFORK AVE., SUITE 403, BATON ROUGE, LA, 70816
Eternal Crisis Outreach 10830 Greenwell Springs Rd., BATON ROUGE, LA, 70814	Raymond Bowen	Phone: 2254445125 Email: eternalcrisisoutreach@gmail.com Fax: 2257267580	License: 2203784139 State ID: BH0012114 Originally licensed: 2018-11-14 Effective: 2025-11-01 License issued: 2025-10-31 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 10830 GREENWELL SPRINGS RD, BATON ROUGE, LA, 70814
Evergreen Health Concepts, LLC 8732 Quarters Lake Road, BATON ROUGE, LA, 70809	Brandon Triggs	Phone: 2258100261 Email: brandontriggs@yahoo.com Fax: 2258100261	License: 2203786928 State ID: BH0013533 Originally licensed: 2026-02-19 Effective: 2026-02-19 License issued: 2026-03-09 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 8732 QUARTERS LAKE ROAD, BATON ROUGE, LA, 70809
Focused Family Services 7464 Exchange Place, BATON ROUGE, LA, 70806	Larry Selders	Phone: 2258314998 Email: focusedfamilyservices@gmail.com Fax: 2258314997	License: 2203786606 State ID: BH0012018 Originally licensed: 2017-05-17 Effective: 2026-05-01 License issued: 2026-05-06 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 7464 EXCHANGE PLACE SUITE 101, BATON ROUGE, LA, 70806
Foundation X LLC 3084 West Fork Drive Suite C, BATON ROUGE, LA, 70816	Kenny Houston	Phone: 2259601813 Email: thefoundationxsouth@gmail.com Fax: 2252272502	License: 2203786212 State ID: BH0013232 Originally licensed: 2024-05-14 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 3084 WEST FORK DRIVE SUITE C, BATON ROUGE, LA, 70816
Graves LLC 3888 South Sherwood Forest Blvd Bldg. 2 Ste F, BATON ROUGE, LA, 70816	Laine Rosenaur	Phone: 2257718251 Email: gravesllc@yahoo.com Fax: 2257718253	License: 2203783487 State ID: BH0012167 Originally licensed: 2017-08-28 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST BATON ROUGE Mailing address: 3888 SOUTH SHERWOOD FOREST BLVD BLDG 11 STE F, BATON ROUGE, LA, 70816
Gulf Coast Social Services-Baton Rouge 5850 Florida Blvd, STE 200, BATON ROUGE, LA, 70806	Alvanisha Ford	Phone: 2252010696 Email: alvanisha_ford@gcssla.org Fax: 2252011792	License: 2203786930 State ID: BH0013529 Originally licensed: 2026-02-23 Effective: 2026-02-23 License issued: 2026-03-09 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 5850 FLORIDA BLVD, STE 200, BATON ROUGE, LA, 70806
Holistic Behavioral Health Services of La, LLC 2156 Wooddale Blvd Ste 750, BATON ROUGE, LA, 70806	Tommie Dyer Jr.	Phone: 2259308058 Email: hbhs.la@holisticbh.org Fax: 2259308059	License: 2203784609 State ID: BH0012312 Originally licensed: 2018-03-12 Effective: 2026-02-01 License issued: 2026-02-06 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 2156 WOODDALE BLVD STE.750, BATON ROUGE, LA, 70806
Holistic Solutions Center of Baton Rouge 10755 Linkwood Ct, BATON ROUGE, LA, 70810	Tanya Stuart	Phone: 2257719980 Email: tanstuart@gmail.com Fax: 2253086084	License: 2203786349 State ID: BH0012206 Originally licensed: 2018-01-30 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 14707 PERKINS ROAD, BATON ROUGE, LA, 70810
Hope Community Services, Inc 12097 Old Hammond Highway, Suite I- 4, BATON ROUGE, LA, 70816	Monica Parker	Phone: 2253280826 Email: hopecs2015@gmail.com Fax: 2253025506	License: 2203783111 State ID: BH0011848 Originally licensed: 2017-02-17 Effective: 2026-03-01 License issued: 2026-03-19 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: PO BOX 12792, DURHAM, NC, 27709
Impact Group BHS 9418 Brookline Avenue, Suite A, BATON ROUGE, LA, 70809	DEBORAH ROYAL	Phone: 2253722693 Email: droyal@impactgbhs.com Fax: 2256507414	License: 2203786280 State ID: BH0012034 Originally licensed: 2017-06-27 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 9418 BROOKLINE AVENUE, SUITE A, BATON ROUGE, LA, 70809
Inspirational Community Outreach 350 Main Street, BAKER, LA, 70714	Taja Hamilton	Phone: 2253017525 Email: inspirationalcare@yahoo.com Fax: 2256126602	License: 2203783204 State ID: BH0011879 Originally licensed: 2017-03-28 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: P.O BOX 922, BAKER, LA, 70704
Integrated Behavioral Health of Louisiana 16851 Jefferson Hwy, Suite 4C, BATON ROUGE, LA, 70817	Tressa Riley	Phone: 2254241822 Email: tressa@ibhnola.com Fax: 2254241823	License: 2203786840 State ID: BH0013387 Originally licensed: 2025-11-12 Effective: 2025-11-12 License issued: 2025-12-04 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 15529 COLLEGE BLVD, LENEXA, KS, 66219
Journey to Insight 3540 Jones Creek Road,	Elizabeth Parker	Phone: 2253498696 Email:	License: 2203786706 State ID: BH0012463

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BATON ROUGE, LA, 70816		angela@journeytoinsight.com Fax: 2253498698	Originally licensed: 2019-03-12 Effective: 2025-09-01 License issued: 2025-09-04 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 3540 JONES CREEK ROAD, BATON ROUGE, LA, 70816
Kingdom Kounsel LLC 4521 Jamestown Avenue Ste 2, BATON ROUGE, LA, 70809	LaMyra Thomas-Coleman	Phone: 9853516420 Email: admin@kingdomkounsel.org Fax: 8884250972	License: 2203783914 State ID: BH0012237 Originally licensed: 2018-05-15 Effective: 2026-05-01 License issued: 2026-05-05 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 9054 SCOTLAND AVE BATON ROUGE, LA, BATON ROUGE, LA, 70809
LA Excel Care 2380 O'Neal Lane,Unit B, BATON ROUGE, LA, 70816	Lashanda Guillory	Phone: 2253610219 Email: lashanda.laexcelcare@gmail.com Fax: 2253610483	License: 2203786028 State ID: BH0011872 Originally licensed: 2017-02-17 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2380 O'NEAL LANE SUITE B, BATON ROUGE, LA, 70816
LHRC - Life Care Center 2121 Wooddale Blvd, Suite B, BATON ROUGE, LA, 70806	Tameka Blakes	Phone: 2252312490 Email: tmblakes@lahealthandrehab.org Fax: 2259270771	License: 2203784699 State ID: BH0004367 Originally licensed: 2016-01-01 Effective: 2025-09-01 License issued: 2025-08-22 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 2121 WOODDALE BLVD, BATON ROUGE, LA, 70806
LHRC-Reality House-Halfway House 2056 North Blvd, BATON ROUGE, LA, 70802	Tameka Blakes	Phone: 2253433438 Email: tmblakes@lahealthandrehab.org Fax: 2253431511	License: 2203782573 State ID: BH0003438 Originally licensed: 2016-01-01 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2121 WOODDALE BLVD, BATON ROUGE, LA, 70806
Louisiana Empowerment Services 1676 Dallas Drive Ste C, BATON ROUGE, LA, 70806	Jessica Mills	Phone: 2252870578 Email: info@commempsvc.com Fax: 2252925152	License: 2203784665 State ID: BH0012280 Originally licensed: 2017-12-01 Effective: 2025-07-01 License issued: 2025-07-07 Expires: 2026-06-30 Parish: EAST BATON ROUGE Mailing address: P O BOX 58474, RALEIGH, NC, 27658
Louisiana Youth Connect, LLC 4637 Jamestown Ave., Suite B2, BATON ROUGE, LA, 70808	Eric Spooner	Phone: 2257576615 Email: info@layouthconnect.org Fax: 2257576625	License: 2203786441 State ID: BH0012012 Originally licensed: 2017-08-23 Effective: 2025-08-01 License issued: 2025-08-07 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 4637 JAMESTOWN AVE., SUITE B2, BATON ROUGE, LA, 70808
Mayo Behavioral Health Services, LLC 1120 Government Street, BATON ROUGE, LA, 70802	Brittney Mayo	Phone: 2252560110 Email: bmayo@mayobehavioralhealth.org Fax: 2252564210	License: 2203786189 State ID: BH0012939 Originally licensed: 2023-01-31 Effective: 2025-04-01 License issued: 2025-03-14 Expires: 2026-03-31 Parish: EAST BATON ROUGE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 456, ZACHARY, LA, 70791
Merakey Pennsylvania-Baton Rouge 711 Colonial Dr, Ste. D, BATON ROUGE, LA, 70806	Winford Amos	Phone: 2252462162 Email: winford.amos@merakey.org Fax: 2253004797	License: 2203783246 State ID: BH0011877 Originally licensed: 2017-04-11 Effective: 2026-04-01 License issued: 2026-03-13 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 620 E. GERMANTOWN PIKE, HARRISBURG, PA, 17112
Morning Star Health Rehab Services, LLC 3173 Washington Avenue, BATON ROUGE, LA, 70802	Cynthia Jackson	Phone: 2257787678 Email: morningstarhealthrehab@gmail.com Fax: 2253416825	License: 2203785891 State ID: BH0011895 Originally licensed: 2017-02-17 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 3173 WASHINGTON AVENUE, BATON ROUGE, LA, 70802
NIALife Center for Counseling, LLC 14635 S. HARRELLS FERRY RD, SUITE 3A, BATON ROUGE, LA, 70816	Ebony Christophe	Phone: 2253498984 Email: INFO@NIALIFE.ORG Fax: 8442699818	License: 2203784519 State ID: BH0011723 Originally licensed: 2017-02-24 Effective: 2025-12-01 License issued: 2025-11-25 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 14635 S. HARRELLS FERRY RD, SUITE 3A, BATON ROUGE, LA, 70816
New Horizons Behavioral Health Center 12628 Hooper Road, Suite C, BATON ROUGE, LA, 70818	Kerry Brown	Phone: 2259538170 Email: ken.brown@newhorizonsbhc.com Fax: 2259538175	License: 2203783229 State ID: BH0011849 Originally licensed: 2017-04-07 Effective: 2026-05-01 License issued: 2026-04-21 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 12628 HOOPER ROAD, SUITE C, BATON ROUGE, LA, 70818
New Insights LLC 8261 Summa Avenue Suite A, BATON ROUGE, LA, 70809	Veronica F Gray	Phone: 2258319946 Email: tgeralds@turnaroundlives.com Fax: 2259607421	License: 2203786134 State ID: BH0012811 Originally licensed: 2021-11-22 Effective: 2026-02-01 License issued: 2026-03-06 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 8261 SUMMA, BATON ROUGE, LA, 70816
North Baton Rouge Behavioral Health 7855 Howell Blvd Suites 200 & 220, BATON ROUGE, LA, 70807	JOHN NOSACKA	Phone: 2253599315 Email: ryan.rife@la.gov Fax: 8778114038	License: 2203784682 State ID: BH0002327 Originally licensed: 2016-04-01 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 7855 HOWELL BLVD SUITES 200 & 220, BATON ROUGE, LA, 70807
OBrien House 1220 Main Street, BATON ROUGE, LA, 70802	Emily George Tilley	Phone: 2253446345 Email: etilley@obrienhouse.org Fax: 2252467943	License: 2203782763 State ID: BH0003407 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 446 NORTH 12TH STREET, BATON ROUGE, LA, 70802
Pinnacle Community Care Services, LLC 2460 College Drive,	Marsha Fisher	Phone: 2252395293 Email:	License: 2203783826 State ID: BH0012313 Originally licensed: 2018-03-26

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BATON ROUGE, LA, 70808		mfisher.pccs@gmail.com Fax: 2252395439	Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 2460 COLLEGE DRIVE, BATON ROUGE, LA, 70808
Positive Direction 3535 Brentwood Drive, BATON ROUGE, LA, 70809	Duane Davis	Phone: 2255131500 Email: duaned@positive-direction.com Fax: 2253518757	License: 2203785639 State ID: BH0012464 Originally licensed: 2019-03-01 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 3535 BRENTWOOD DRIVE, BATON ROUGE, LA, 70809
Post Trauma Institute of Louisiana 10512 S. Glenstone Place, BATON ROUGE, LA, 70810	Dr. Lawrence Salone	Phone: 2257515412 Email: lsalone@mypsychnetwork.com Fax: 2257515847	License: 2203785461 State ID: BH0012853 Originally licensed: 2022-04-12 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 83814, DUPLESSIS, LA, 70728
Restore Outreach Center 4315 Bluebonnet Blvd Suite B, BATON ROUGE, LA, 70809	Martin Knightshead	Phone: 2252236968 Email: restoreoutreachcenter@gmail.com Fax: 2254421396	License: 2203783700 State ID: BH0011794 Originally licensed: 2017-02-17 Effective: 2026-01-01 License issued: 2025-12-23 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2415 GOVERNMENT STREET, BATON ROUGE, LA, 70806
SME"""""S Coalition for Change 12278 Plank Road, BATON ROUGE, LA, 70811	Susie Duncan	Phone: 2253649428 Email: smecoalitionforchange@outlook.com Fax: 2253416797	License: 2203785930 State ID: BH0012938 Originally licensed: 2023-01-04 Effective: 2026-02-01 License issued: 2026-01-13 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 12278 PLANK ROAD, BATON ROUGE, LA, 70811
STOA Behavioral Healthcare 11188 Florida Blvd, BATON ROUGE, LA, 70815	Kelvin M Smith	Phone: 3376561922 Email: kelvin@stoabehavioral.com Fax: 2255292328	License: 2203786217 State ID: BH0013215 Originally licensed: 2024-05-17 Effective: 2026-05-01 License issued: 2026-04-28 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 11188 FLORIDA BLVD., BATON ROUGE, LA, 70815
SUN Behavioral Louisiana - Baton Rouge 8706 Jefferson Hwy. Suite A, BATON ROUGE, LA, 70809	Kristen McEachern	Phone: 2259269706 Email: kmceachern@seasidehc.com Fax: 2259269708	License: 2203784712 State ID: BH0012124 Originally licensed: 2017-07-26 Effective: 2025-09-01 License issued: 2026-06-11 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 1216 STUBBS AVENUE, MONROE, LA, 71201
Sanctuary Recovery and Wellness, LLC 7434 Picardy Avenue, BATON ROUGE, LA, 70808	Sam Anderson	Phone: 2252506046 Email: sam@sanctuaryrecoveryla.com Fax: 2252506046	License: 2203786846 State ID: BH0013521 Originally licensed: 2025-12-12 Effective: 2025-12-12 License issued: 2025-12-15 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 7434 PICARDY AVENUE, BATON ROUGE, LA, 70808

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Serenity Treatment Center of Louisiana 2325 Weymouth Drive, BATON ROUGE, LA, 70809	Allison Cooper	Phone: 2253893325 Email: allison.cooper@theserenitycenterla.com Fax: 2254088005	License: 2203784299 State ID: BH0011314 Originally licensed: 2015-10-01 Effective: 2026-03-01 License issued: 2026-03-10 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 216 S. FOSTER DRIVE, BATON ROUGE, LA, 70809
Shoulders of Strength - Baton Rouge 11616 Southfork Ave, Suite 401, BATON ROUGE, LA, 70816	BIANCA PORTER	Phone: 2252919646 Email: sosinc130@aol.com Fax: 2259983555	License: 2203783226 State ID: BH0011982 Originally licensed: 2017-03-01 Effective: 2025-09-01 License issued: 2025-08-27 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 2900 CAMERON STREET, MONROE, LA, 71201
Sound Minds Counseling & Wellness Center, LLC 4811 Harding Blvd Suite 124, BATON ROUGE, LA, 70811	Shan Hurst	Phone: 2252662900 Email: shan@soundmindscounseling.com Fax: 2254439443	License: 2203785691 State ID: BH0012970 Originally licensed: 2023-03-28 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 4811 HARDING BLVD, BATON ROUGE, LA, 70811
Southeast Community Health Systems-Region 2 YMCR 6351 Main Street, ZACHARY, LA, 70791	Alecia Cyprian	Phone: 2253062018 Email: acyprian@shchc.org Fax: 8883349386	License: 2203786555 State ID: BH0013383 Originally licensed: 2025-05-05 Effective: 2026-05-01 License issued: 2026-05-06 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 770, ZACHARY, LA, 70791
St. Christophers 235 Cora Drive, BATON ROUGE, LA, 70815	Brandy Price Klingman	Phone: 2253871611 Email: brandy@addictionwellness.com Fax: 2253435300	License: 2203782792 State ID: BH0003444 Originally licensed: 2016-07-01 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 150 CORA DRIVE, BATON ROUGE, LA, 70815
Start Corporation 9420 Lindale Ave, Suites A & B, BATON ROUGE, LA, 70815	Casey Guidry	Phone: 2254423540 Email: lauren.sanders@startcorp.org Fax: 2254423546	License: 2203783585 State ID: BH0011595 Originally licensed: 2017-03-01 Effective: 2025-10-01 License issued: 2025-10-01 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 165, HOUMA, LA, 70361
The Macro Group II 1520 Thomas H. Delpit, Suite 219, BATON ROUGE, LA, 70802	RICHELLE TAYLOR	Phone: 2253890138 Email: themacrogroupii@yahoo.com Fax: 2253822358	License: 2203783140 State ID: BH0011909 Originally licensed: 2017-02-24 Effective: 2026-03-01 License issued: 2026-03-02 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 1520 THOMAS H. DELPIT SUITE 219, BATON ROUGE, LA, 70802
The Recovery Center of Baton Rouge 673 East Airport Avenue, BATON ROUGE, LA, 70806	Rudy Troyer	Phone: 2259277475 Email: rudy@recoverycenterbr.com Fax: 2259277477	License: 2203783397 State ID: BH0008281 Originally licensed: 2016-05-01 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: EAST BATON ROUGE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 673 EAST AIRPORT AVENUE, BATON ROUGE, LA, 70806
The Wellness Studio IOP 7472 Highland Road, BATON ROUGE, LA, 70808	Dr.Mary K Gastinel	Phone: 2254483359 Email: mk@twscounseling.com Fax: 2254483403	License: 2203785232 State ID: BH0012828 Originally licensed: 2022-03-02 Effective: 2026-02-01 License issued: 2026-02-27 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 7472 HIGHLAND ROAD, BATON ROUGE, LA, 70808
Top-Notch Behavioral Healthcare Services, LLC 1215 Independence Blvd Suite 2A, ZACHARY, LA, 70791	Litonia Landry	Phone: 2253064488 Email: litonialandry@topnotchbhs.org Fax: 2253064390	License: 2203785460 State ID: BH0011950 Originally licensed: 2017-05-02 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 1215 INDEPENDENCE BLVD SUITE 2A, ZACHARY, LA, 70791
Total Life Cares Health Center 4451 Bluebonnet Blvd, Ste D, BATON ROUGE, LA, 70809	Shaynna Gilbert	Phone: 2255903313 Email: shaynnagilbert@totallifecares.com Fax: 2255903324	License: 2203785366 State ID: BH0011736 Originally licensed: 2017-02-17 Effective: 2026-04-15 License issued: 2026-04-15 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 7946 GOODWOOD BLVD, BATON ROUGE, LA, 70806
Turn-A-Round community Outreach, LLC 4336 North Blvd, Suite 204, BATON ROUGE, LA, 70806	TEKIA GERALDS	Phone: 2259607419 Email: tgeralds@turnaroundlives.com Fax: 2259607421	License: 2203784617 State ID: BH0011814 Originally licensed: 2017-03-02 Effective: 2026-03-01 License issued: 2026-03-04 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 4336 NORTH BLVD, SUITE 204, BATON ROUGE, LA, 70806
VOA SCL Reilly Center for Children and Families 1945 Carolyn Sue Drive, Suite A, BATON ROUGE, LA, 70815	Jessica Fontenot	Phone: 2259289398 Email: jessica.fontenot@voagbr.org Fax: 2259289490	License: 2203783249 State ID: BH0011918 Originally licensed: 2017-02-21 Effective: 2025-08-19 License issued: 2025-12-16 Expires: 2026-06-30 Parish: EAST BATON ROUGE Mailing address: 1945 CAROLYN SUE DRIVE, SUITE 711A, BATON ROUGE, LA, 70815
Vital Transitions Behavioral Healthcare, Inc 11745 Haymarket Ave., BATON ROUGE, LA, 70816	ANTWANETTE COLLINS	Phone: 2254127912 Email: acollins@vitaltransitionsbh.com Fax: 2254127915	License: 2203785532 State ID: BH0012181 Originally licensed: 2017-11-21 Effective: 2025-10-01 License issued: 2025-10-03 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 11745 HAYMARKET AVE., BATON ROUGE, LA, 70816
Woodlake Addiction Recovery Center-MidCity Detox 3955 Government Street, Suite 3-6, BATON ROUGE, LA, 70806	Blain Houston	Phone: 2259241910 Email: jmonroe@woodlakecenter.com Fax: 8883666945	License: 2203785072 State ID: BH0012664 Originally licensed: 2020-10-06 Effective: 2026-06-01 License issued: 2026-06-08 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 10473 OLD HAMMOND HIGHWAY, BATON ROUGE, LA, 70816
Faith and Hope Behavior Health-Clinton 11333 Church Street, CLINTON, LA, 70722	Leslie Washington	Phone: 3183818584 Email: angrumn@gmail.com Fax: 3183886893	License: 2203785840 State ID: BH0012145 Originally licensed: 2017-09-01 Effective: 2025-08-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-08-07 Expires: 2026-07-31 Parish: EAST FELICIANA Mailing address: 408 THATCHER LANE, MONROE, LA, 71203
Felicianas Youth of Distinction 10105 Plank Road, Suite A, CLINTON, LA, 70722	Tina Bruce	Phone: 2252055026 Email: tina-bruce@att.net Fax: 2256055028	License: 2203783073 State ID: BH0011930 Originally licensed: 2017-02-17 Effective: 2026-02-01 License issued: 2026-02-06 Expires: 2027-01-31 Parish: EAST FELICIANA Mailing address: 10105 PLANK ROAD, SUITE A, CLINTON, LA, 70722
Woodlake Addiction Recovery Center 3015 Highway 956, ETHEL, LA, 70730	Blain Houston	Phone: 2259241910 Email: jmonroe@woodlakecenter.com Fax: 8886121154	License: 2203785042 State ID: BH0008165 Originally licensed: 2016-09-01 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: EAST FELICIANA Mailing address: 10473 OLD HAMMOND HIGHWAY, BATON ROUGE, LA, 70816
Iberville Parish Substance Abuse Clinic 24705 Plaza Drive, Suite B, PLAQUEMINE, LA, 70764	G. Bert Allain	Phone: 2256875889 Email: lwilson@ibervilleparish.com Fax: 2256875893	License: 2203782730 State ID: BH0003747 Originally licensed: 2016-05-01 Effective: 2026-05-01 License issued: 2026-04-29 Expires: 2027-04-30 Parish: IBERVILLE Mailing address: 24705 PLAZA DRIVE, SUITE B, PLAQUEMINE, LA, 70764
The Village Life Center, LLC 58155 Chinn Street, Suite B, PLAQUEMINE, LA, 70764	Joan Governor	Phone: 2253854543 Email: abrown@villagelifecenter.com Fax: 8668259703	License: 2203783011 State ID: BH0011647 Originally licensed: 2016-12-28 Effective: 2025-12-01 License issued: 2025-12-15 Expires: 2026-11-30 Parish: IBERVILLE Mailing address: 9660 FALLS OF NEUSE, SUITE 138 # 273, RALEIGH, NC, 27615
Woodlake Addiction Recovery Center-Plaquemine 24655 Plaza Dr., Suite 1, PLAQUEMINE, LA, 70764	Blain Houston	Phone: 2259241940 Email: jmonroe@woodlakecenter.com Fax: 8886121154	License: 2203785078 State ID: BH0012488 Originally licensed: 2019-05-07 Effective: 2026-06-01 License issued: 2026-05-14 Expires: 2027-05-31 Parish: IBERVILLE Mailing address: 10473 OLD HAMMOND HWY, BATON ROUGE, LA, 70816
Pointe Coupee Human Services Center 282 A Hospital Road, NEW ROADS, LA, 70760	Donna Hammond	Phone: 2256387663 Email: donna@pchsc.org Fax: 2256387687	License: 2203782564 State ID: BH0003418 Originally licensed: 2016-01-01 Effective: 2026-01-01 License issued: 2026-01-06 Expires: 2026-12-31 Parish: POINTE COUPEE Mailing address: 282 A HOSPITAL ROAD, NEW ROADS, LA, 70760
New Life Behavioral Health 415 Court Street, PORT ALLEN, LA, 70767	Esheka Parker	Phone: 2254012500 Email: eparker@newlifellc.org Fax: 2254012501	License: 2203786617 State ID: BH0013362 Originally licensed: 2025-06-06 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: WEST BATON ROUGE Mailing address: 415 COURT STREET, PORT ALLEN, LA, 70767

Crisis Receiving Centers III — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The Bridge Center for Hope 3455 Florida Blvd Suite 400, BATON ROUGE, LA, 70806	Shawne L Emery	Phone: 2252566604 Email: state.licensing@riinternational.com Fax: 2259007451	License: 2203784828 State ID: CR0000001 Originally licensed: 2021-01-21 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2701 N 16TH STREET, SUITE 103, PHOENIX, AZ, 85006 Already listed elsewhere in this region; license details supplied here

Forensic Supervised Transitional — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Harmony Transitional Services 4914 McClelland Drive, BATON ROUGE, LA, 70805	Collis B Temple	Phone: 2253365456 Email: ctemple@harmonycenter.org Fax: 2253365460	License: 01 State ID: FF0001001 Originally licensed: 2010-03-11 Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD, BATON ROUGE, LA, 70802
Harmony Transitional Services 2 4660 Convention Street, BATON ROUGE, LA, 70806	Collis Temple Jr.	Phone: 2252312390 Email: ctemple@harmonycenter.org Fax: 2252312875	License: 03 State ID: FF0001004 Originally licensed: 2011-03-29 Effective: 2026-04-01 License issued: 2026-03-09 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD, BATON ROUGE, LA, 70802
Harmony Transitional Services 4 170 W. Washington, BATON ROUGE, LA, 70802	Collis B. Temple, Jr.	Phone: 2252560086 Email: ctemple@harmonycenter.org Fax: 2252561219	License: 2203785396 State ID: FF0012883 Originally licensed: 2022-07-14 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD, BATON ROUGE, LA, 70802
Harmony Transitional Services 5 7414 Sumrall Drive, BATON ROUGE, LA, 70812	Collis B Temple, Jr	Phone: 2257785025 Email: ctemple@harmonycenter.org Fax: 2257785051	License: 2203785941 State ID: FF0013062 Originally licensed: 2023-11-15 Effective: 2025-11-01 License issued: 2025-10-27 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD, BATON ROUGE, LA, 70802
Harmony Transitional Services 6 1967 North Street, BATON ROUGE, LA, 70802	Collis B. Temple. Jr.	Phone: 2253839139 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 2203786795 State ID: FF0013412 Originally licensed: 2025-11-05 Effective: 2025-11-05 License issued: 2025-11-05 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 1967 NORTH STREET, BATON ROUGE, LA, 70802
E L M H S Secure Forensic Facility 4502 Highway 951, JACKSON, LA, 70748	Gino Bertucci	Phone: 2256340450 Email: gino.bertucci@la.gov Fax: 2256340454	License: 02 State ID: FF0001003 Originally licensed: 2010-09-13 Effective: 2025-09-01 License issued: 2025-09-02 Expires: 2026-08-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST FELICIANA Mailing address: 4502 HIGHWAY 951, JACKSON, LA, 70748

Psychiatric Residential Treatment Facilities — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The Maples, LLC 15555 George O'Neal Rd, BATON ROUGE, LA, 70817	Tanya Stuart	Phone: 2257719980 Email: tanstuart@gmail.com Fax: 2258104050	License: 2203785032 State ID: PT0012767 Originally licensed: 2021-08-11 Effective: 2026-08-01 License issued: 2026-06-15 Expires: 2027-07-31 Parish: EAST BATON ROUGE Mailing address: 14707 PERKINS ROAD, BATON ROUGE, LA, 70810

Therapeutic Group Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Oliver & Associates Professional Counseling Svcs 8924 Florida Blvd., BATON ROUGE, LA, 70815	Merian Carter, Clinical Dir	Phone: 2252889845 Email: valarieoliver@aol.com	License: 2203786539 State ID: TG0012879 Originally licensed: 2022-09-13 Effective: 2026-04-01 License issued: 2026-03-16 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 4210 LASSEN DRIVE, BATON ROUGE, LA, 70814
Believe Therapeutic Group Home LLC 8566 Bayou Run Dr., NEW ROADS, LA, 70760	Sondra Hayes	Phone: 2257135090 Email: bdukes@believetgho.com Fax: 2256383742	License: 2203784365 State ID: TG0012505 Originally licensed: 2019-08-13 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: POINTE COUPEE Mailing address: P O BOX 1115, NEW ROADS, LA, 70760

Substance Use Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
East Feliciana Addiction Recovery Services	Manager	225-682-3874	Request for Protected Information
Woodlake Addiction Recovery Cente	Manager	225-924-1910	Woodlake is a full continuum of care treatment facility, taking individuals from medical detox through transitional living. Woodlake is dedicated to providing quality and comprehensive treatment that is sure to have a positive impact on every client's life. Their treatment programs are uniquely designed to meet the physical, mental, emotional, familial, and spiritual needs of each client.
Vital Transitions Behavioral Healthcare	Manager	225-396-3681	Changing lives, one session at a time LBGTQI, Adults, Adolescents, Children, Marriage, Couples, Diversity, Depression, Anxiety, Bipolar, Schizophrenia, Substance Abuse

Organization / Provider	Contact Person	Phone / Email	Services Provided
Avenues Recovery Center at Baton Rouge	Manager	225-269-8935	Our dedicated staff develops personalized rehabilitation plans for each client, with inpatient, outpatient and detox programs targeting both the body and mind. This tailored approach ensures all-encompassing treatment and support, resulting in lasting recovery. Our success stories show the transformative impact the Avenues philosophy and care have on our clients, gifting clients with newfound purpose in life after overcoming drug and alcohol dependencies.
Chosen Behavioral Health	Manager	225-523-3417	Our mission is dedicated to assisting our clients in their efforts to live healthy and productive lives. They treat all clients and their families with a high level of respect, integrity, and professionalism. They train staff in mental health and substance abuse to give each client the highest quality of care. The program incorporates the three fundamentals to establish a balanced life: mind, body, and spirit.
New Start Intensive Outpatient Program	Manager	225-567-8435	Our program includes regular scheduled meetings with different professionals like therapists, psychiatrists, and psychologists. We provide group counseling sessions, individual counseling, family education and group session with patient, random drug and alcohol testing, and faith based counseling/peer groups. The goal of our program is to develop and enhance skills needed to live a substance free life.

Dental Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dental Services	Dental Provider Locator	mcnala.net\800-494-6262	Medicaid Member
Brush Dental	Manager	225-960-6447	The Baton Rouge office provides comprehensive dental care, including routine cleanings (preventative) to advanced cosmetic and restorative work like implants, Brush uses modern technology and sedation options to ease patient anxiety and ensure comfortable, high-quality treatment for all general and specialized dental needs.
Natural Embraces, LLC	Manager	225-926-1945	To provide the needs of our disabled populations. · Philosophy: We believe each person should experience a variety of social, therapeutic, and ...Read more

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
PACE	225-490-0604	Ms. Karen Allen	Nonprofit health and supportive services program designed to assist seniors who want an alternative to long-term care placement
The Center	225-357-8977	Angela Hubbard-Weir	This organization that provides services and program for individuals and families with developmental disabilities and seniors to maintain independence.

Adult Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Pace Baton Rouge 7436 Bishop Ott Drive, BATON ROUGE, LA, 70806	MS Karen Allen	Phone: 2254900604 Email: diane.baldwin@fmolhs.org Fax: 2254900354	License: 5048 State ID: WA0006609 Originally licensed: 1989-01-01 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 7436 BISHOP OTT DRIVE, BATON ROUGE, LA, 70806
The Center, Inc. ADHC 2271 Mason Avenue, BATON ROUGE, LA, 70805	Angela Hubbard-Weir	Phone: 2253578977 Email: angela@thecenterbr.org Fax: 2253579958	License: 2664 State ID: WA0006567 Originally licensed: 1983-01-14 Effective: 2026-04-01 License issued: 2026-04-08 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 2271 MASON AVENUE, BATON ROUGE, LA, 70805
Vital Adult Day Care 11745 Haymarket Ave Ste B, BATON ROUGE, LA, 70816	James Brown	Phone: 2254127913 Email: acollins@vitaltransitionsbh.com Fax: 2254127915	License: 2203786345 State ID: WA0013300 Originally licensed: 2024-09-02 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 433 KIMMERIDGE DR., BATON ROUGE, LA, 70815

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Healthcare for Kids LA, LLC 8894 Airline Hwy, Ste A, BATON ROUGE, LA, 70815	Brittany Rose	Phone: 6789772176 Email: rmonn@healthcareforkids.com Fax: 2255324303	License: 2203785747 State ID: PD0012991 Originally licensed: 2023-05-23 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 576 COLONIAL PARK, STE 120, ROSWELL, GA, 30075
In Loving Arms Healthcare For Kids 2315 Harding Blvd, BATON ROUGE, LA, 70807	MS Renita W Thomas	Phone: 2253599777 Email: rncaringforkids@gmail.com Fax: 2253599798	License: 2203784743 State ID: PD0000004 Originally licensed: 2012-07-20 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 52730, BATON ROUGE, LA, 70892
Pediatric Health Choice 2355 Drusilla Lane,	MRS Donna Thomas	Phone: 2252315880 Email: Credentialing-	License: 001 State ID: PD0000002

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BATON ROUGE, LA, 70809		ROS@pediatrichomeserveice.com Fax: 2252315881	Originally licensed: 2005-10-01 Effective: 2025-08-01 License issued: 2025-07-23 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 2800 CLEVELAND AVE N, ROSEVILLE, MN, 55113
Pediatrust Baton Rouge LLC 5238 Dijon Drive, BATON ROUGE, LA, 70806	KASEY ALEXANDER	Phone: 2253333102 Email: lcraig@pediatrustla.com Fax: 2255324213	License: 2203786755 State ID: PD0013497 Originally licensed: 2025-10-08 Effective: 2025-10-08 License issued: 2025-10-08 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 6700 JEFFERSON HIGHWAY 12-B, BATON ROUGE, LA, 70808

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Catholic Presbyterian Apts.	Dianne Landon	225-383-5551	Catholic Presbyterian Apartments for the Elderly. Catholic Presbyterian Apartment is a comprehensive retirement facility designed to provide an independent living environment for seniors of moderate to low income. Opened in 1972 with the promise of a comfortable, attractive lifestyle.
Volunteers of America Baton Rouge Oak Plaza	Janice Bartley	225-387-0061	VOA provides, upon request, translated copies of all vital documents and interpretation services for their housing programs, including those funded by the U.S. Department of Housing and Urban Development.
Calais House	7585 Bishop Ott Drive Baton Rouge, LA 70807	225-927-5070	Elderly Housing Program Our complex consists of 262 unfurnished apartment, each consisting of 262 unfurnished apartments, each consisting of a kitchen equipped with a refrigerator and stove, a living /dinner combination, one bedroom and a bath.
Chateau Louise	7545 Bishop Ott Dr. Baton Rouge LA 70807	225-927-1889	Elderly Housing Program Our complex consists of 262 unfurnished apartment, each consisting of 262 unfurnished apartments, each consisting of a kitchen equipped with a refrigerator and stove, a living /dinner combination, one bedroom and a bath.
Villa St.Francis	7575 Bishop Ott Dr. Baton Rouge, LA 70807	225-927-0070	Elderly Housing Program Our complex consists of 262 unfurnished apartment, each consisting of 262 unfurnished apartments, each consisting of a kitchen equipped with a refrigerator and stove, a living /dinner combination, one bedroom and a bath.
Senior Residence of Central	10816 Live Oak Grove Central, LA	225-636-2436	Senior Residence of Central is an affordable duplex style community for active seniors 62 or better.
Lotus Village	715 N16th Street Baton Rouge	225-367-6130	Lotus Village is a beautiful rental community designed for 62+ individuals

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dumas House Senior Center	1313 North Sherwood Blvd	225-388-5646	The Dumas house Senior Center serves seniors of the community by providing assistance age 60+ and over

Financial Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
BanCorp South	662-678-7263	N/A	Request For Protected Information
Bank Of America	800-900-9044	980-233-7070	Request For Protected Information
Bank of Montgomery	225-342-7133	Cdixon@bankpfmontgomery legal	Request For Protected Information
Bank of Zachary	225-65-2701	225-654-3838	Request For Protected Information
Capitol one Bank	888-464-0727	888-464-5521	Request For Protected Information
Chase Bank	855-873-8909	NSP.email.fax@JPMChase.com	Request For Protected Information
Citi Credit	8665-799-5591	N\A	Request For Protected Information
Business First Bank	225-248-7600	225-248-7650	Request For Protected Information
Campus Federal Credit Union	888-769-8841	N\A	Request For Protected Information
Citis at Essen Apartments	225-768-8240	info@citiscapeessen.com	Request For Protected Information
Citizen Bank and Trust(Plaquemine)	225--687-6897	225-687-0115	Request For Protected Information
Citizen Bank and Trust(Sherwood)	225-291-1420	225-291-0113	Request For Protected Information
Coin Flip	Subpoena@coinflip.tech	Request For Protected Information	
Cross Keys Bank	318-766-3246	318-766-3246	Request For Protected Information
EFCU	225-214-6800	225-214-6875	Request For Protected Information
Essential Federal Credit Union	225-353-8238	225-960-5562	Request For Protected Information
Fidelity Bank	800-220-2497	retailserviceandsupport@bankwithfidelity.com	Request For Protected Information
First American Bank	800-738-7339	legal@fabt.com	Request For Protected Information
Guaranty Bank	225-408-2930	225-638-7705	Request For Protected Information
Home Bank	225-300-8399	stephanie.comeaux@home24bank.com	Request For Protected Information

Organization / Provider	Contact Person	Phone / Email	Services Provided
Iberia Bank	318-766-4564(Monroe)	Randy.Woodall@iberiabank.com	Request For Protected Information
Jefferson Financial	800-259-2471	resteen@jeffersonfinancial.org	Request For Protected Information
La Capitol Federal Credit Union	800-522-2748	225-342-9135	Request For Protected Information
Liberty Bank	225-775-6133	225-775-0233	Request For Protected Information
Navy Federal Credit Union	888-84-26328	703-206-4244	Request For Protected Information
Neighbor Federal Credit Union	225-819-4854	225-819-8923	Request For Protected Information
On Path Federal Union	800-749-6193	memberservice@beonpath.com	Request For Protected Information
Pelican State Credit Union	225-277-927-1733	225-428-6719/225-408-6443	Request For Protected Information
People's Bank	225-638-6772	225-638-3713	Request For Protected Information
Plaquemine Bank	225-687-6388	225-687-6388	Request For Protected Information
Regions Financial Legal Processing	800-734-4667	205-734-4667	Request For Protected Information
Synchrony Financial	855-511-8773	866-743-5850	Request For Protected Information
Telco	225-924-8900	225-218-2380	Request For Protected Information
Trustmark Mortgage	800-844-2000	800-243-2524	Request For Protected Information
United Community Bank	225-491-3068/985-537-6414	Tanya.Detillier@Ucbanking.com	Request For Protected Information
USAA-USB	800-927-9800	800-531-5717	Request For Protected Information
Wells Fargo	866-987-4284	866-617-5301	Request For Protected Information
Whitney Bank	504-299-5158	504-586-3478	Request For Protected Information

Food Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Meals on Wheel/Home Delivered Meals	Office Manager	225-383-0638	Eligible to receive frozen meals delivered to their home on a weekly basis
Supplemental Nutrition Assistance Program(SNAP)	DCFS.LA.GOV	888-524-3578	Financial, <18 years
Lotus Food Pantry	Manager	225-923-8000	Offers senior aged 60 and older the to shop in our supermarket structured food pantry for essential items

Transportation Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Medical Transport	Medicaid Financial	855-325-7626	Non-emergency medical transportation to\from medical appointments.
Lotus Riders	EBRCOA service	225-923-8000	Transportation department is for the Older American Act that allows the COA to provide transportation.

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
A First Name Basis, Home Care	Case Manager/Supervisor	225-810-4556	Medical Records
ABC Case Management	Case Manager/Supervisor	225-328-9898	Medical Records
Affiliated Heart2Heart Home Care Services	Case Manager/Supervisor	225-752-6262	Medical Records
Anointed Healthcare Services	Case Manager/Supervisor	225-246-8400	Medical Records
Griswold Home Care	Case Manager/Supervisor	225-328-9898	Medical Records
Immaculate Heart of Mary LT-PCS	Case Manager/Supervisor	225-694-3312	Medical Records
New Life Personal Care	Case Manager/Supervisor	225-238-2356	Medical Records
Sharing and Caring	Case Manager/Supervisor	225-924-7348	Medical Records
Personal Care Services	Financial/medical	877-455-9955	In-home Medicaid PCS
Exceptional Lives	Manager	exceptionallives.org 844-354-1212	Online disability services and benefits linkage
Louisiana Vocational Rehab(LRS)	Medical /disability criteria	laworks.net/225-925-8900/800-737-2959	Medical/disability criteria
Office of Citizens with development Disabilities	Medical /disability criteria	Cahsd.org/225-925-1910/866-628-2133	Eligibility/needs assessments, family support and services , waiver services
Social Security Benefit	Financial Support	800-772-1213	Disability/financial

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Azalea Estates of Gonzales - Level 3 2305 South Purpera Avenue, GONZALES, LA, 70737	LISA L'huillier	Phone: 2256441028 Email: lisal@ssmgrp.com Fax: 2256479520	License: 2203784561 State ID: AC0010367 Originally licensed: 2004-09-21 Effective: 2026-01-01 License issued: 2025-12-11 Expires: 2026-12-31 Parish: ASCENSION Mailing address: 2305 SOUTH PURPERA AVENUE, GONZALES, LA, 70737
Francois Bend - Level 3 326 East Industry Street, GONZALES, LA, 70737	Tina C Rogers	Phone: 2256472363 Email: tina@francoisbend.com Fax: 8889999999	License: 2203784064 State ID: AC0012382 Originally licensed: 2018-09-24 Effective: 2025-09-01 License issued: 2025-08-21 Expires: 2026-08-31 Parish: ASCENSION Mailing address: 330 CARONDELET STREET, NEW ORLEANS, LA, 70130
The Parc Senior Living - Level 3 1604 S. Burnside Avenue, GONZALES, LA, 70737	Bay Ingram	Phone: 2256478400 Email: Bayingram@yahoo.com Fax: 2256478402	License: 2203785790 State ID: AC0010434 Originally licensed: 2010-03-29 Effective: 2026-03-01 License issued: 2026-01-21 Expires: 2027-02-28 Parish: ASCENSION Mailing address: 1604 S. BURNSIDE AVE, GONZALES, LA, 70737
Barclay House of Baton Rouge - Level 3 9394 Siegen Lane, BATON ROUGE, LA, 70810	KIM JONES	Phone: 2259007342 Email: michelle.shank@qslmseniorliving.com Fax: 2252236817	License: 2203786145 State ID: AC0012490 Originally licensed: 2019-07-02 Effective: 2026-03-01 License issued: 2026-02-05 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 9394 SIEGEN LANE, BATON ROUGE, LA, 70810
Fidelis Care V, LLC- Level 1 6543 E. Achord Road, BATON ROUGE, LA, 70817	LaShae James	Phone: 2257718569 Email: rachelle@fideliscaregroup.com Fax: 2257528560	License: 14669 State ID: AC0010427 Originally licensed: 2009-09-01 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70006
Fidelis King Richard, LLC - Level 2 11710 King Richard Drive, BATON ROUGE, LA, 70815	Michele Robert-Duffy	Phone: 2252513595 Email: rachelle@fideliscaregroup.com Fax: 2252513768	License: 2203784505 State ID: AC0012409 Originally licensed: 2019-12-12 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70006
Garden View of Baton Rouge-Level 3 3130 Jones Creek Road, BATON ROUGE, LA, 70816	Randall Wilson	Phone: 2257060037 Email: RandallW@gardenviewbr.com Fax: 2257066900	License: 2203782569 State ID: AC0011467 Originally licensed: 2015-12-09 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 3130 JONES CREEK ROAD, BATON ROUGE, LA, 70816
Glenncrest at Siegen 9351 Siegen Lane, BATON ROUGE, LA, 70810	Krista Ruiz	Phone: 2257657538 Email: krista.ruiz@qslmseniorliving.com Fax: 2257657539	License: 14438 State ID: AC0010418 Originally licensed: 2009-04-07 Effective: 2026-06-01 License issued: 2026-05-11

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 9351 SIEGEN LANE, BATON ROUGE, LA, 70810
Holly Court Assisted Living and Memory Care - Level 3 8585 Summa Avenue, BATON ROUGE, LA, 70808	ANDREA FORD BERTHELOT	Phone: 2257677877 Email: AFord@HollyCourtAL.com Fax: 2257677807	License: 2203786904 State ID: AC0010378 Originally licensed: 2011-10-28 Effective: 2026-01-29 License issued: 2026-02-13 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 8585 SUMMA AVE, BATON ROUGE, LA, 70809
Magnolia Care Center Veterans Home - Level 1 16950 Florida Blvd., BATON ROUGE, LA, 70819	Mrs. Ethel Comeaux	Phone: 2252737274 Email: Magnoliacarecenter@gmail.com Fax: 2257237284	License: 14334 State ID: AC0010414 Originally licensed: 2009-06-25 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 16950 FLORDIA BLVD., BATON ROUGE, LA, 70819
Our House for Respite Inc. - Level 1 2967 Carmen Drive, x, LA, 70809	Verly Young-Polk	Phone: 2257760135 Email: hyoung@ohfrinc.net Fax: 2253863088	License: 2123 State ID: AC0010741 Originally licensed: 2012-06-01 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 2967 CARMEN DRIVE, BATON ROUGE, LA, 70809
Pines Retirement Center of Baton Rouge-Level 3 14686 Old Hammond Highway, BATON ROUGE, LA, 70816	TRAVIS CORSELL	Phone: 7277233000 Email: edpines@pinesbatonrouge.com Fax: 7277233076	License: 2203784818 State ID: AC0008316 Originally licensed: 2011-10-28 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 14686 OLD HAMMOND HIGHWAY, BATON ROUGE, LA, 70816
Shekinah Glory - Level 2 3613 Government Street, BATON ROUGE, LA, 70806	Mrs. Debra Eackles	Phone: 2252505260 Email: shekinah3613@gmail.com Fax: 2254445921	License: 14542 State ID: AC0008313 Originally licensed: 2009-07-15 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 3613 GOVERNMENT ST, BATON ROUGE, LA, 70806
Southside Gardens Assisted Living Center-Level 3 4536 Perkins Road, BATON ROUGE, LA, 70808	TARA LEE	Phone: 2259281600 Email: TARA.L@SOUTHSIDEGARDENS.COM Fax: 2259281616	License: 5683 State ID: AC0010318 Originally licensed: 1998-11-09 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 4536 PERKINS RD, BATON ROUGE, LA, 70808
St. James Place of Baton Rouge - Level 3 333 Lee Drive, BATON ROUGE, LA, 70808	Mike Champagne	Phone: 2252154566 Email: anelson@stjamesplace.org Fax: 2252154561	License: 4647 State ID: AC0008311 Originally licensed: 1997-07-15 Effective: 2025-08-01 License issued: 2025-07-23 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 333 LEE DRIVE, BATON ROUGE, LA, 70808
Sunrise Second Baton Rouge Assisted Living-Level 3	Michelle Scott	Phone: 2259329400 Email: BatonRouge.ED@sunriseseni	License: 13392 State ID: AC0010387 Originally licensed: 2006-09-13

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
8502 Jefferson Highway, BATON ROUGE, LA, 70809		orliving.com Fax: 2259329409	Effective: 2025-10-01 License issued: 2025-10-20 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 8502 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70809
The Claiborne at Baton Rouge, LLC - Level 3 9511 Creekview Drive, BATON ROUGE, LA, 70836	E.V. Wallace	Phone: 2254246714 Email: ewallace@theclaiborne.com Fax: 2254784624	License: 2203783426 State ID: AC0012085 Originally licensed: 2017-07-28 Effective: 2026-07-01 License issued: 2026-06-25 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 9511 CREEKVIEW DRIVE, BATON ROUGE, LA, 70836
The Claiborne at Shoe Creek, LLC - Level 3 11 Parkway Blvd, CENTRAL, LA, 70818	Megan Dahl	Phone: 2254389334 Email: mdahl@theclaiborne.com Fax: 2252675658	License: 2203784674 State ID: AC0012582 Originally licensed: 2020-08-06 Effective: 2026-05-01 License issued: 2026-03-11 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 11 PARKWAY BLVD, HATTIESBURG, MS, 39401
The Lodge at Lane 6170 Carpenter Road, ZACHARY, LA, 70791	Tamara Dayton	Phone: 2256584345 Email: kaley@hometownhc.com Fax: 2256584192	License: 2203785247 State ID: AC0012843 Originally licensed: 2022-03-11 Effective: 2026-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 6170 CARPENTER ROAD, ZACHARY, LA, 70791
The Pearl at Jamestown - Level 3 14443 Perkins Rd., BATON ROUGE, LA, 70810	Nichole Chauvin	Phone: 2255726360 Email: nichole.chauvin@phoenixsrliving.com Fax: 2255084633	License: 2203783718 State ID: AC0011801 Originally licensed: 2016-12-05 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 14443 PERKINS RD., BATON ROUGE, LA, 70810
Viva Senior Living at Oakwood 4400 McHugh Road, ZACHARY, LA, 70791	CHRISTY TURNER	Phone: 2256588888 Email: christy.turner@vivasl.com Fax: 2256588211	License: 2203786797 State ID: AC0010321 Originally licensed: 1999-04-28 Effective: 2025-09-15 License issued: 2025-11-06 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 4400 MCHUGH RD., ZACHARY, LA, 70791
Williamsburg Senior Living Community-Level 3 5445 Government Street, BATON ROUGE, LA, 70806	Tamika Rhinehart	Phone: 2259298917 Email: TAMIKA@WILLIAMSBURGBR.COM Fax: 2259283284	License: 7135 State ID: AC0010333 Originally licensed: 2001-05-14 Effective: 2026-06-01 License issued: 2026-04-13 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 5445 GOVERNMENT STREET, BATON ROUGE, LA, 70806
Women"""""""""s Community Rehabilitation Center(WCRC) 1979 Beaumont Dr., BATON ROUGE, LA, 70806	MS Kristi Bourgeois	Phone: 2253360000 Email: kbourgeois@upliftd.org Fax: 2253360522	License: 2203785571 State ID: AC0010296 Originally licensed: 2000-01-31 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 1979 BEAUMONT DR., BATON ROUGE, LA, 70806

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Our House for Respite-Level 1 58765 DELACROIX AVE., PLAQUEMINE, LA, 70764	Verly Y Polk	Phone: 2257760135 Email: hyoung@ohfrinc.net Fax: 2253863088	License: 14316 State ID: AC0008957 Originally licensed: 2009-01-14 Effective: 2025-09-01 License issued: 2025-09-02 Expires: 2026-08-31 Parish: IBERVILLE Mailing address: 58765 DELACROIX AVE., PLAQUEMINE, LA, 70764
Lacour House-Level 3 345 Major Parkway, NEW ROADS, LA, 70760	Annette Lacombe	Phone: 2256387050 Email: alacombe@lacourhouse.com Fax: 2256383650	License: 2203782343 State ID: AC0011377 Originally licensed: 2015-05-26 Effective: 2026-05-01 License issued: 2026-03-13 Expires: 2027-04-30 Parish: POINTE COUPEE Mailing address: 345 MAJOR PARKWAY, NEW ROADS, LA, 70760
West Towne, LLC 2104 W Towne Drive, PORT ALLEN, LA, 70767	Andrew Lacour	Phone: 2253496199 Email: alacour@lacourhealthcare.com Fax: 2252562069	License: 2203785548 State ID: AC0012851 Originally licensed: 2022-12-16 Effective: 2025-12-01 License issued: 2025-11-20 Expires: 2026-11-30 Parish: WEST BATON ROUGE Mailing address: 2104 W TOWNE DRIVE, PORT ALLEN, LA, 70767

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
ABC Case Management - Region 2 11606 Southfork, Suite 500, BATON ROUGE, LA, 70816	Michelle L Wall	Phone: 2252958190 Email: michelle.wall@abcsca.com Fax: 2252958192	License: 2203782922 State ID: CM0006532 Effective: 2025-10-01 License issued: 2025-07-16 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 1284, DENHAM SPRINGS, LA, 70727
Abundance of Life Case Management 9121 Interline Ave # 9B, BATON ROUGE, LA, 70809	Keoshia Jackson Green	Phone: 2253302059 Email: aolhealthcare@gmail.com Fax: 2256126725	License: 2203786898 State ID: CM0013541 Originally licensed: 2026-01-27 Effective: 2026-02-19 License issued: 2026-02-20 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 9422 OLD HERMITAGE PKWY, BATON ROUGE, LA, 70810
Baton Rouge Black Alcoholism Council 950 Lorri Burgess Avenue, BATON ROUGE, LA, 70802	Wendell James	Phone: 2253389333 Email: wjames71@hotmail.com Fax: 2253389962	License: 2203785640 State ID: CM0007895 Originally licensed: 2009-04-28 Effective: 2026-05-01 License issued: 2026-04-10 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 950 LORRI BURGESS AVE, BATON ROUGE, LA, 70802
Blossom Support Coordination, LLC 9800 Airline Hwy Suite 107, BATON ROUGE, LA, 70816	Tori Guillory	Phone: 2254097390 Email: admin@blossomsca.com Fax: 2252501514	License: 2203786033 State ID: CM0012781 Originally licensed: 2021-08-25 Effective: 2026-06-01 License issued: 2026-03-25 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 9800 AIRLINE HWY SUITE 107, BATON ROUGE, LA, 70816

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Cadence of Acadiana, Inc.-Region 2 3636 S Sherwood Forest Blvd, Ste 620, BATON ROUGE, LA, 70816	Erica Buchanan	Phone: 2259272400 Email: coa2@cadencela.org Fax: 2259270208	License: 2203785556 State ID: CM0006473 Originally licensed: 2003-02-17 Effective: 2026-01-01 License issued: 2025-11-03 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 64705, BATON ROUGE, LA, 70896
Coastal Care Services, Llc 3909 Plaza Tower Drive, BATON ROUGE, LA, 70816	Barry Gros, Jr.	Phone: 2252917710 Email: blgros1@hotmail.com Fax: 2252917711	License: 2203782110 State ID: CM0011296 Originally licensed: 2014-09-11 Effective: 2025-10-01 License issued: 2025-08-18 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 3909 PLAZA TOWER DRIVE, BATON ROUGE, LA, 70816
Community Resource Coordinators 4354 South Sherwood Forest, Ste. 240, BATON ROUGE, LA, 70816	Tracy Matherne	Phone: 2259350099 Email: tnmatherne@crcla.com Fax: 2259350098	License: 27052 State ID: CM0006480 Originally licensed: 2005-07-13 Effective: 2026-04-01 License issued: 2026-03-11 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 4354 SOUTH SHERWOOD FOREST, STE. 240, BATON ROUGE, LA, 70816
Connecting Conceptual Constructs, Inc. 12090 S. HARRELLS FERRY SUITE F, BATON ROUGE, LA, 70816	Rose Tademy	Phone: 2257718071 Email: chaucer.tademy@gmail.com Fax: 2257718072	License: 2203782693 State ID: CM0010692 Originally licensed: 2012-03-15 Effective: 2026-04-01 License issued: 2026-02-26 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 80294, BATON ROUGE, LA, 70898
Family Service of Greater Baton Rouge 4727 Revere Avenue, BATON ROUGE, LA, 70808	Rene' Taylor	Phone: 2259279810 Email: rtaylor@fsgbr.org Fax: 2259247157	License: 4201 State ID: CM0006524 Originally licensed: 2003-05-16 Effective: 2026-06-01 License issued: 2026-04-27 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 4727 REVERE AVENUE, BATON ROUGE, LA, 70808
KAA Support Coordinators 9800 Airline Hwy Suite 233, BATON ROUGE, LA, 70816	Whitney Smith	Phone: 2253649097 Email: whitney.curley28@gmail.com Fax: 4059373549	License: 2203786884 State ID: CM0013536 Originally licensed: 2026-01-20 Effective: 2026-01-20 License issued: 2026-01-21 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 16168 CREPEMYRTLE DR., BATON ROUGE, LA, 70817
Medical Resources and Guidance Inc., Region 2 5615 Corporate Boulevard Suite 400-C, BATON ROUGE, LA, 70808	Tammy & Leslie Fontenot	Phone: 2252480070 Email: medres@centurytel.net Fax: 2252480077	License: 27064 State ID: CM0007070 Originally licensed: 2006-10-30 Effective: 2026-02-01 License issued: 2025-12-15 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 221 N. THOMPSON ST., VILLE PLATTE, LA, 70586
Priority Care 2351 Energy Dr. Suite 1100, BATON ROUGE, LA, 70808	Chantel Crockett	Phone: 2254653080 Email: chantel@prioritycarebr.com Fax: 2254653706	License: 2203786149 State ID: CM0012656 Originally licensed: 2020-11-05 Effective: 2026-04-01 License issued: 2026-03-11 Expires: 2027-03-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST BATON ROUGE Mailing address: P.O.BOX 14624, BATON ROUGE, LA, 70898
Affinity Support Coordination 210 Gen Patton Ave, MANDEVILLE, LA, 70471	Evelyne Neel	Phone: 9852881695 Email: affinityasc@gmail.com Fax: 9852003021	License: 2203786866 State ID: CM0013408 Originally licensed: 2025-06-23 Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 917 RAPATEL, MANDEVILLE, LA, 70448

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
A Plus Personal Home Care, Inc. 306 East Railroad Street, GONZALES, LA, 70737	Julie Blouin	Phone: 8664330580 Email: aplus1@eatel.net Fax: 2256470581	License: 2203785166 State ID: HC0007156 Originally licensed: 2007-02-16 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: ASCENSION Mailing address: 306 EAST RAILROAD STREET, GONZALES, LA, 70737
A-Absolute Home Care PCA 3429 Highway 1 South, DONALDSONVILLE, LA, 70346	Troy Brown	Phone: 2252578140 Email: homecarepcallc@bellsouth.net Fax: 2252578138	License: 2203786256 State ID: HC0007201 Originally licensed: 2007-04-16 Effective: 2026-07-01 License issued: 2026-06-10 Expires: 2027-06-30 Parish: ASCENSION Mailing address: 3429 HIGHWAY 1 SOUTH, DONALDSONVILLE, LA, 70346
Angelic Personal Care Services 14046 Airline Highway Suite B, GONZALES, LA, 70737	TIFFANY V WILLIAMS	Phone: 2256442326 Email: angelicserv@eatel.net Fax: 2256474754	License: 15248 State ID: HC0006321 Originally licensed: 2002-06-12 Effective: 2026-05-01 License issued: 2026-03-05 Expires: 2027-04-30 Parish: ASCENSION Mailing address: 14046 AIRLINE HIGHWAY, SUITE B, GONZALES, LA, 70737
Blessing Hearts Private Duty Home Care, LLC 38058 LA Hwy. 621 Suite B, GONZALES, LA, 70737	Stephanie Slaughter	Phone: 6018140060 Email: nlt.blessinghearts@gmail.com Fax: 6018275108	License: 2203786982 State ID: HC0013564 Originally licensed: 2026-04-24 Effective: 2026-04-24 License issued: 2026-04-29 Expires: 2027-03-31 Parish: ASCENSION Mailing address: 105 NORTH CHERRY STREET, TYLERTOWN, MS, 39667
Donaldsonville Area Association For Retarded Citizens, Inc. 1030 Clay Street, DONALDSONVILLE, LA, 70346	MS. Marlene Domingue	Phone: 2254734516 Email: daarc@bellsouth.net Fax: 2254734517	License: 6675 State ID: HC0006675 Originally licensed: 2006-05-01 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: ASCENSION Mailing address: 1030 CLAY STREET, DONALDSONVILLE, LA, 70346
Enhance Health Care Services, LLC 1058 East Worthy Road, Suite B, GONZALES, LA, 70737	Erin Carter	Phone: 2254005092 Email: enhancehhc@gmail.com Fax: 2254503799	License: 2203783048 State ID: HC0006248 Originally licensed: 2001-06-11 Effective: 2026-02-01 License issued: 2026-02-02 Expires: 2027-01-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ASCENSION Mailing address: 1058 EAST WORTHY ROAD, SUITE B, GONZALES, LA, 70737
Medical Management Enterprises, Inc 305 WEST CORNERVIEW, GONZALES, LA, 70737	Rudolph Borg	Phone: 2254503025 Email: jlandrybt@eatel.net Fax: 2256446163	License: 2203781155 State ID: HC0010597 Originally licensed: 2011-09-09 Effective: 2025-09-01 License issued: 2025-08-26 Expires: 2026-08-31 Parish: ASCENSION Mailing address: P.O. BOX 819, GONZALES, LA, 70707
Nursing Solutions of LA, LLC 225 E Cornerview Street, GONZALES, LA, 70737	Keesha R Walker	Phone: 2256447613 Email: nursingsolutions@eatel.net Fax: 2256442338	License: 2203784719 State ID: HC0007633 Originally licensed: 2008-04-03 Effective: 2025-09-01 License issued: 2025-08-26 Expires: 2026-08-31 Parish: ASCENSION Mailing address: 225 E CORNERVIEW STREET, GONZALES, LA, 70737
The ARC of East Ascension 1122 S. East Ascension Complex Blvd., GONZALES, LA, 70737	RAVEN LABICHE	Phone: 8772673619 Email: Raven.LaBiche@thearcea.org Fax: 2256212022	License: 15365 State ID: HC0005921 Originally licensed: 1991-08-13 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: ASCENSION Mailing address: 1122 S. EAST ASCENSION COMPLEX BLVD., GONZALES, LA, 70737
1st Home Health Kare 11440 LAKE SHERWOOD AVENUE N., SUITE F, BATON ROUGE, LA, 70816	Bilshanda Martin	Phone: 2252488028 Email: 1hhkinfo@gmail.com Fax: 2252488027	License: 2203785987 State ID: HC0007333 Originally licensed: 2007-08-23 Effective: 2025-11-01 License issued: 2025-10-10 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 11440 LAKE SHERWOOD AVENUE N, SUITE F, BATON ROUGE, LA, 70816
4 Ever Caring, LLC 132 McGehee Drive, BATON ROUGE, LA, 70815	Stephanie Barnes	Phone: 2259271400 Email: 4evercaring@att.net Fax: 2259271411	License: 2203784310 State ID: HC0007874 Originally licensed: 2009-01-15 Effective: 2026-06-01 License issued: 2026-04-01 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 132 MCGEHEE DRIVE, BATON ROUGE, LA, 70815
A First Name Basis Home Care 13702 Coursey Blvd., Bldg 4 Suite B, BATON ROUGE, LA, 70816	Paige A Bowlin	Phone: 2257531515 Email: admin@afirstnamebasis.com Fax: 2257531550	License: 2203786550 State ID: HC0005120 Originally licensed: 2003-11-03 Effective: 2026-04-01 License issued: 2026-02-20 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596 Already listed elsewhere in this region; license details supplied here
A First Name Basis Home Care 3888 S Sherwood Forest Blvd, Building VI, Suite S, BATON ROUGE, LA, 70816	Tina Smith	Phone: 2258104556 Email: admin@afirstnamebasis.com Fax: 2259285917	License: 2203786675 State ID: HC0011069 Originally licensed: 2013-01-15 Effective: 2026-07-01 License issued: 2026-05-06 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
A Step Forward 14918 Jefferson Highway, BATON ROUGE, LA, 70817	MR. Charles Barney	Phone: 2257533636 Email: asfi@bellsouth.net Fax: 2257518872	License: 2203785981 State ID: HC0006423 Originally licensed: 2003-01-07 Effective: 2025-12-01 License issued: 2025-12-01 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 14918 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70817
A.C.P. Vocational Services L.L.C. 830 Main St., Suite B, BAKER, LA, 70714	MS. Carolyn J Clark	Phone: 2253896224 Email: acpvocational@gmail.com Fax: 2253896499	License: 2203784356 State ID: HC0008109 Originally licensed: 2009-10-09 Effective: 2026-05-31 License issued: 2026-06-25 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 4727 MILLWOOD SUITE-B, BATON ROUGE, LA, 70817
Abby Home Care, LLC 9121 Interline Avenue Suite 5A, BATON ROUGE, LA, 70809	Brittany Sylve	Phone: 2252560367 Email: admin@abbyhomecare.com Fax: 2252560736	License: 2203786272 State ID: HC0007632 Originally licensed: 2008-07-22 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 9121 INTERLINE AVENUE SUITE 5A, BATON ROUGE, LA, 70809
Ace Personal Healthcare Services 6859 Goya Ave, BATON ROUGE, LA, 70806	Angela Jenkins	Phone: 2259229400 Email: evelynfilipinas@yahoo.com Fax: 2259229401	License: 2203785781 State ID: HC0007624 Originally licensed: 2008-05-07 Effective: 2026-07-01 License issued: 2026-05-15 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 6859 GOYA AVE, BATON ROUGE, LA, 70806
Advanced Personal Care Options, LLC 936 N Bon Marche Drive, BATON ROUGE, LA, 70806	Angela T Brandon	Phone: 2259271830 Email: atbent@glacoxmail.com Fax: 2259271831	License: 2203785769 State ID: HC0007519 Originally licensed: 2007-12-20 Effective: 2026-06-01 License issued: 2026-05-04 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 936 N BON MARCHE DRIVE, BATON ROUGE, LA, 70806
Affiliated Heart2Heart Homecare Services, INC. 656 Lobdell Ave., BATON ROUGE, LA, 70806	Wanjuri Williams	Phone: 2257526262 Email: aheart2hearthc@yahoo.com Fax: 2257526221	License: 2203785084 State ID: HC0007949 Originally licensed: 2009-01-29 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 12553 SOUTH HARRELL'S FERRY ROAD, BATON ROUGE, LA, 70816
Ageless Healthcare 3910 Convention Street, BATON ROUGE, LA, 70806	Dominica Scott	Phone: 2252348888 Email: agelesscare@bellsouth.net Fax: 2258313099	License: 2203786047 State ID: HC0005811 Originally licensed: 2005-07-14 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 1353 SURREY ST., LAFAYETTE, LA, 70501
All Kare Alternative, Inc. 3974 Convention Street, BATON ROUGE, LA, 70806	Thelma K Jones	Phone: 2253837793 Email: allkare@bellsouth.net Fax: 2253834589	License: 12601 State ID: HC0005781 Originally licensed: 2005-10-01 Effective: 2026-08-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-06-23 Expires: 2027-07-31 Parish: EAST BATON ROUGE Mailing address: 250 SOUTH ENGLEWOOD DRIVE, BATON ROUGE, LA, 70810
Alpha Medical Home Care, Inc 3009 Monterrey Drive, Suite B, BATON ROUGE, LA, 70814	Gregory Stevens	Phone: 2259253412 Email: Alphamedicalco@gmail.com Fax: 2259253413	License: 15396 State ID: HC0008990 Originally licensed: 2010-06-22 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 3009 MONTERREY DRIVE SUITE B, BATON ROUGE, LA, 70814
Always Best Care 10455 Jefferson Hwy, Suite 110, BATON ROUGE, LA, 70809	SHANNON MCCLENDON	Phone: 2257718605 Email: smcclendon@abc-seniors.com Fax: 2257718631	License: 2203785331 State ID: HC0005764 Originally licensed: 2010-12-14 Effective: 2026-05-01 License issued: 2026-04-16 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 10455 JEFFERSON HWY, SUITE 110, BATON ROUGE, LA, 70809 Already listed elsewhere in this region; license details supplied here
Angels on Assignment Healthcare Services, LLC 8676 Goodwood Blvd Ste 108, BATON ROUGE, LA, 70806	CASSANDRA MATTHEWS	Phone: 8552547300 Email: aoahcs@bellsouth.net Fax: 2259295728	License: 15372 State ID: HC0007537 Originally licensed: 2008-04-01 Effective: 2026-05-01 License issued: 2026-03-23 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 8676 GOODWOOD BLVD. SUITE 108, BATON ROUGE, LA, 70806
Anointed Health Care Services, LLC 8786 Goodwood Blvd., Suite 108, BATON ROUGE, LA, 70806	Aundria Lemay	Phone: 2252468400 Email: alemayahcsbr@yahoo.com Fax: 2252468438	License: 2203784624 State ID: HC0008037 Originally licensed: 2009-06-05 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 8786 GOODWOOD BLVD.,SUITE 108, BATON ROUGE, LA, 70806
Assisted Hands, LLC 11715 Bricksome Avenue Suite B6, BATON ROUGE, LA, 70816	Lisa H Brown	Phone: 2252932905 Email: assistedhands@ymail.com Fax: 2252915456	License: 2203786641 State ID: HC0007475 Originally licensed: 2007-11-19 Effective: 2025-07-01 License issued: 2025-07-16 Expires: 2026-06-30 Parish: EAST BATON ROUGE Mailing address: 11715 BRICKSOME AVE SUITE B6, BATON ROUGE, LA, 70816
At Home Care of Louisiana 11410 Lake Sherwood Avenue North, Suite B, BATON ROUGE, LA, 70816	Dawna Bailey	Phone: 2252567804 Email: brandon@homecarelouisiana.com Fax: 2255293804	License: 2203786383 State ID: HC0012646 Originally licensed: 2020-08-03 Effective: 2025-08-01 License issued: 2025-07-07 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 11410 LAKE SHERWOOD AVENUE NORTH, SUITE B, BATON ROUGE, LA, 70816
Audubon Healthcare Services Inc 3050 Teddy Drive, Suite B, BATON ROUGE, LA, 70809	Ray Banker	Phone: 2254561382 Email: dtroxclair@audubonhomehealth.com Fax: 2252371170	License: 2203785965 State ID: HC0012629 Originally licensed: 2020-06-10 Effective: 2025-12-01 License issued: 2025-10-23

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 3050 TEDDY DRIVE, SUITE B, BATON ROUGE, LA, 70809
Autumn Lake LLC 5516 Superior Drive, Suite A, BATON ROUGE, LA, 70816	Takiyah L Parquet	Phone: 2252462740 Email: criley@autumnlakellc.com Fax: 2253674687	License: 2203785819 State ID: HC0005752 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-05-14 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 5516 SUPERIOR DRIVE, SUITE A, BATON ROUGE, LA, 70816
Bethesda Adult Day Care, LLC 1801 Wooddale Ct., BATON ROUGE, LA, 70806	Shelia Sonnier	Phone: 2252565491 Email: mallardsharon@ymail.com Fax: 2252560156	License: 2203785441 State ID: HC0011060 Originally licensed: 2012-12-21 Effective: 2026-02-01 License issued: 2026-02-03 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 1802 WOODDALE CT., BATON ROUGE, LA, 70806
Beyond Measures Healthcare,LLC 1415 Delplaza Drive Suite B, BATON ROUGE, LA, 70815	Markethia Clark	Phone: 8888570724 Email: beyondmeasures2019@gmail.com Fax: 2252561693	License: 2203786196 State ID: HC0007753 Originally licensed: 2008-12-09 Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1415 DELPLAZA DRIVE SUITE B, BATON ROUGE, LA, 70815
Bihary Vocational Center 20337 MacHost Road, ZACHARY, LA, 70791	Nicole Harrison	Phone: 2256547755 Email: nharrison@lafayettelarc.org Fax: 2255708157	License: 2203785270 State ID: HC0011197 Originally licensed: 2014-01-21 Effective: 2026-03-01 License issued: 2026-01-16 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
BrightCare HomeCare of Baton Rouge 4100 S. Sherwood Forest Blvd., Suite 201, BATON ROUGE, LA, 70816	Shundreca Bridges	Phone: 2259606677 Email: jamiearton@brightcarehomecare.com Fax: 9852289027	License: 2203786634 State ID: HC0013396 Originally licensed: 2025-03-31 Effective: 2026-07-01 License issued: 2026-05-14 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 4100 S. SHERWOOD FOREST BLVD., SUITE 201, BATON ROUGE, LA, 70816
Brightside Day Habilitation, Inc. 12022 Plank Road, BATON ROUGE, LA, 70811	EARL JOHNSON, JR	Phone: 2256157018 Email: brightsidedayhab@yahoo.com Fax: 2256157492	License: 2203785764 State ID: HC0011192 Originally licensed: 2013-12-19 Effective: 2026-08-01 License issued: 2026-06-30 Expires: 2027-07-31 Parish: EAST BATON ROUGE Mailing address: 12022 PLANK ROAD, BATON ROUGE, LA, 70811
Capital Regions Care, Inc. 11017 Perkins Road, Suite B, BATON ROUGE, LA, 70810	Joycelyn Landrum-Johnson	Phone: 2254445611 Email: capitalregionscare@gmail.com Fax: 2254445788	License: 2203785085 State ID: HC0012723 Originally licensed: 2021-02-25 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 11017 PERKINS ROAD, SUITE B, BATON ROUGE, LA, 70810
Care One Health, LLC 9800 Airline Hwy Suite	Tonya Seals	Phone: 2259232090 Email:	License: 2203784005 State ID: HC0007010

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
111, BATON ROUGE, LA, 70816		careonehealth@yahoo.com Fax: 2252841004	Originally licensed: 2006-09-21 Effective: 2026-07-01 License issued: 2026-05-16 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: P O BOX 90, BAKER, LA, 70704
Caregiver Homes of Louisiana, Inc. D/B/A Careforth 7884 Office Park Blvd. Suite 120, BATON ROUGE, LA, 70809	Tiagra Richard	Phone: 5044471476 Email: trichard@careforth.com Fax: 2253418388	License: 2203782304 State ID: HC0011364 Originally licensed: 2015-03-06 Effective: 2026-03-01 License issued: 2026-01-16 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 5975 CASTLE CREEK PKWY NORTH, SUITE 425, INDIANAPOLIS, IN, 46250
Chambers Supports & Network 1415 Delplaza Drive Suite A, BATON ROUGE, LA, 70815	Darlecia Chambers	Phone: 8667392629 Email: dchambers@chambersqualityhomecare.com Fax: 2252567157	License: 2203785957 State ID: HC0012682 Originally licensed: 2020-12-08 Effective: 2026-01-12 License issued: 2026-01-20 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: P.0. BOX 41256, BATON ROUGE, LA, 70835
Charlie"s Place-Alzheimer"s Services of the Capital Area 3772 North Boulevard, BATON ROUGE, LA, 70806	Harriet Walters	Phone: 2252364616 Email: serve2@alzbr.org Fax: 2253873664	License: 13057 State ID: HC0008102 Originally licensed: 2010-04-20 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 3772 NORTH BOULEVARD, BATON ROUGE, LA, 70806
Comfort Keepers 4626 Jamestown Avenue, Suite 4, BATON ROUGE, LA, 70808	Amber Duhon	Phone: 2259251303 Email: amberduhon@comfortkeepers.com Fax: 2259251603	License: 2203786415 State ID: HC0005806 Originally licensed: 2004-06-17 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 4626 JAMESTOWN AVE STE 3, BATON ROUGE, LA, 70808
Community Care Living, LLC 11924 Justice Avenue, BATON ROUGE, LA, 70816	Charlotta Moore	Phone: 2252560412 Email: charlottamoore@ymail.com Fax: 2252560908	License: 2203787054 State ID: HC0013515 Originally licensed: 2026-02-24 Effective: 2026-04-30 License issued: 2026-05-08 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 11924 JUSTICE AVENUE, BATON ROUGE, LA, 70816
Community Connection Programs, Inc. 2035 Wooddale Blvd. Suite D, BATON ROUGE, LA, 70806	JILL GRAY	Phone: 2259258600 Email: tarmstrong@ccprograms.org Fax: 2259258601	License: 10560 State ID: HC0006960 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 1332 ORETHA CASTLE HALEY BLVD, NEW ORLEANS, LA, 70113
Compassionate Healthcare Services, LLC 5145 Main Street, Suite B, ZACHARY, LA, 70791	Yolanda Grisby	Phone: 2256541166 Email: robinsonchcs2012@att.net Fax: 2256541112	License: 2203781188 State ID: HC0011055 Originally licensed: 2012-10-25 Effective: 2025-11-01 License issued: 2025-10-09 Expires: 2026-10-31 Parish: EAST BATON ROUGE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P O BOX 1152, ZACHARY, LA, 70791
Comprehensive Independent Goals, Inc. 2138 Wooddale Boulevard Suite 1-A, BATON ROUGE, LA, 70806	MS. Celia A McGowan	Phone: 2259265190 Email: compindgoals@bellsouth.net Fax: 2259266964	License: 9449 State ID: HC0006374 Originally licensed: 2002-11-06 Effective: 2025-12-01 License issued: 2025-10-20 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 66037, BATON ROUGE, LA, 70896
DDMS of Louisiana No. 2, LLC 214 Ocean Drive, BATON ROUGE, LA, 70806	Aurora Jones	Phone: 8559301615 Email: jennifer.vath@rescare.com Fax: 2252724806	License: 2203787075 State ID: HC0012817 Originally licensed: 2021-12-30 Effective: 2026-03-30 License issued: 2026-06-10 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 N CAUSEWAY BLVD, STE 1C, MANDEVILLE, LA, 70448
DDMS of Louisiana, No. 2 4607 Sherwood Commons, BATON ROUGE, LA, 70816	Shanicka Drake	Phone: 2257672344 Email: shanicka.drake@sevitahealth.com Fax: 2257678068	License: 2203784113 State ID: HC0005971 Originally licensed: 1994-07-01 Effective: 2025-10-01 License issued: 2025-10-03 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 2645 O'NEAL LANE BUILDING A, SUITE A, BATON ROUGE, LA, 70810
Diversity Health Services, LLC 2035 Wooddale Blvd,Suite E, BATON ROUGE, LA, 70806	Carolyn Dalton	Phone: 2253027729 Email: diversityhealth02@att.net Fax: 2253304758	License: 15424 State ID: HC0007636 Originally licensed: 2008-04-18 Effective: 2025-10-01 License issued: 2025-08-07 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 2035 WOODDALE BLVD,SUITE E, BATON ROUGE, LA, 70806
FCPA, LLC 12021 Bricksome Ave, BATON ROUGE, LA, 70816	MS. Connie Harvey	Phone: 2252911164 Email: cmharvey01@familycarepca.com Fax: 2252911165	License: 2203786655 State ID: HC0007284 Originally licensed: 2007-06-29 Effective: 2025-08-01 License issued: 2025-07-28 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 12021 BRICKSOME AVE, BATON ROUGE, LA, 70816
Faithful Care Services, LLC 1762 Dallas Drive, BATON ROUGE, LA, 70806	Kathleen Wilson	Phone: 2259243003 Email: faithfulcareservices@yahoo.com Fax: 2259238236	License: 2203781157 State ID: HC0011001 Originally licensed: 2012-06-22 Effective: 2026-07-01 License issued: 2026-07-01 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 1762 DALLAS DRIVE, BATON ROUGE, LA, 70806
Foundation Industries, Inc. 9995 Main Street, ZACHARY, LA, 70791	Jim Lambert-Oswald	Phone: 2256546283 Email: foundationindustries@gmail.com Fax: 2256543988	License: 10585 State ID: HC0006821 Originally licensed: 2005-10-01 Effective: 2025-09-01 License issued: 2025-08-07 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 9995 MAIN STREET, ZACHARY, LA, 70791
God"s Hands Providers LLC 3402 Baker Boulevard	Latosha Rucker	Phone: 2257750777 Email: gods_hands@att.net Fax: 2257750771	License: 15215 State ID: HC0007934 Originally licensed: 2009-04-07

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Suite A2, BAKER, LA, 70714			Effective: 2026-05-01 License issued: 2026-04-09 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 3402 BAKER BOULEVARD SUITE A2, BAKER, LA, 70714
Greater Fellowship, LLC 11750 South Harrells Ferry Rd,Ste B, BATON ROUGE, LA, 70816	Keisha Daisy	Phone: 2252929628 Email: greateroutreach@bellsouth.net Fax: 2252929623	License: 15428 State ID: HC0006198 Originally licensed: 2000-09-05 Effective: 2025-10-01 License issued: 2025-07-25 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 11750 SOUTH HARRELLS FERRY RD, STE B, BATON ROUGE, LA, 70816
Griswold Home Care 4637 Jamestown Ave. Suite D, BATON ROUGE, LA, 70808	John H Dale	Phone: 2253289898 Email: j.hunter.dale@gmail.com Fax: 2253728615	License: 2203785029 State ID: HC0012783 Originally licensed: 2021-08-04 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 4637 JAMESTOWN AVE. SUITE D, BATON ROUGE, LA, 70808 Already listed elsewhere in this region; license details supplied here
Guardian Angels Independent Living Services, Inc. 3009 Monterrey Blvd., Suite A, BATON ROUGE, LA, 70814	Janet Ross	Phone: 2259224466 Email: janetbuggage@yahoo.com Fax: 2259224420	License: 14090 State ID: HC0007228 Originally licensed: 2007-08-20 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 3009 MONTERREY BLVD., SUITE A, BATON ROUGE, LA, 70814
Gulf Coast Social Services 5850 Florida Boulevard, BATON ROUGE, LA, 70806	Alvarez Hertzock	Phone: 2252010696 Email: Alvarez_Hertzock@gcssla.org Fax: 2252011792	License: 15484 State ID: HC0006115 Originally licensed: 1999-01-27 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 5850 FLORIDA BOULEVARD, BATON ROUGE, LA, 70806
Havens Gateway Personal Care Facility 952 O'Neal Lane Suite B, BATON ROUGE, LA, 70816	Darrell K Jackson, Jr.	Phone: 2253434740 Email: D642118@aol.com Fax: 2253434742	License: 2203784196 State ID: HC0006770 Originally licensed: 2006-03-10 Effective: 2026-01-01 License issued: 2026-02-18 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 952 ONEAL LANE SUITE B, BATON ROUGE, LA, 70816
Health Source One Private Duty & Staffing(Private Pay) 11750 Bricksome Ave. Ste. A, BATON ROUGE, LA, 70816	MS. Amir Saleem	Phone: 2252937590 Email: vsaleemhsone@bellsouth.net Fax: 2252937592	License: 2203781029 State ID: HC0006897 Originally licensed: 2006-07-17 Effective: 2026-01-01 License issued: 2025-11-13 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 11750 BRICKSOME AVE. STE. A, BATON ROUGE, LA, 70816
Heavenly Haven Care Services, Inc 4824 East Brookstown Drive, BATON ROUGE, LA, 70805	Rosalind Johnson	Phone: 2253577206 Email: heavenly1haen@gmail.com Fax: 2253576424	License: 7258 State ID: HC0006152 Originally licensed: 2005-10-01 Effective: 2026-06-01 License issued: 2026-06-12

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-08-30 Parish: EAST BATON ROUGE Mailing address: 4824 EAST BROOKSTOWN DRIVE, BATON ROUGE, LA, 70805
Holistic Health Care Services, Inc. 4021 W. E. Heck Court Building J, BATON ROUGE, LA, 70816	Poushawer J Radford	Phone: 2259227744 Email: officehhcs@gmail.com Fax: 2259645979	License: 2203786762 State ID: HC0005831 Originally licensed: 2004-07-16 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 4021 W. E. HECK COURT BUILDING J, BATON ROUGE, LA, 70816
Home Instead 5055 South Sherwood Forest Blvd., BATON ROUGE, LA, 70816	Matt Cohn	Phone: 2258198338 Email: mcohn@homeinsteadla.net Fax: 2258198340	License: 2203782063 State ID: HC0006775 Originally licensed: 2006-03-13 Effective: 2026-08-01 License issued: 2026-06-10 Expires: 2027-07-31 Parish: EAST BATON ROUGE Mailing address: 5055 SOUTH SHERWOOD FOREST BLVD., BATON ROUGE, LA, 70816
Hometown Senior Care, LLC 9121 Interline Ave., Ste. 10A, BATON ROUGE, LA, 70809	James Warren	Phone: 2252184389 Email: seniorcarehometown@gmail.com Fax: 2252186388	License: 2203782413 State ID: HC0005386 Originally licensed: 2004-08-10 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 9121 INTERLINE AVE., STE. 10A, BATON ROUGE, LA, 70809
Horizon Management, LLC. 5246 Evangeline Street, BATON ROUGE, LA, 70805	Taylour Shepherd	Phone: 2259286887 Email: tayloursheperd@yahoo.com Fax: 2259286851	License: 2203784852 State ID: HC0007159 Originally licensed: 2007-02-23 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 5246 EVANGELINE STREET, BATON ROUGE, LA, 70805
Independent Living, Inc 474 North Foster Drive, BATON ROUGE, LA, 70806	Ms. Jacquelyn Blaney	Phone: 8663431197 Email: ili@ili.brcoxmail.com Fax: 2259247715	License: 4173 State ID: HC0006013 Originally licensed: 1992-01-16 Effective: 2026-01-01 License issued: 2025-11-18 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 474 NORTH FOSTER DRIVE, BATON ROUGE, LA, 70806
Island Home Care, LLC 11015 Perkins Road, Suite B, BATON ROUGE, LA, 70810	Doriell D Hayes	Phone: 2256051300 Email: rebecca@islandpca.com Fax: 2253518828	License: 2203786625 State ID: HC0008485 Originally licensed: 2010-05-17 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 11015 PERKINS RD. SUITE B, BATON ROUGE, LA, 70810
Joy PCA Services 138 McGhee Drive, BATON ROUGE, LA, 70815	Chasstidy Landry	Phone: 2257787961 Email: joypcaservices@gmail.com Fax: 2257787963	License: 2203784304 State ID: HC0007215 Originally licensed: 2007-04-23 Effective: 2026-06-01 License issued: 2026-05-06 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 138 MCGHEE DRIVE, BATON ROUGE, LA, 70815

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
LBH Unlimited Resources, Inc. 4822 Waywood Drive, ZACHARY, LA, 70791	Glenda L Dorsey	Phone: 2256584932 Email: gdorsey@lbhlur.com Fax: 2256584928	License: 2203784838 State ID: HC0006310 Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 4822 WAYWOOD DRIVE, ZACHARY, LA, 70791
Leading Home Care 4740 Bluebonnet Blvd, Suite A, BATON ROUGE, LA, 70809	TYSHA JOHNSON-SHARPER	Phone: 2259300213 Email: info@lhcla.com Fax: 2259300233	License: 2203782926 State ID: HC0005626 Originally licensed: 2004-08-19 Effective: 2026-08-01 License issued: 2026-07-01 Expires: 2027-07-31 Parish: EAST BATON ROUGE Mailing address: 206 LA RUE FRANCE, LAFAYETTE, LA, 70508
Louisiana Health And Rehabilitation Options, Inc. 2121 Wooddale Blvd, Suite A, BATON ROUGE, LA, 70806	Kiera J Holliday	Phone: 2252312490 Email: tmblakes@lahealthandrehab.org Fax: 2252312775	License: 2203781025 State ID: HC0007379 Originally licensed: 2002-01-17 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2121 WOODDALE BLVD., SUITE A, BATON ROUGE, LA, 70806
Louisiana Human Care Connection Inc. 13128 Plank Road, BAKER, LA, 70714	Deshannon Quiett-Wilmer	Phone: 2257782477 Email: lahcc3@yahoo.com Fax: 2257743388	License: 2203782446 State ID: HC0005358 Originally licensed: 2004-08-20 Effective: 2025-09-01 License issued: 2025-08-07 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 13128 PLANK ROAD, BAKER, LA, 70714
MTS, LLC 9131 Interline Avenue, Ste. 2-A, BATON ROUGE, LA, 70809	Cassandra Davis	Phone: 8553896844 Email: mtsllc11@yahoo.com Fax: 2254009674	License: 2203781046 State ID: HC0007530 Originally licensed: 2008-02-21 Effective: 2026-03-01 License issued: 2026-01-06 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 9131 INTERLINE AVENUE, STE. 2-A, BATON ROUGE, LA, 70809
Marichal Solutions Group 301 Main Street Suite 2222-2223, BATON ROUGE, LA, 70801	Catheryn Jenkins	Phone: 8669409468 Email: jamal@marichalsolutions.com Fax: 5043240403	License: 2203786467 State ID: HC0013369 Originally licensed: 2025-02-11 Effective: 2026-02-01 License issued: 2026-02-03 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 301 MAIN STREET SUITE 2222-2223, BATON ROUGE, LA, 70801
Maxima Skill Center 1913 North Street, BATON ROUGE, LA, 70802	MICHAEL BRYANT	Phone: 2253430930 Email: ctemple@harmonycenter.org Fax: 2253430939	License: 2203787071 State ID: HC0005885 Originally licensed: 1986-10-09 Effective: 2026-06-01 License issued: 2026-06-04 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD., BATON ROUGE, LA, 70802
Moore Care, LLC 11015 Perkins Rd. Suite A, BATON ROUGE, LA, 70810	Chris Rinaudo	Phone: 2256101060 Email: rebecca@wecaremoore.com Fax: 2253518828	License: 2203785903 State ID: HC0007790 Originally licensed: 2008-11-25 Effective: 2025-10-01 License issued: 2025-08-26 Expires: 2026-09-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST BATON ROUGE Mailing address: 11015 PERKINS RD. SUITE A, BATON ROUGE, LA, 70810
Natural Embraces Adult Day Care 6951 Van Gogh Avenue, BATON ROUGE, LA, 70806	Jeannette E Smith	Phone: 2259261945 Email: naturalembraces@yahoo.com Fax: 2259261946	License: 011111 State ID: HC0010537 Originally licensed: 2011-02-21 Effective: 2026-03-01 License issued: 2026-02-04 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 6951 VAN GOGH AVENUE, BATON ROUGE, LA, 70806
New Angelic Friends, LLC 9410 Lindale Ave., Suite C, BATON ROUGE, LA, 70815	Kim J Scott	Phone: 2259271607 Email: angelicfriends@att.net Fax: 2259271608	License: 15438 State ID: HC0008309 Originally licensed: 2010-03-26 Effective: 2025-11-01 License issued: 2025-09-18 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 9410 LINDALE AVE., SUITE C, BATON ROUGE, LA, 70815
Nursing PRN 8755 Sullivan Road, Suite 2-D, BATON ROUGE, LA, 70818	Jennifer Starns	Phone: 2252730051 Email: jhstarns@aol.com Fax: 2252730510	License: 2203781026 State ID: HC0006256 Originally licensed: 2001-07-16 Effective: 2025-11-01 License issued: 2025-10-20 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 8755 SULLIVAN ROAD, SUITE 2-D, BATON ROUGE, LA, 70818
Omni House, Inc. 7340 Plank Road, BATON ROUGE, LA, 70811	CHAVELLA JACKSON	Phone: 2253561710 Email: omnihouse@brcoxmail.com Fax: 2253818094	License: 2203784000 State ID: HC0006558 Originally licensed: 2000-06-14 Effective: 2026-07-01 License issued: 2026-06-11 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 7340 PLANK ROAD, BATON ROUGE, LA, 70811
One Life Health Care, LLC 10500 Greenwell Rd Suite A, BATON ROUGE, LA, 70814	Melissa Williams	Phone: 2259602180 Email: onelifehealthcarebr@yahoo.com Fax: 2259602182	License: 2203784926 State ID: HC0006363 Originally licensed: 2005-10-01 Effective: 2026-05-01 License issued: 2026-03-31 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 10500 GREENWELL RD SUITE A, BATON ROUGE, LA, 70814
Our Grace, LLC 4021 W. E. Heck Court Building L-1, BATON ROUGE, LA, 70816	Jamesia D Williams	Phone: 2252395701 Email: ourgracellc@gmail.com Fax: 2252395717	License: 2203785863 State ID: HC0007238 Originally licensed: 2007-06-05 Effective: 2026-07-01 License issued: 2026-06-11 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 4021 W. E. HECK COURT BUILDING L-1, BATON ROUGE, LA, 70816
P & L Medical Services, Inc. 1112 N. Carrollton Ave., BATON ROUGE, LA, 70806	Jeffery LaCour	Phone: 2252188998 Email: plmedicalbr@gmail.com Fax: 2252188881	License: 10833 State ID: HC0005189 Originally licensed: 2005-10-01 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 1112 N. CARROLLTON AVE., BATON ROUGE, LA, 70806
PACE Baton Rouge HCBS 7436 Bishop Ott Drive,	Deana McClain	Phone: 2254900604 Email: deana.mcclain@fmolhs.org Fax: 2254900354	License: 2203785553 State ID: HC0012943 Originally licensed: 2022-12-16 Effective: 2025-12-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BATON ROUGE, LA, 70806			License issued: 2025-12-01 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 7436 BISHOP OTT DRIVE, BATON ROUGE, LA, 70806
Pinnacle Personal Care 5627 S. Sherwood Forest Blvd Ste B, BATON ROUGE, LA, 70816	Tammy Billeaudeaux	Phone: 2252152273 Email: ktullier@pinnaclehh.com Fax: 2252141614	License: 2203783553 State ID: HC0008092 Originally licensed: 2009-06-10 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 5627 S. SHERWOOD FOREST BLVD STE B, BATON ROUGE, LA, 70816
Precision Caregivers 11960 Bricksome Ave. Suite A, BATON ROUGE, LA, 70816	Shequitta Albert	Phone: 2257564494 Email: precisioncaregivers@gmail.com Fax: 2257564495	License: 2203784181 State ID: HC0008010 Originally licensed: 2009-08-26 Effective: 2025-12-01 License issued: 2025-12-01 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 77055, BATON ROUGE, LA, 70879
Priority Home Care, LLC 2060 Church Street, Suite D, ZACHARY, LA, 70791	Michelle Barber	Phone: 8335774252 Email: priorityhomecarela@gmail.com	License: 2203786676 State ID: HC0013459 Originally licensed: 2025-08-07 Effective: 2025-08-07 License issued: 2025-08-14 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 2060 CHURCH STREET, SUITE D, ZACHARY, LA, 70791
Sharing And Caring Inc. 2195 Dallas Dr, BATON ROUGE, LA, 70806	Lakisha Harris	Phone: 2259247348 Email: lakishaharris00@yahoo.com Fax: 2259243409	License: 2203785312 State ID: HC0005739 Originally licensed: 2005-05-17 Effective: 2026-02-01 License issued: 2026-01-27 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 2195 DALLAS DR, BATON ROUGE, LA, 70806
South Regional Personal Care Services, LLC 2933 Brakley Dr. Suite B, BATON ROUGE, LA, 70816	SHANNAH D HICKERSON	Phone: 2253671646 Email: southregionalpersonalcare@gmail.com Fax: 2254565094	License: 2203786342 State ID: HC0007954 Originally licensed: 2009-05-12 Effective: 2025-09-01 License issued: 2025-08-06 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 2933 BRAKLEY DR. SUITE B, BATON ROUGE, LA, 70816
Special Needs Unlimited, LLC 4727 Millwood Drive, Suite B, BATON ROUGE, LA, 70817	Patra Showers-Rankins	Phone: 2259255003 Email: dosnu@specialneedsunlimited.com Fax: 2252431063	License: 2203781170 State ID: HC0005310 Originally licensed: 2005-10-01 Effective: 2026-03-01 License issued: 2026-03-03 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 4727 MILLWOOD DRIVE, SUITE B, BATON ROUGE, LA, 70817
St. James Place Caring Companions 333 Lee Drive Suite A, BATON ROUGE, LA, 70808	Lana A Bickham	Phone: 2257675111 Email: lbickham@stjamesplace.org Fax: 2252154655	License: 2203782316 State ID: HC0006844 Originally licensed: 2006-05-17 Effective: 2026-04-01 License issued: 2026-03-26 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 333 LEE DRIVE SUITE A, BATON ROUGE, LA, 70808

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
St. John The Baptist Human Services, Inc. 622 Shadows Lane Suite A, BATON ROUGE, LA, 70806	Carolyn Mills	Phone: 8666071199 Email: carolynmills1@gmail.com Fax: 2252161194	License: 8037 State ID: HC0006208 Originally licensed: 2000-09-08 Effective: 2025-10-01 License issued: 2025-08-22 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 622 SHADOWS LANE SUITE A, BATON ROUGE, LA, 70806
State Home Care, Inc. 9422 Common Street Suite 3, BATON ROUGE, LA, 70809	Ashley Emanuel	Phone: 2259279109 Email: statehome23@coxbusiness.net Fax: 2259258001	License: 2203781955 State ID: HC0007202 Originally licensed: 2007-06-01 Effective: 2026-02-01 License issued: 2025-12-05 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: P. O. BOX 15446, BATON ROUGE, LA, 70895
Sunset Personal Care, Inc 3636 S. Sherwood Forest Blvd., Suite 410, BATON ROUGE, LA, 70816	CHONTA NEALOUS	Phone: 2252931393 Email: marilyn1518@att.net Fax: 2252931394	License: 2203785730 State ID: HC0007251 Originally licensed: 2007-05-31 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 3636 S. SHERWOOD FOREST BLVD SUITE 410, BATON ROUGE, LA, 70816
Sylvia"s Caring Companions Health Care Services 11814 Market Place Ave. Suite A5, BATON ROUGE, LA, 70816	Darlene St. Romain	Phone: 2253822333 Email: sylviascare@gmail.com Fax: 2253820023	License: 2203786621 State ID: HC0007480 Originally licensed: 2007-11-27 Effective: 2026-06-01 License issued: 2026-04-15 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 9654 BROOKLINE AVE STE. 110, BATON ROUGE, LA, 70809
TCP, Inc. (Theophilus Community Programs) 8288 Tom Drive, BATON ROUGE, LA, 70815	LUCINDA M ROBERTS	Phone: 2259281730 Email: tcpacpadm@gmail.com Fax: 2259265697	License: 2203784100 State ID: HC0005635 Originally licensed: 2004-02-02 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 2900, GRETNA, LA, 70054
The ARC Baton Rouge 12616 Jefferson Highway, BATON ROUGE, LA, 70816	JEAN P GASPARD	Phone: 2259270855 Email: jgaspard@arcbatonrouge.org Fax: 2259243935	License: 2203784472 State ID: HC0005349 Originally licensed: 2001-07-24 Effective: 2025-11-01 License issued: 2025-08-26 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 12616 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70816
Unique Trades Healthcare LLC. 9800 Airline Hwy., Suite 253, BATON ROUGE, LA, 70816	Kimberly L Augustus	Phone: 2252564797 Email: uniquetradeshealthcare@gmail.com Fax: 2252565316	License: 2203787098 State ID: HC0013589 Originally licensed: 2026-06-22 Effective: 2026-06-22 License issued: 2026-06-25 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 75253, BATON ROUGE, LA, 70874
Volunteers of America South Central Louisiana 7389 Florida Blvd. Suite 101A, BATON ROUGE, LA, 70806	Eboness Black	Phone: 2253870061 Email: eboness.black@voascla.org Fax: 2259255867	License: 2203785411 State ID: HC0006056 Originally licensed: 1991-06-14 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST BATON ROUGE Mailing address: 7389 FLORIDA BLVD. SUITE 101A, BATON ROUGE, LA, 70806
Vonnieab""s, Inc. 3535 Government Street, BATON ROUGE, LA, 70806	KOLE PORTER	Phone: 2253464040 Email: vonnieabsrespite@gmail.com Fax: 2253818090	License: 15094 State ID: HC0006196 Originally licensed: 2005-10-01 Effective: 2025-09-01 License issued: 2025-09-02 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 3535 GOVERNMENT STREET, BATON ROUGE, LA, 70806
We Care Homes, Inc. 8044 Summa Avenue, Bldg. 1A, BATON ROUGE, LA, 70809	Wilson Gallow, Jr.	Phone: 2253369770 Email: alvawecare2011@yahoo.com Fax: 2253360258	License: 2203786772 State ID: HC0006177 Originally licensed: 2000-03-08 Effective: 2025-08-01 License issued: 2025-10-15 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 8044 SUMMA AVENUE, BLDG. 1A, BATON ROUGE, LA, 70809
Faith And Hope Independent Living Service 11333 Church Street, CLINTON, LA, 70722	DAMISHA PITTS	Phone: 2256833997 Email: angrumn@gmail.com Fax: 2256831033	License: 2203785540 State ID: HC0007086 Originally licensed: 2007-02-08 Effective: 2026-08-01 License issued: 2026-06-30 Expires: 2027-07-31 Parish: EAST FELICIANA Mailing address: 1006 NORTH 3RD STREET, MONROE, LA, 71201
Safe Haven Care, LLC 9511 Plank Road, Suite O, CLINTON, LA, 70722	Mary B Kenerson	Phone: 2256831230 Email: safehavencarellc@bellsouth.net Fax: 2256839691	License: 2203784772 State ID: HC0007439 Originally licensed: 2007-11-29 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: EAST FELICIANA Mailing address: P.O. BOX 8304, CLINTON, LA, 70722
New Life Personal Care, LLC 23980 Fleniken Lane, PLAQUEMINE, LA, 70764	Shevelle G Ford	Phone: 2252382356 Email: ladyford@ajford.org Fax: 2252382366	License: 2203781607 State ID: HC0008050 Originally licensed: 2009-07-30 Effective: 2026-04-01 License issued: 2026-03-03 Expires: 2027-03-31 Parish: IBERVILLE Mailing address: P. O. BOX 80002, BATON ROUGE, LA, 70898
The ARC - Iberville 24615 J. Gerald Berret Boulevard, PLAQUEMINE, LA, 70764	LINDA B WILSON	Phone: 2256874062 Email: arci_info@thearciberville.org Fax: 2256873272	License: 2424 State ID: HC0005897 Originally licensed: 1989-08-24 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: IBERVILLE Mailing address: 24615 J GERALD BERRET BLVD, PLAQUEMINE, LA, 70764
Immaculate Heart of Mary, Lt-PCS, LLC 122 LA S. HWY 3050, MORGANZA, LA, 70759	JESSICA ADAMS-HENRY	Phone: 2256943312 Email: Region2@ihompcs.com Fax: 2256940337	License: 2203783400 State ID: HC0007252 Originally licensed: 2007-06-20 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: POINTE COUPEE Mailing address: P.O. BOX 505, MORGANZA, LA, 70759
Pointe Coupee Outreach Center 8404 Mandela Drive, NEW ROADS, LA, 70760	Deborah Williams	Phone: 8883407666 Email: mishikan@yahoo.com Fax: 2256387087	License: 9064 State ID: HC0006313 Originally licensed: 2002-03-27 Effective: 2026-04-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-02-12 Expires: 2027-03-31 Parish: POINTE COUPEE Mailing address: PO BOX 1112, NEW ROADS, LA, 70760
Port City Enterprises, Inc. 836 North Seventh Street, PORT ALLEN, LA, 70767	Susanne Romig	Phone: 2253441142 Email: susanner@cox.net Fax: 2253441192	License: 4624 State ID: HC0006031 Originally licensed: 1996-08-19 Effective: 2026-05-01 License issued: 2026-04-23 Expires: 2027-04-30 Parish: WEST BATON ROUGE Mailing address: P.O. BOX 113, PORT ALLEN, LA, 70767
All-Care Family Services, Inc. 5925 Commerce Street Suite C, SAINT FRANCISVILLE, LA, 70775	SHERMAINE MASSEY	Phone: 2256359545 Email: allcare4biz@att.net Fax: 2256359151	License: 2203783823 State ID: HC0006785 Originally licensed: 2005-10-01 Effective: 2026-04-01 License issued: 2026-03-20 Expires: 2027-03-31 Parish: WEST FELICIANA Mailing address: P.O.BOX 1609, SAINT FRANCISVILLE, LA, 70775

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Mary Marcombe Home 35231 Carol Drive, DONALDSONVILLE, LA, 70346	MS Marlene Dominique	Phone: 2254737433 Email: daarc@bellsouth.net Fax: 2254734517	License: 495 State ID: MR0003044 Originally licensed: 1987-10-08 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ASCENSION Mailing address: 1030 CLAY ST., DONALDSONVILLE, LA, 70346
New River Home 1729 S. Purpera Avenue, GONZALES, LA, 70737	MS Lydia St. Amant	Phone: 2254503025 Email: jlandrybt@eatel.net Fax: 2256446163	License: 708 State ID: MR0003218 Originally licensed: 1991-12-20 Effective: 2025-12-01 License issued: 2025-10-06 Expires: 2026-11-30 Parish: ASCENSION Mailing address: P.O. BOX 819, GONZALES, LA, 70707
New Vista Community Home 1611 S. Vista, GONZALES, LA, 70737	MS Lydia St. Amant	Phone: 2254503025 Email: jlandrybt@eatel.net Fax: 2256446163	License: 463 State ID: MR0003006 Originally licensed: 1986-10-22 Effective: 2025-11-01 License issued: 2025-10-06 Expires: 2026-10-31 Parish: ASCENSION Mailing address: P.O. BOX 819, GONZALES, LA, 70707
Pennville Home 1238 North Barman Avenue, GONZALES, LA, 70737	MS Lydia St. Amant	Phone: 2254503025 Email: jlandrybt@eatel.net Fax: 2256446163	License: 483 State ID: MR0003021 Originally licensed: 1987-07-19 Effective: 2025-11-01 License issued: 2025-10-06 Expires: 2026-10-31 Parish: ASCENSION Mailing address: P.O. BOX 819, GONZALES, LA, 70707
Ridgeway House 1808 S. Shirley Ave., GONZALES, LA, 70737	MS Lydia St. Amant	Phone: 2254503025 Email: jlandrybt@eatel.net Fax: 2256446163	License: 707 State ID: MR0003217 Originally licensed: 1991-12-10 Effective: 2026-01-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-10-29 Expires: 2026-12-31 Parish: ASCENSION Mailing address: P.O. BOX 819, GONZALES, LA, 70707
A. B. Horn Group Home 1306 Main Street, BATON ROUGE, LA, 70802	Collis Temple	Phone: 2253360349 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 2203785047 State ID: MR0012771 Originally licensed: 2021-08-16 Effective: 2025-08-01 License issued: 2025-07-07 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BOULEVARD, BATON ROUGE, LA, 70802
Abundance Home 942 McLemore Drive, BATON ROUGE, LA, 70816	Rebecca Jeansonne	Phone: 2222755303 Email: abundantlifehmsoflainc@hotmail.com Fax: 2252741028	License: 629 State ID: MR0003155 Originally licensed: 1990-08-07 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 942 MCLEMORE DRIVE, BATON ROUGE, LA, 70816
Arcadia Home 12776 Arlingford Ave., BATON ROUGE, LA, 70815	Shanicka Drake	Phone: 2252756005 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787037 State ID: MR0003091 Originally licensed: 1989-04-03 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Ashbourne Drive Community Home 1356 Ashbourne Drive, BATON ROUGE, LA, 70815	TERRENCE CRAWFORD	Phone: 2252272824 Email: Terrence.crawford@sevitahealth.com Fax: 2252272824	License: 2203786990 State ID: MR0002952 Originally licensed: 1984-05-18 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 N CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Bedford Group Home 354 Bedford Street, BATON ROUGE, LA, 70806	Collis B Temple Jr	Phone: 2253365417 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 477 State ID: MR0003014 Originally licensed: 1987-04-21 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD., BATON ROUGE, LA, 70802
Brookshire Avenue Group Home 12647 Brookshire Avenue, BATON ROUGE, LA, 70815	TERRENCE CRAWFORD	Phone: 2257785195 Email: Terrence.crawford@sevitahealth.com	License: 2203786995 State ID: MR0003196 Originally licensed: 1991-04-19 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 N CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Broussard Community Home 9929 Glerma Street, BATON ROUGE, LA, 70820	Shanika Drake	Phone: 2257677124 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787039 State ID: MR0002979 Originally licensed: 1985-05-14 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Colonel Allen Community Home 14857 Colonel Allen Court, BATON ROUGE, LA, 70816	Charmaine Jones	Phone: 2257547724 Email: charmaine.jones@evergreenls.org Fax: 2257547724	License: 867 State ID: MR0003754 Originally licensed: 1999-05-12 Effective: 2026-05-01 License issued: 2026-04-02 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 40052 N HOOVER ROAD, PONCHATOULA, LA, 70454
Constance Home 936 Havenwood, BATON ROUGE, LA, 70815	Shanicka Drive	Phone: 2257672344 Email: Shanicka.Drake@sevitahealth.com Fax: 2257672344	License: 2203784084 State ID: MR0003065 Originally licensed: 1988-09-08 Effective: 2025-09-01 License issued: 2025-08-01 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 2645 O'NEAL LANE, BUILDING A, SUITE B, BATON ROUGE, LA, 70816
Convention Street Group Home 1248 Convention Street, BATON ROUGE, LA, 70802	Collis B Temple Jr	Phone: 2253365420 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 487 State ID: MR0003025 Originally licensed: 1987-08-30 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD., BATON ROUGE, LA, 70802
Curran Home 9131 West Darryl, BATON ROUGE, LA, 70815	SHANICKA DRAKE	Phone: 2259230880 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787040 State ID: MR0003168 Originally licensed: 1990-09-30 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
D Hemecourt 10131 Grandeur Drive, BATON ROUGE, LA, 70815	JESSICA MATHEWS	Phone: 2252720260 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787041 State ID: MR0003051 Originally licensed: 1988-06-07 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Dena Lynn Community Home 2838 Dena Lynn Avenue, BATON ROUGE, LA, 70816	Charmaine Jones	Phone: 2257547930 Email: charmaine.jones@evergreenls.org Fax: 2257547930	License: 840 State ID: MR0003317 Originally licensed: 1998-06-10 Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 40052 N HOOVER ROAD, PONCHATOULA, LA, 70454
Drusilla Lane Group Home 2549 Drusilla Lane, BATON ROUGE, LA, 70809	Eboness Black	Phone: 2253870061 Email: eblack@voagbr.org Fax: 2259255867	License: 358 State ID: MR0002958 Originally licensed: 1984-07-25 Effective: 2025-08-01 License issued: 2025-07-03 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 7389 FLORIDA BLVD SUITE 101A, BATON ROUGE, LA, 70806
Dundee Group Home 1542 Pecan Crossing, ZACHARY, LA, 70791	Nicole Harrison	Phone: 3373261999 Email: nharrison@lafayettelarc.org Fax: 2255708157	License: 2203785155 State ID: MR0003139 Originally licensed: 1990-02-05 Effective: 2025-12-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-09-30 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
East Drive Group Home 428 East Drive, BATON ROUGE, LA, 70806	Collis B Temple Jr	Phone: 2253465971 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 469 State ID: MR0003008 Originally licensed: 1987-02-03 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD., BATON ROUGE, LA, 70802
Elissalde Group Home 419 South 21st Street, BATON ROUGE, LA, 70806	MR Collis Temple	Phone: 2253365418 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 476 State ID: MR0003015 Originally licensed: 1987-04-21 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD., BATON ROUGE, LA, 70802
Florida Street Group Home 1244 Florida Boulevard, BATON ROUGE, LA, 70802	Collis B Temple, Jr.	Phone: 2253891356 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 794 State ID: MR0003290 Originally licensed: 1995-06-21 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BOULEVARD, BATON ROUGE, LA, 70802
Goudchaux Community Home 1536 Goudchaux Street, BATON ROUGE, LA, 70807	Collis B Temple Jr	Phone: 2253551999 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 488 State ID: MR0003022 Originally licensed: 1987-08-30 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD., BATON ROUGE, LA, 70802
Graham Home 8825 Graham Drive, BATON ROUGE, LA, 70814	TERRENCE CRAWFORD	Phone: 2257785240 Email: Terrence.crawford@sevitahealth.com Fax: 2257785240	License: 2203787000 State ID: MR0002909 Originally licensed: 1983-08-17 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Harmony Center #2 2241 Elissalde Street, BATON ROUGE, LA, 70808	Collis B Temple Jr	Phone: 2253365412 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 2203781687 State ID: MR0002896 Originally licensed: 1984-08-01 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BLVD., BATON ROUGE, LA, 70802
Harmony Transtional Services 3 168 W. Washington Street, BATON ROUGE, LA, 70802	Collis Temple	Phone: 2252560086 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 2203785046 State ID: MR0012772 Originally licensed: 2021-08-17 Effective: 2026-05-01 License issued: 2026-05-04 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BOULEVARD, BATON ROUGE, LA, 70802
Hooper Road Community Home	Charmaine Jones	Phone: 2252627979 Email:	License: 866 State ID: MR0003753

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
11257 Hooper Road, BATON ROUGE, LA, 70818		charmaine.jones@evergreenls.org Fax: 2252627979	Originally licensed: 1999-05-14 Effective: 2026-05-01 License issued: 2026-04-02 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 40052 N HOOVER ROAD, PONCHATOULA, LA, 70454
Inchbrook Group Home 4532 Inchbrook Drive, BATON ROUGE, LA, 70816	Shanicka Drake	Phone: 2252566603 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787042 State ID: MR0003119 Originally licensed: 1989-10-30 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Ivy Group Home 19944 Pecan Hill Drive, ZACHARY, LA, 70791	Nicole Harrison	Phone: 3373261999 Email: nharrison@lafayettelarc.org Fax: 2255708157	License: 2203785156 State ID: MR0004392 Originally licensed: 2003-04-03 Effective: 2025-12-01 License issued: 2025-09-30 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 303 NEW HOPE ROAD, ZACHARY, LA, 70791
Lakeside Home 1334 Frances Harriet Drive, BATON ROUGE, LA, 70815	Shanicka Drake	Phone: 2259230888 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787043 State ID: MR0003230 Originally licensed: 1993-01-21 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 2645 O'NEAL LANE, BUILDING A, SUITE B, MENDOTA HEIGHTS, MN, 55120
Landsbury Home 10627 Landsbury Drive, BATON ROUGE, LA, 70809	TERRENCE CRAWFORD	Phone: 2257785179 Email: Terrence.crawford@sevitahealth.com Fax: 2257785179	License: 2203787035 State ID: MR0002939 Originally licensed: 1990-08-31 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Martin Community Home 13445 Ector Drive, BAKER, LA, 70704	Nicole Harrison	Phone: 3373261999 Email: nharrison@lafayettelarc.org Fax: 2255708157	License: 2203785158 State ID: MR0004393 Originally licensed: 2003-06-22 Effective: 2025-12-01 License issued: 2025-09-30 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Mollylea Community Home 11055 Mollylea Drive, BATON ROUGE, LA, 70815	SHANICKA DRAKE	Phone: 2252561273 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787045 State ID: MR0003183 Originally licensed: 1991-01-18 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Morgan Meadow Community Home 12418 Morgan Meadow, BATON ROUGE, LA, 70818	Charmaine Jones	Phone: 2252627842 Email: charmaine.jones@evergreenls.org Fax: 2252627842	License: 865 State ID: MR0003751 Originally licensed: 1999-04-26 Effective: 2026-04-01 License issued: 2026-03-10 Expires: 2027-03-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST BATON ROUGE Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
Newcastle Community Home 3707 Buffwood Drive, BAKER, LA, 70714	Nicole Harrison	Phone: 3373261999 Email: nharrison@lafayettelarc.org Fax: 2255708157	License: 2203785159 State ID: MR0004395 Originally licensed: 2003-06-06 Effective: 2025-12-01 License issued: 2025-10-06 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Newport Group Home 12453 Parnell Drive, BATON ROUGE, LA, 70815	SHANICKA DRAKE	Phone: 2252728081 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787046 State ID: MR0003171 Originally licensed: 1990-12-06 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
North Maiden Community Home 4123 North Maiden, BATON ROUGE, LA, 70809	Eboness Black	Phone: 2259252372 Email: eblack@voagbr.org Fax: 2259255867	License: 2203786127 State ID: MR0002959 Originally licensed: 1984-07-25 Effective: 2026-02-01 License issued: 2026-01-05 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 2124 WOODDALE BOULEVARD, BATON ROUGE, LA, 70806
Northridge Home 10514 Northridge Drive, BATON ROUGE, LA, 70811	TERRENCE CRAWFORD	Phone: 2257785097 Email: Terrence.crawford@sevitahealth.com Fax: 2257785097	License: 2203787011 State ID: MR0002985 Originally licensed: 1985-11-04 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Orangewood Drive Home 1056 Orangewood Drive, BATON ROUGE, LA, 70805	TERRENCE CRAWFORD	Phone: 2257785156 Email: Terrence.crawford@sevitahealth.com Fax: 2257785156	License: 2203787013 State ID: MR0002982 Originally licensed: 1985-09-09 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Plantation Community Home 8947 GSRI Road, BATON ROUGE, LA, 70810	SHANICKA DRAKE	Phone: 2257677141 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787047 State ID: MR0002978 Originally licensed: 1985-05-17 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Regency Home 9943 Regency Drive, BATON ROUGE, LA, 70815	TERRENCE CRAWFORD	Phone: 2257785275 Email: Terrence.crawford@sevitahealth.com Fax: 2257785275	License: 2203787015 State ID: MR0002946 Originally licensed: 1984-04-23 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Riley Group Home 2550 Fairfields Avenue,	Collis B Temple, Jr.	Phone: 2253365430 Email:	License: 765 State ID: MR0003269

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BATON ROUGE, LA, 70802		ctemple@harmonycenter.org Fax: 2253365409	Originally licensed: 1994-08-14 Effective: 2025-08-01 License issued: 2025-07-07 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BOULEVARD, BATON ROUGE, LA, 70802
Salem Home 2835 Magellan Drive, BATON ROUGE, LA, 70816	SHANICKA DRAKE	Phone: 2252919197 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787048 State ID: MR0003090 Originally licensed: 1988-11-01 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Sheraton Home 10944 Sheraton Drive, BATON ROUGE, LA, 70815	TERRENCE CRAWFORD	Phone: 2257785271 Email: Terrence.crawford@sevitahealth.com Fax: 2257785271	License: 2203787033 State ID: MR0002913 Originally licensed: 1983-08-25 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Silverleaf Home 7844 Silverleaf Avenue, BATON ROUGE, LA, 70811	TERRENCE CRAWFORD	Phone: 2257785263 Email: Terrence.crawford@sevitahealth.com Fax: 2257785263	License: 2203787019 State ID: MR0002991 Originally licensed: 1989-02-07 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Skysail Community Home 4221 Rocky Mountain Drive, BATON ROUGE, LA, 70814	SHANICKA DRAKE	Phone: 2252735488 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787049 State ID: MR0003143 Originally licensed: 1990-04-26 Effective: 2026-04-01 License issued: 2026-05-06 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Stern Group Home 15626 Confederate Ave., BATON ROUGE, LA, 70817	SHANICKA DRAKE	Phone: 2257677190 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787050 State ID: MR0002970 Originally licensed: 1985-02-20 Effective: 2026-04-01 License issued: 2026-05-06 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Tommy Mason Group Home 125 North 13th Street, BATON ROUGE, LA, 70802	Collis B Temple, Jr.	Phone: 2253365424 Email: ctemple@harmonycenter.org Fax: 2253365409	License: 805 State ID: MR0003300 Originally licensed: 1995-08-15 Effective: 2025-08-01 License issued: 2025-07-07 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 2736 FLORIDA BOULEVARD, BATON ROUGE, LA, 70802
Trammell Drive Group Home 626 Trammell Drive, BATON ROUGE, LA, 70815	TERRENCE CRAWFORD	Phone: 2253676242 Email: Terrence.crawford@sevitahealth.com Fax: 2253676242	License: 2203787025 State ID: MR0003148 Originally licensed: 1990-03-31 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST BATON ROUGE Mailing address: 800 N CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Wenham Home 13231 Wenham Avenue, BATON ROUGE, LA, 70815	SHANICKA DRAKE	Phone: 2257672344 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787051 State ID: MR0003047 Originally licensed: 1988-05-16 Effective: 2026-04-01 License issued: 2026-05-06 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
Yorktown Home 3071 Yorktown Drive, BATON ROUGE, LA, 70808	TERRENCE CRAWFORD	Phone: 2257785245 Email: Terrence.crawford@sevitahealth.com Fax: 2257785245	License: 2203787031 State ID: MR0002910 Originally licensed: 1983-08-12 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Briarwood Group Home 602 East Highland Meadows, JACKSON, LA, 70748	Nicole Harrison	Phone: 3373261999 Email: nharrison@lafayettelarc.org Fax: 2255708157	License: 2203785153 State ID: MR0003141 Originally licensed: 1990-02-05 Effective: 2025-12-01 License issued: 2025-09-30 Expires: 2026-11-30 Parish: EAST FELICIANA Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Claridge Group Home 134 E Highland Meadows, JACKSON, LA, 70748	Nicole Harrison	Phone: 3373261999 Email: nharrison@lafayettelarc.org Fax: 2255708157	License: 2203785154 State ID: MR0003140 Originally licensed: 1991-03-01 Effective: 2025-12-01 License issued: 2025-09-30 Expires: 2026-11-30 Parish: EAST FELICIANA Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Lelia Jackson Community Home HWY 951 #98, JACKSON, LA, 70748	Jenna Young	Phone: 2256340661 Email: roxie.perino@la.gov Fax: 2256340631	License: 703 State ID: MR0003208 Originally licensed: 1991-07-16 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: EAST FELICIANA Mailing address: P.O. BOX 498 #98, JACKSON, LA, 70748
T. N. Armistead Group Home Hwy 951 #165, JACKSON, LA, 70748	Jenna Young	Phone: 2256340661 Email: roxie.perino@la.gov Fax: 2256340631	License: 711 State ID: MR0003221 Originally licensed: 1992-01-23 Effective: 2025-11-01 License issued: 2025-08-25 Expires: 2026-10-31 Parish: EAST FELICIANA Mailing address: P.O. BOX 498, JACKSON, LA, 70748
Warren Taylor Price Sr. Community Home Hwy 951 #99, JACKSON, LA, 70748	Jenna Young	Phone: 2256340661 Email: roxie.perino@la.gov Fax: 2256340631	License: 697 State ID: MR0003201 Originally licensed: 1991-11-22 Effective: 2025-11-01 License issued: 2025-10-06 Expires: 2026-10-31 Parish: EAST FELICIANA Mailing address: P.O. BOX 498 #99, JACKSON, LA, 70748

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Disability Rights Louisiana	Legal service, advocacy, outreach	disabilityrightsla.org/800-960-7705	Physical/medical disability

Volunteer and Faith-Based Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Hope Ministries	David Tidwel	225-355-0702	HOPE takes a holistic approach to helping individuals and families regain stability. Whether someone comes to us seeking food, employment, financial guidance, or a second chance, we respond with personalized support and a clear path forward.
The Christian Outreach Center	Program Manager	225-377-8582	The work of the Christian Outreach Center is designed to meet each individual in their need, regardless of their circumstance, and to move them towards self-sufficiency. From essential services, to innovative coursework, all the way to employment case management, the COC provides programming to help any individual regardless of their background or history. Each of our services is designed to move someone one-step closer to self-sufficiency and restored dignity.
Catholic Charities	Staphine K Sterling	225-336-8700	The work of the Christian Outreach Center is designed to meet each individual in their need, regardless of their circumstance, and to move them towards self-sufficiency. From essential services, to innovative coursework, all the way to employment case management, the COC provides programming to help any individual regardless of their background or history. Each of our services is designed to move someone one-step closer to self-sufficiency and restored dignity.
The Society of St. Vincent de Paul Baton Rouge	Program Manager	225-383-7837	Our mission has been fulfilled through person-to-person contact, mass feeding, sheltering, prescription medicine services, and other programs, encompassing every form of aid that alleviates suffering and promotes dignity and integrity."
The Chapel	Gary Gilbert	225-387-4416	Our Mission is to help people Meet, Know, and Follow Jesus on the Campus, in the City, and around the World.
Volunteer at BRG	Program Manager	225-763-4000	Our team of volunteers is committed to supporting our patients, families, and staff, and we could not fulfill our mission without them. At any given time, our volunteers can be found helping someone find the perfect gift for a loved one or answering questions at the information desk. Our volunteers are always cheerful, helpful and dedicated to excellence.
Healing Place Church	Mike and Rachel Haman	225-753-2273	At HPC, we want to be big enough to reach the world, but small enough to feel like home! We believe that changing the world starts with serving one person. Through

Organization / Provider	Contact Person	Phone / Email	Services Provided
			services, outreaches, small groups, and ministries, our aim is to lift up the name of Jesus

Household Repair - Plumbing, Electrical, Flooring, etc.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Boudreaux's Plumbing Services	Manager	225-420-0508	Plumbing service including water heaters, sewers, clogged toilets, sump pumps, sewer ejector pumps, gas lines water service, rooting and remodel. HVAC service including furnace maintenance, repair and installation, A/C maintenance repair and installation
Vortex Plumbing	Manager	225-935-8172	At vortex, we pride ourselves and being honest and transparent, we are locally owned and operated. We have 15 years' experience. We are a licensed master plumbing company. We answer when no one else does don't flush without the Vortex touch
Cajun Plumbing Repair	Manager	225-372-2444	Cajun Maintenance is a local plumbing company in Baton Rouge, LA. We provide complete plumbing services for your whole-home comfort. Whether you need water heater installation in Denham Springs, sewer line re-piping, drain cleaning, gas line replacement, or anything in between, you can count on our dependable plumber in East Baton Rouge Parish to get the job done. Our focus on customer service is what sets us apart from the rest. When you work with us, you can rest assured that you will experience the quality plumbing service you deserve.

Heating Ventilation and Air Conditioning (HVAC)

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dream Team(East Baton Rouge)	Manager	225-500-0608	Are you in search of a knowledgeable HVAC contractor near you who can ensure that your heating, air conditioning, and ventilation systems are up to par? Dream Team Heating & Air offers a team of licensed, professional HVAC technicians who are ready to assist. No matter the challenge you've encountered with your HVAC systems, the contractors at Dream Team are prepared to troubleshoot the issue and determine the best solution. Our approach is personalized to the needs of each of our customers in East Baton Rouge Parish, ensuring that each homeowner receives the attention they deserve. With our team of licensed technicians, you can expect nothing less than stellar quality.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dream Team Heating & Air (Denham Spring)	Manager	225-240-4554	Heating (repair, tune-up, installation, heat pumps, emergency services) Air Conditioning (repair, tune-up, installation) Air Duct Cleaning & Sealing

Janitorial, Biohazard and Hoarding Cleanup

Organization / Provider	Contact Person	Phone / Email	Services Provided
The HoneyBee Works	Manager	225-788-9879	Cleaning Referrals
Molly Maid of Baton Rouge	Manager	225-414-4067	Cleaning Referrals
Top Spot Cleaning, Inc.	Manager	225-508-1875	Cleaning Referrals
Geaux Maids of Baton Rouge	Manager	225-277-5283	Cleaning Referrals
Cottage Care At its Best	Manager	225-766-8778	Cleaning Referrals
On The Geaux	225-955-5357	info@onthegeauxerrands.com	Cleaning Referrals

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
Always Best Care	Case Manager/Supervisor	225-751-4599	Request For Protected Information
Amedisys Home Health	D.King@apexhhsouth.com	985-222-4734	Request For Protected Information
Apex Home Health	Case Manager/Supervisor	225-218-8009	Request For Protected Information
Audubon Home Health	Case Manager/Supervisor	225-376-6157	Request For Protected Information
Baton Rouge General Home Health	Case Manager/Supervisor	2256-262-1010	Request For Protected Information
Chase Home Health	Case Manager/Supervisor	225-465-1500	Request For Protected Information
Communi9ty Home Health	Case Manager/Supervisor	225-761-1592	Request For Protected Information
Cypress Home Health(Point Coupee)	David Planchard	225-761-1592	Request For Protected Information
Cypress Home Health(Baton Rouge)	David Planchard	225-677-9909	Request For Protected Information
Egan Home Health	Case Manager/Supervisor	Stephanie.hodges@lhcgroup.com	Request For Protected Information

Organization / Provider	Contact Person	Phone / Email	Services Provided
Feliciana Home Health(Baton Rouge)	Case Manager/Supervisor	225-450-3294	Request For Protected Information
Feliciana Home Health(Gonzales)	Case Manager/Supervisor	225-248-8600	Request For Protected Information
Pinnacle Home Health	Case Manager/Supervisor	225-261-6314	Request For Protected Information
Health Care Options	Case Manager/Supervisor	225-376-6157	Request For Protected Information
Imperial Home Health	Case Manager/Supervisor	225-658-4150	Request For Protected Information
Lane Home Health	Case Manager/Supervisor	225-928-1666	Request For Protected Information
MediStar Home Health	Case Manager/Supervisor	225-952-8400	Request For Protected Information
Ochsner Home Health	Case Manager/Supervisor	225-638-5717	Request For Protected Information
Pointe Coupee Homebound Health	John Allen	225-638-5724	Request For Protected Information
Pointe Coupee Physical Therapy	Case Manager/Supervisor	225-625-2438	Request For Protected Information
Immaculate Heart of Mary	Case Manager/Supervisor	225-952-8400	Request For Protected Information
Feliciana Home Health(Plaquemine)	Case Manager/Supervisor	225-769-4764	Request For Protected Information
Stat Home Health	Case Manager/Supervisor	225-766-8097	Request For Protected Information
Superior Home Health	Case Manager/Supervisor	985-4329-0210	Request For Protected Information
Modern Home Health	Case Manager/Supervisor	225-231-5774	Request For Protected Information
Clarity Home Health	Melissa Herbert	225-427-0825	Request For Protected Information
Elara Caring	Krystal Kendrick	318-871-5101	Request For Protected Information

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Allegiance Home Health of Southeast Louisiana 826 W Hwy 30, Ste D, GONZALES, LA, 70737	Tim Jones	Phone: 9853483011 Email: rhonda.mayo@ahhmgt.com Fax: 9853483015	License: 2203785861 State ID: HH0001407 Originally licensed: 1992-10-08 Effective: 2026-06-01 License issued: 2026-06-02 Expires: 2027-05-31 Parish: ASCENSION Mailing address: 826 W HWY 30, STE D, GONZALES, LA, 70737
Audubon Home Health of New Orleans, Inc 18073 Mackey Rd, PRAIRIEVILLE, LA, 70769	Ray Banker	Phone: 2252780324 Email: dtroxclair@audubonhomehealth.com Fax: 2252371170	License: 2203784222 State ID: HH0011360 Originally licensed: 2014-06-01 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ASCENSION Mailing address: 9256 INTERLINE AVENUE, BATON ROUGE, LA, 70809
Community Home Health of Baton Rouge, LLC 1214 E. Cornerview Street, Ste C., GONZALES, LA, 70737	Tim Jones	Phone: 2254651500 Email: ddugas@chp.care Fax: 2259606699	License: 2203786707 State ID: HH0012651 Originally licensed: 2019-09-20 Effective: 2026-05-01 License issued: 2026-04-29 Expires: 2027-04-30 Parish: ASCENSION Mailing address: 1214 E. CORNERVIEW STREET, STE C., GONZALES, LA, 70737
Feliciana Home Health South 908 N Airline Hwy, Ste A,, GONZALES, LA, 70737	BRANDI JAMES	Phone: 2254503294 Email: LRA@lhcgroup.com Fax: 2254503298	License: 2203784932 State ID: HH0001227 Originally licensed: 1983-11-08 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: ASCENSION Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Amedisys Home Health 3854 American Way, Suite D, BATON ROUGE, LA, 70816	Philip Baracco	Phone: 2257518201 Email: LicenseandCert@amedisys.com Fax: 2257512230	License: 2203784041 State ID: HH0001374 Originally licensed: 1992-02-03 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 3854 AMERICAN WAY, SUITE A, BATON ROUGE, LA, 70816 Already listed elsewhere in this region; license details supplied here
Audubon Home Health 9256 Interline Avenue, BATON ROUGE, LA, 70809	RAYMOND BANKER	Phone: 2252188009 Email: diannet@audubonhomehealth.com Fax: 2252180809	License: 2203784192 State ID: HH0001514 Originally licensed: 1995-02-14 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 9256 INTERLINE AVENUE, BATON ROUGE, LA, 70809 Already listed elsewhere in this region; license details supplied here
Aveanna Healthcare 9270 Siegen Lane, Suite 801-803, BATON ROUGE, LA, 70810	Dorla Pizzolatto	Phone: 2252911221 Email: credentialing@aveanna.com Fax: 2252916576	License: 2203786828 State ID: HH0001519 Originally licensed: 1995-03-03 Effective: 2025-09-09 License issued: 2025-12-01 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 400 INTERSTATE NORTH PARKWAY , SE SUITE 1600 ATTN:LICENSING, ATLANTA, GA, 30339 Already listed elsewhere in this region; license details supplied here
Baton Rouge General Home Health 10235 Jefferson Hwy, Ste C, BATON ROUGE, LA, 70809	CARLA SHEPERD	Phone: 2253766157 Email: lra@lhcgroup.com Fax: 2253320662	License: 2203784913 State ID: HH0001255 Originally licensed: 1984-08-23 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505 Already listed elsewhere in this region; license details supplied here
Chase Health Care, Inc. 8755 Sullivan Road, BLDG. 2C, BATON ROUGE, LA, 70818	MS Jennifer Starns	Phone: 2252741444 Email: jhstarns@aol.com Fax: 2252741244	License: 1207 State ID: HH0001304 Originally licensed: 1989-11-29 Effective: 2025-10-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-09-26 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 8755 SULLIVAN ROAD , BLDG 2C, BATON ROUGE, LA, 70818
Clarity Home Health 10620 Timberlake Ave Suite A, BATON ROUGE, LA, 70810	MELISSA HEBERT	Phone: 2254270825 Email: mhebert@clarityhome.org Fax: 2254270824	License: 2203785285 State ID: HH0001379 Originally licensed: 1992-04-13 Effective: 2026-06-01 License issued: 2026-05-22 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 10620 TIMBERLAKE AVE, STE A, BATON ROUGE, LA, 70810 Already listed elsewhere in this region; license details supplied here
Cypress Home Health 3050 Teddy Drive, BATON ROUGE, LA, 70809	MR David Planchard	Phone: 2257611592 Email: dtroxclair@audubonhomehealth.com Fax: 2259280364	License: 4198 State ID: HH0001272 Originally licensed: 1986-07-17 Effective: 2026-07-01 License issued: 2026-06-08 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 9256 INTERLINE AVE, SUITE 200, BATON ROUGE, LA, 70809
Elara Caring 4860 Bluebonnet Blvd., BATON ROUGE, LA, 70809	TIFFANY SMITH	Phone: 2259281666 Email: regulatory@elara.com Fax: 2259281696	License: 2203786303 State ID: HH0001289 Originally licensed: 1988-11-09 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 3010 LYNDON B JOHNSON FREEWAY SUITE 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here
Feliciana Home Health 1215 Independence Blvd, Building 3, Suite B, ZACHARY, LA, 70791	Dana Hutchinson	Phone: 2256833347 Email: lra@lhcgroup.com Fax: 2256831278	License: 2203783954 State ID: HH0001226 Originally licensed: 1983-07-25 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Healing Hands Home Health 17617 Harrells Ferry Road, BATON ROUGE, LA, 70816	KEITH COOPER	Phone: 2259064713 Email: keith.cooper@bhihealth.org Fax: 2257530948	License: 2203786889 State ID: HH0001386 Originally licensed: 1992-06-12 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 40018, BATON ROUGE, LA, 70835
Home Health Care 2000-Baton Rouge 3266 Drusilla Lane, Ste A-2, BATON ROUGE, LA, 70809	EVELYN HARDY	Phone: 2252932500 Email: dpreed@hhc2000.com Fax: 2252932509	License: 2203785050 State ID: HH0001544 Originally licensed: 2007-04-26 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 3266 DRUSILLA LANE, STE A-2, BATON ROUGE, LA, 70809
Lane Home Health An Affiliate of Lane Regional Medical Ctr. 6300 Main Street, ZACHARY, LA, 70791	CLAUDIA CANTWELL	Phone: 2256584150 Email: ccantwell@lanermc.org Fax: 2256584290	License: 182 State ID: HH0001248 Originally licensed: 1984-07-25 Effective: 2025-08-01 License issued: 2025-07-29 Expires: 2026-07-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST BATON ROUGE Mailing address: 6300 MAIN STREET, ZACHARY, LA, 70791
Ochsner Home Health of Baton Rouge 2645 O'Neal Lane Building C, Suite C, BATON ROUGE, LA, 70816	Allison Day	Phone: 2259528400 Email: lra@lhcgroup.com Fax: 2259528440	License: 2203783945 State ID: HH0001266 Originally licensed: 1985-09-11 Effective: 2025-12-01 License issued: 2025-11-13 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Pinnacle Home Health of Baton Rouge 5627 S. Sherwood Forest Blvd. Ste. A, BATON ROUGE, LA, 70816	BRYAN TERRITO	Phone: 2252488600 Email: bterrito@pinnaclehh.com Fax: 2252180079	License: 2203783569 State ID: HH0001373 Originally licensed: 1992-01-15 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 5627 S. SHERWOOD FOREST BLVD. STE. A, BATON ROUGE, LA, 70816
Pinnacle Home Health of Zachary 5333 Main Street, ZACHARY, LA, 70791	Bryan Territo	Phone: 2252488600 Email: bterrito@pinnaclehh.com Fax: 2252180079	License: 2203783572 State ID: HH0001481 Originally licensed: 1993-10-15 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 5627 S. SHERWOOD FOREST BLVD., STE A, BATON ROUGE, LA, 70816
Superior Home Health Care, Inc. 4301 Bluebonnet Blvd., BATON ROUGE, LA, 70809	TRACY PITRE	Phone: 2257668097 Email: tracy@superiorhhc.com Fax: 2256636421	License: 415 State ID: HH0001366 Originally licensed: 1991-12-06 Effective: 2026-01-01 License issued: 2025-12-11 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 4301 BLUEBONNET BLVD., BATON ROUGE, LA, 70809
Centerwell Home Health 58725 Belleview Road, Suite A-3, PLAQUEMINE, LA, 70764	Darla Webre	Phone: 2256878188 Email: FacilityLicensure@centerwellhomehealth.com Fax: 2256870215	License: 1035 State ID: HH0001242 Originally licensed: 1983-12-08 Effective: 2025-09-01 License issued: 2025-09-02 Expires: 2026-08-31 Parish: IBERVILLE Mailing address: 6330 SPRINT PARKWAY, SUITE 300 ATTN: LICENSING DEPT., OVERLAND PARK, KS, 66211
Pointe Coupee Homebound Health Services 350 Hospital Road, NEW ROADS, LA, 70760	Jennifer Setton	Phone: 2256385717 Email: Homebound@pchhh.org Fax: 2256385849	License: 176 State ID: HH0001251 Originally licensed: 1984-06-13 Effective: 2025-08-01 License issued: 2025-07-09 Expires: 2026-07-31 Parish: POINTE COUPEE Mailing address: 350 HOSPITAL ROAD, NEW ROADS, LA, 70760

Nurse Staffing Agencies — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
AMMON Healthcare 5353 Essen Lane, Str 120, BATON ROUGE, LA, 70809	Richard Ammon II	Phone: 2252931171 Email: sandra@ammonstaffing.net Fax: 2252932440	License: 2203785925 State ID: NS0013064 Originally licensed: 2023-10-31 Effective: 2025-10-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-08-25 Expires: 2027-09-30 Parish: EAST BATON ROUGE Mailing address: 5353 ESSEN LANE, STE 120, BATON ROUGE, LA, 70809
Aalis Medical Staffing & Concierge Services 525 Florida Street Suite 421, BATON ROUGE, LA, 70801	Tiya Curtis-Morris	Phone: 2252281175 Email: Tiya.curtis-morris@aalisstaffing.org Fax: 2252281175	License: 2203786778 State ID: NS0013511 Originally licensed: 2025-10-23 Effective: 2025-10-23 License issued: 2025-10-23 Expires: 2027-09-30 Parish: EAST BATON ROUGE Mailing address: 525 FLORIDA STREET SUITE 421, BATON ROUGE, LA, 70801
Geaux Care Staffing LLC 7048 Rue Papillon, ZACHARY, LA, 70791	BJ Sylvas	Phone: 2252863488 Email: geauxcare@geauxcarestaffing.com Fax: 8667748862	License: 2203786042 State ID: NS0013151 Originally licensed: 2024-01-11 Effective: 2026-01-01 License issued: 2026-01-23 Expires: 2027-12-31 Parish: EAST BATON ROUGE Mailing address: 7048 RUE PAPILLON, ZACHARY, LA, 70791
The Elite Group 2924 Brakley Drive, Suite A-3, BATON ROUGE, LA, 70816	Kristi Idusuyi	Phone: 2252055578 Email: kristi@eliteservicesla.com Fax: 2252055578	License: 2203786620 State ID: NS0013462 Originally licensed: 2025-06-25 Effective: 2025-06-25 License issued: 2025-06-25 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 2924 BRAKLEY DRIVE, SUITE A-3, BATON ROUGE, LA, 70816

Hospitals

Organization / Provider	Contact Person	Phone / Email	Services Provided
Baton Rouge Rehab Hospital	Case Manager/Supervisor	225-927-0567	Request For Protected Information
Nwabueze Nnamdi	Medical Records Department	225-634-3517	Request For Protected Information
Baton Rouge Hospital	Medical Records Department	225-381-6027	Request For Protected Information
Baton Rouge Emergency Medical Services	Medical Records Department	225-389-5155	Request For Protected Information
Catholic Presbyterian Apartment	Medical Records Department	225-383-5551	Request For Protected Information
EMS Records	Medical Records Department	225-342-7296	Request For Protected Information
St. Elizabeth Hospital	Medical Records Department	225-647-5000	Request For Protected Information
Lakeview Regional Medical Center	Medical Records Department	985-867-3800	Request For Protected Information
Lane Memorial Hospital	Medical Records Department	225-658-4000	Request For Protected Information
Lakeview Regional Medical Center	Medical Records Department	985-867-3800	Request For Protected Information

Organization / Provider	Contact Person	Phone / Email	Services Provided
Neuro Medical Center	Medical Records Department	225-769-2200	Request For Protected Information
New Orleans VA Medical Center	Medical Records Department	504-507-4110	Request For Protected Information
North Oaks Medical Center	Medical Records Department	985-345-2700	Request For Protected Information
Ochsner Medical Center	Medical Records Department	225-752-2470	Request For Protected Information
OLOL	Medical Records Department	225-765-6580	Request For Protected Information
Pointe Coupee General	Medical Records Department	225-638-6331	Request For Protected Information
Promise Hospital	Medical Records Department	225-490-9600	Request For Protected Information
Dubuis Hospital of Alexandria	Medical Records Department	318-448-4938	Request For Protected Information
St. Elizabeth Hospital	Medical Records Department	225-647-5000	Request For Protected Information
St. Tammany Parish Hospital	Medical Records Department	985-898-4000	Request For Protected Information
United Medical Rehab Hospital	Medical Records Department	225-450-2775	Request For Protected Information
Pointe Coupee General	Medical Records Department	225-638-6331	Request For Protected Information

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Prevost Memorial Hospital 301 Memorial Drive, DONALDSONVILLE, LA, 70346	Shelton B Anthony	Phone: 2254737931 Email: shelton.anthony@westaph.org Fax: 2254742138	License: 118 State ID: HO0001634 Originally licensed: 1968-02-15 Effective: 2026-03-01 License issued: 2025-01-06 Expires: 2027-02-28 Parish: ASCENSION Mailing address: 301 MEMORIAL DRIVE, DONALDSONVILLE, LA, 70346
Rise Community Hospital 37358 Market Place Dr., PRAIRIEVILLE, LA, 70769	Jared Miller	Phone: 5044444507 Email: jmiller@risech.com Fax: 5044444507	License: 2203786562 State ID: HO0013393 Originally licensed: 2025-05-15 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30 Parish: ASCENSION Mailing address: PO BOX 5190, BOSSIER CITY, LA, 71171
St. James Behavioral Health Hospital, Inc. 3136 South St. Landry Rd., GONZALES, LA, 70737	Andrew Hines	Phone: 2256477524 Email: ahines@sjbhh.net Fax: 2256441070	License: 652 State ID: HO0006909 Originally licensed: 2006-07-25 Effective: 2026-02-01 License issued: 2026-01-27 Expires: 2027-01-31 Parish: ASCENSION Mailing address: P.O. BOX 2069, GONZALES, LA, 70707

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Apollo Behavioral Health Hospital, LLC 9938 Airline Hwy, BATON ROUGE, LA, 70809	Karla Lee-Muzik	Phone: 2256632881 Email: klee-muzik@apollo-bhh.com Fax: 2253551555	License: 2203784032 State ID: HO0010748 Originally licensed: 2012-06-01 Effective: 2026-08-01 License issued: 2026-06-02 Expires: 2027-07-31 Parish: EAST BATON ROUGE Mailing address: P O BOX 40816, BATON ROUGE, LA, 70835
Baton Rouge General Medical Center 8585 Picardy Ave, BATON ROUGE, LA, 70809	Edgardo Tenreiro	Phone: 2257634000 Email: edgardo.tenreiro@brgeneral.org Fax: 2257634069	License: 2203784599 State ID: HO0001608 Originally licensed: 1963-05-06 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 8585 PICARDY, BATON ROUGE, LA, 70809
Baton Rouge Rehab Hospital 8595 United Plaza Boulevard, BATON ROUGE, LA, 70809	Trisha Guidry	Phone: 2259270567 Email: tri920@brgeneral.org Fax: 2259280317	License: 679 State ID: HO0001713 Originally licensed: 1989-06-02 Effective: 2026-01-01 License issued: 2025-11-12 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 8595 UNITED PLAZA BOULEVARD, BATON ROUGE, LA, 70809 Already listed elsewhere in this region; license details supplied here
Baton Rouge Specialty Hospital 5130 Mancuso Lane, BATON ROUGE, LA, 70809	LATEKA JOHNSON	Phone: 2254909637 Email: rvalentine@brspecialty.org Fax: 2254909693	License: 2203786429 State ID: HO0001695 Originally licensed: 1968-03-06 Effective: 2026-05-01 License issued: 2026-04-15 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 700 17TH STREET, SUITE 205, MODESTO, CA, 95354
Bethesda Rehabilitation Hospital 7414 Sumrall Drive, Suite A, BATON ROUGE, LA, 70812	MATTHEW MURPHY	Phone: 2257672034 Email: matthewmurphy1@bellsouth.net Fax: 2257672039	License: 2203784136 State ID: HO0006623 Originally licensed: 2005-12-01 Effective: 2025-08-01 License issued: 2025-07-02 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 501 RUE DE SANTE #12, LAPLACE, LA, 70068
Community Behavioral Healthcare, LLC 4040 North Blvd, BATON ROUGE, LA, 70806	Raneesha Ford	Phone: 2256358639 Email: admin@communitybhbr.com Fax: 2253433769	License: 2203786537 State ID: HO0013407 Originally licensed: 2025-04-01 Effective: 2026-06-26 License issued: 2026-06-30 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 4040 NORTH BLVD, BATON ROUGE, LA, 70806
FMOL Health | Our Lady of the Lake 5000 Hennessy Blvd., BATON ROUGE, LA, 70808	Logan Austin	Phone: 2257656565 Email: Logan.Austin@fmolhs.org Fax: 2257658305	License: 132 State ID: HO0001607 Originally licensed: 1963-05-29 Effective: 2026-04-10 License issued: 2026-04-13 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 5000 HENNESSY BLVD., BATON ROUGE, LA, 70808
Lane Regional Medical Center 6300 Main Street, ZACHARY, LA, 70791	Frank Corcoran	Phone: 2256584000 Email: fcorcoran@lanermc.org Fax: 2256584287	License: 131 State ID: HO0001586 Originally licensed: 1963-05-27 Effective: 2026-04-21 License issued: 2026-04-21

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 6300 MAIN STREET, ZACHARY, LA, 70791
Oceans Behavioral Hospital of Baton Rouge 7855 Howell Blvd., Ste. 100, BATON ROUGE, LA, 70807	Cady Pruitt	Phone: 2254658104 Email: cady.pruitt@oceanshealthcare.com Fax: 2254658896	License: 2203784933 State ID: HO0006832 Originally licensed: 2006-05-16 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 3905 HEDGCOXE ROAD, UNIT 250249, PLANO, TX, 75025
Ochsner Medical Center - Baton Rouge 17000 Medical Center Drive, BATON ROUGE, LA, 70816	Charles Daigle	Phone: 2257522470 Email: charles.daigle@ochsner.org Fax: 2257554883	License: 555 State ID: HO0004021 Originally licensed: 1998-08-17 Effective: 2026-02-01 License issued: 2026-01-06 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 17000 MEDICAL CENTER DRIVE, BATON ROUGE, LA, 70816
ReCenter 6330 Mourning Dove Drive, BATON ROUGE, LA, 70817	Luke Cusimano	Phone: 2252777200 Email: luke.cusimano@reshapinglives.com Fax: 2252777205	License: 2203786542 State ID: HO0013404 Originally licensed: 2025-04-28 Effective: 2026-04-01 License issued: 2026-02-04 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 6330 MOURNING DOVE DRIVE, BATON ROUGE, LA, 70817
Regions Behavioral Hospital 8416 Cumberland Place, BATON ROUGE, LA, 70806	MARC A CRAWFORD	Phone: 2254086060 Email: jperry@regionsbh.com Fax: 2254087410	License: 2203784215 State ID: HO0012454 Originally licensed: 2019-02-26 Effective: 2026-06-01 License issued: 2026-06-03 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 8416 CUMBERLAND, BATON ROUGE, LA, 70806
Sage Rehabilitation Hospital 8000 Summa Avenue, BATON ROUGE, LA, 70809	Michelle Gaudet	Phone: 2258190703 Email: spennington@midcityofbr.com Fax: 2259064085	License: 2203781176 State ID: HO0004266 Originally licensed: 2002-06-01 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 10615 JEFFERSON HWY., BATON ROUGE, LA, 70809 Already listed elsewhere in this region; license details supplied here
Seaside Health System 4363 Convention Street, BATON ROUGE, LA, 70806	Tyra Dodd	Phone: 2255224076 Email: amurphy@seasidehealth.net Fax: 2254482733	License: 2203781725 State ID: HO0004416 Originally licensed: 2003-02-20 Effective: 2026-07-01 License issued: 2026-04-27 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 425 ASHLEY RIDGE BLVD, SUITE 340, SHREVEPORT, LA, 71106
Surgical Specialty Center of Baton Rouge 8080 Bluebonnet Blvd., BATON ROUGE, LA, 70810	ANN HEINE	Phone: 2254088080 Email: ann.heine@sscbr.com Fax: 2254085569	License: 645 State ID: HO0004356 Originally licensed: 2003-04-03 Effective: 2026-08-01 License issued: 2026-06-09 Expires: 2027-07-31 Parish: EAST BATON ROUGE Mailing address: 8080 BLUEBONNET BLVD., BATON ROUGE, LA, 70810

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The General 3600 Florida Blvd, Suite 2020, BATON ROUGE, LA, 70806	Trisha Guidry	Phone: 2257634040 Email: Trisha.Guidry@brgeneral.org Fax: 2257634069	License: 2203784595 State ID: HO0012616 Originally licensed: 2020-04-03 Effective: 2026-04-01 License issued: 2026-03-13 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 3600 FLORIDA BLVD, SUITE 2020, BATON ROUGE, LA, 70806
The NeuroMedical Center Rehabilitation Hospital, LLC 10101 Park Rowe Avenue Ste 600, BATON ROUGE, LA, 70810	CHARLES B PEVEY	Phone: 2259062999 Email: bpevey@nmcrehab.com Fax: 2259063837	License: 560 State ID: HO0004908 Originally licensed: 2005-05-19 Effective: 2026-05-01 License issued: 2026-03-02 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 10101 PARK ROWE AVENUE, STE. 600, BATON ROUGE, LA, 70810
The Spine Hospital of Louisiana 10105 Park Row Circle Ste. 250, BATON ROUGE, LA, 70810	Terri L Hicks	Phone: 2257639900 Email: terri.hicks@spinehola.com Fax: 2259064818	License: 543 State ID: HO0004798 Originally licensed: 2004-10-14 Effective: 2025-10-01 License issued: 2025-08-20 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 10105 PARK ROW CIRCLE STE. 250, BATON ROUGE, LA, 70810
Womans Hospital 100 Woman's Way, BATON ROUGE, LA, 70817	RENE J RAGAS	Phone: 2259271300 Email: Rene.Ragas@womans.org Fax: 2259248777	License: 2203781109 State ID: HO0001638 Originally licensed: 1990-12-31 Effective: 2025-08-01 License issued: 2025-07-23 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: P. O. BOX 95009, BATON ROUGE, LA, 70895
Zachary-AMG Specialty Hospital 4601 McHugh Road, Bldg. B, ZACHARY, LA, 70791	JOHN D LANDRENEAU	Phone: 2256831600 Email: dlandreneau@amgihm.com Fax: 2256831616	License: 2203782752 State ID: HO0004204 Originally licensed: 2001-12-12 Effective: 2026-04-01 License issued: 2026-02-05 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 101 LARUE FRANCE, STE 100, LAFAYETTE, LA, 70508
Eastern LA Mental Health System 4502 Highway 951, JACKSON, LA, 70748	Jenna Young	Phone: 2256340100 Email: j.patrick.eckler@la.gov Fax: 2256344345	License: 201 State ID: HO0001725 Originally licensed: 1976-01-15 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: EAST FELICIANA Mailing address: POST OFFICE BOX 498, JACKSON, LA, 70748
Feliciana Forensic Facility 4502 Hwy 951, JACKSON, LA, 70748	Patrick Eckler	Phone: 2256340100 Email: patrick.eckler@la.gov Fax: 2256344345	License: 277 State ID: HO0001566 Originally licensed: 1984-04-09 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: EAST FELICIANA Mailing address: POST OFFICE BOX 888, JACKSON, LA, 70748
Villa Feliciana Medical Complex 5002 Hwy 10, JACKSON, LA, 70748	John P Eckler	Phone: 2256344010 Email: j.patrick.eckler@la.gov Fax: 2256344191	License: 2203784011 State ID: HO0012398 Originally licensed: 2018-05-31 Effective: 2026-09-01 License issued: 2026-06-23

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-08-31 Parish: EAST FELICIANA Mailing address: P.O. BOX 438, JACKSON, LA, 70748
Accord Rehabilitation Hospital 59355 River West Drive , Suite 100, PLAQUEMINE, LA, 70764	Julene McAlister	Phone: 2256878100 Email: jmcalister@accordrehab.com Fax: 2256878110	License: 2203785204 State ID: HO0004208 Originally licensed: 2001-12-18 Effective: 2026-06-01 License issued: 2026-06-11 Expires: 2027-05-31 Parish: IBERVILLE Mailing address: P.O. BOX 627, STERLINGTON, LA, 71280
Pointe Coupee General Hospital 2202 False River Drive, NEW ROADS, LA, 70760	Chad E Olinde	Phone: 2256386331 Email: colinde@pcgh.org Fax: 2256385846	License: 196 State ID: HO0006649 Originally licensed: 1969-11-09 Effective: 2026-07-01 License issued: 2026-05-18 Expires: 2027-06-30 Parish: POINTE COUPEE Mailing address: 2202 FALSE RIVER DRIVE, NEW ROADS, LA, 70760
West Feliciana Parish Hospital 5266 Commerce Street, Building B, SAINT FRANCISVILLE, LA, 70775	MR Lee Chastant, Iii	Phone: 2256353811 Email: chastantl@wfph.org Fax: 2256352442	License: 2203783530 State ID: HO0001645 Originally licensed: 1970-12-16 Effective: 2026-01-06 License issued: 2026-01-15 Expires: 2026-08-31 Parish: WEST FELICIANA Mailing address: P. O. BOX 368, SAINT FRANCISVILLE, LA, 70775

Law Enforcement

Organization / Provider	Contact Person	Phone / Email	Services Provided
Beauregard Parish Sheriff Department	Sheriff Mark Herford	Morton244@gmail.com	Intake Law Enforcement letter/Physical Abuse
Calcasieu Parish Sheriff Department	Sheriff Tony Mancusso	Tdarbonne@cpso.com	Intake Law Enforcement letter/Physical Abuse
Jefferson Parish Sheriff Department	Sheriff Joe Lopinto	Ford_cp@jpso.com	Intake Law Enforcement letter/Physical Abuse
Lafayette Parish Sheriff Office	Raven Chavis	Supervisor of The Regional office	Intake Law Enforcement letter/Physical Abuse
Orleans Parish Sheriff Department	Chief Shaun Ferguson	SsPollard@nola.gov/504-902-9445	Intake Law Enforcement letter/Physical Abuse
Terrebonne Parish Sheriff Department	Sheriff Timothy Soignet	Kvoisin@tpso.net	Intake Law Enforcement letter/Physical Abuse
Ascension Parish Sheriff Department	Sgt.Rhodes	225-621-8325	Financial Crimes
Baton Rouge Police Department	BR financial Crimes Unit	225-389-3871	Financial Exploitation

Organization / Provider	Contact Person	Phone / Email	Services Provided
Ascension Parish Sheriff Department	Sheriff	225-621-8349	Financial Exploitation
Baton Rouge Police Department	BRPD	Lned@brla.gov/225-342-7133	Report / Investigation
Baton Rouge Police Department	Records Request	Aclay@Brla.gov/225-389-3839	Report / Investigation
Baton Rouge Police Department	BRPD violent Crimes Unit	225-389-3167/225-342-7296Bru	Report / Investigation
Brusly Police Department	Financial Crimes Unit	225-749-2980	Report / Investigation
Discover Financial Service	Records Request	800-347-2683	Report / Investigation
Baton Rouge Financial Crime unit	Detective Rice	Rstpierre@ebso.prg/225-389-5000	Financial Crimes
Ascension Sheriff Department	Detective S. Leblanc	225-621-8614	Report / Investigation
Gonzales City Police Department	Police Department	225-647-7511	Report / Investigation
Gonzales City Police Financial Crimes	Financial Crimes Unit	Nethken/225-647-+544	Financial Crimes
Hammond Police Department	2021-009502	985-277-5700	Records Request
Iberville Financial Crimes Unit	Ronald Hebert	Rhebert@lbeso.com/225-687-0942	Records Request/Financial
Iberville Sheriff Office	Ronald Hebert	Rhebert@lbeso.com/225-687-0942	Sexual Exploitation
Livingston Parish Sheriff Department	Records Department	225-686-1239	Records Request
Port Allen City Police	Records Department	225-343-5525	Recent Reports February 2020-Present
Port Allen Financial Crimes Unit	A Celestine	acelestaine@portallenpolice.org	Financial Exploitation
Baton Rouge City Court	Records Department	225-389-5279	Investigation Outcome
East Baton Rouge Police office	Records Department	Mlandis@ebrso.org/225-389-5002	Report/Investigation (22-05-055827)
EBRPSO	Violent Crimes Unit	Mlandis@ebrso.org/225-389-5002	Report/Investigation
Walker Police Department	Records Department	225-644-6470	Record Request
Wells Fargo Legal	Records Department/866-987-4284	Subpoenaprocessing@wellsfargo.com	Record Request

Organization / Provider	Contact Person	Phone / Email	Services Provided
West Baton Rouge Police Department	Records Department	225-343-9234	Record Request
West Baton Rouge Sheriff Department	Records Department	Kevin.curus@wbrsheriff.ord	Financial Exploitation
West Feliciana Financial	Crimes Unit	225-784-3136	Financial Exploitation
Zachary Police Department	Records Department	225-654-9393	Records Request
EMS	Records Department	Lvaughan@Koronisllc.com/225-239-5155	Records Request

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
EBR Parish Coroner's Office	Office Manager	225-389-3047	Death certificate or the cause of Death
Livingston Parish Coroner's Office	Office Manager	225-686-3980	Death certificate or the cause of Death
Iberville Parish Coroner's Office	Office Manager	225-687-8555	Death certificate or the cause of Death
Livingston Parish Coroner's Office	Office Manager	225-686-3980	Death certificate or the cause of Death
New Orleans Vital Records Department	Office Manager	504-593-5145	Death certificate or the cause of Death
Pointe Coupee Parish Coroner's Office	Office Manager	225-718-2807	Death certificate or the cause of Death
WBR Parish Coroner's Office	Office Manager	225-336-2429	Death certificate or the cause of Death
West Feliciana Parish Coroner's Office	Office Manager	225-635-5848	Death certificate or the cause of Death

Veterans Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Southeast LA Veterans Clinic	Marta Fechete Nurse	800-935-8387	Medical Reports
Louisiana Veterans Eligibility	Case Manager Supervisor	225-342-5248	Medical Reports
ASCENSION PARISH	Michael Wilson	225-644-7475 michaelwilson4@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors
ASCENSION PARISH (ITINERANT POINT)	Michael Wilson	225-644-7475 michaelwilson4@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those

Organization / Provider	Contact Person	Phone / Email	Services Provided
			who have borne the battle" and for their families, caregivers, and survivors
EAST BATON ROUGE PARISH	LeKetra Cole	225-342-5248 ldvaebr@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors
East/West Feliciana	Sonia Holiday	225-634-4348/sonia.holiday@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors
POINTE COUPEE PARISH	Sonia Holiday	225-638-5535/sonia.holiday@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors
Department of Veterans Affairs	Phillip Dupas	225-342-6686 phillip.dupas@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors

Kidney Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Fresenius Kidney Care	Customer Service	225-216-0388	Release of Information Medical Records
East Baton Rouge Dialysis	Elizabeth Crumholt	225-226-1444	

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Fresenius Medical Care Ascension 17392 Vallee Court, PRAIRIEVILLE, LA, 70769	MR Terry Bellon	Phone: 2256220685 Email: Clinic8884@fmc-na.com Fax: 2256227527	License: 2203781833 State ID: ES0004028 Originally licensed: 2003-04-21 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: ASCENSION Mailing address: 17392 VALLEE COURT, PRAIRIEVILLE, LA, 70769
Fresenius Medical Care Donaldsonville 101 Plimsol Drive, DONALDSONVILLE, LA, 70346	Terry Bellon	Phone: 2254731139 Email: Clinic9090@fmc-na.com Fax: 2254731128	License: 2203782302 State ID: ES0001133 Originally licensed: 2003-04-25 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: ASCENSION Mailing address: 101 PLIMSOL DRIVE, DONALDSONVLLE, LA, 70346
Fresenius Medical Care Gonzales 2326 South Darla Avenue, GONZALES, LA, 70737	Terry Bellon	Phone: 2256474814 Email: Clinic8695@fmc-na.com Fax: 2256474825	License: 2203782584 State ID: ES0011459 Originally licensed: 2015-12-29 Effective: 2025-12-01 License issued: 2025-11-17 Expires: 2026-11-30 Parish: ASCENSION

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 2326 SOUTH DARLA AVENUE, GONZALES, LA, 70737
Magnolia Dialysis 1125 S. Burnside Ave., GONZALES, LA, 70737	Debra COX	Phone: 2252554070 Email: Debra.Cox@davita.com Fax: 2252554071	License: 2203782477 State ID: ES0001116 Effective: 2025-09-01 License issued: 2025-08-25 Expires: 2026-08-31 Parish: ASCENSION Mailing address: 5200 VIRGINIA WAY L&C DEPT, BRENTWOOD, TN, 37027
BMA Baton Rouge 524 Colonial Drive, BATON ROUGE, LA, 70806	Terry Bellon	Phone: 2259273311 Email: lajuanda.daigle@freseniusmedicalcare.com Fax: 2259279827	License: 2203781908 State ID: ES0001082 Originally licensed: 2003-04-16 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 524 COLONIAL DRIVE, BATON ROUGE, LA, 70806
BMA Picardy 7638 Picardy Ave, Suite A, BATON ROUGE, LA, 70808	MS Lajuanda Daigle	Phone: 2257665600 Email: lajuanda.daigle@freseniusmedicalcare.com Fax: 2257665779	License: 2203781863 State ID: ES0001148 Originally licensed: 2003-06-20 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 7638 PICARDY AVE, SUITE A, BATON ROUGE, LA, 70808
BMA Zachary 4709 Secretary Drive, ZACHARY, LA, 70791	Kathy Darr	Phone: 2256541450 Email: clinic8880@fmc-na.com Fax: 2256542459	License: 2203781845 State ID: ES0001151 Originally licensed: 2003-05-19 Effective: 2025-09-01 License issued: 2025-08-07 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 4709 SECRETARY DRIVE, ZACHARY, LA, 70791
East Baton Rouge Dialysis 1333 O'Neal Lane, BATON ROUGE, LA, 70816	Melissa English	Phone: 2252261444 Email: debra.cox@davita.com Fax: 2252729857	License: 155 State ID: ES0001072 Originally licensed: 2003-04-23 Effective: 2026-04-01 License issued: 2026-03-28 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 5200 VIRGINIA WAY L&C DEPARTMENT, BRENTWOOD, TN, 37027 Already listed elsewhere in this region; license details supplied here
Essen Lane Dialysis 7703 Picardy Ave., BATON ROUGE, LA, 70808	Rachel Miller	Phone: 2257698669 Email: Rachel.Miller1@davita.com Fax: 2257660095	License: 2203782001 State ID: ES0011208 Originally licensed: 2014-05-06 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 5200 VIRGINIA WAY L & C DEPT, BRENTWOOD, TN, 37027
FMC Dialysis Services North Boulevard 2661 North Boulevard, BATON ROUGE, LA, 70806	Lajuanda Daigle	Phone: 2253875777 Email: clinic8883@fmc-na.com Fax: 2253833024	License: 2203781842 State ID: ES0003856 Originally licensed: 2003-03-20 Effective: 2025-09-01 License issued: 2025-08-07 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 2661 NORTH BLVD, BATON ROUGE, LA, 70806
FMC Dialysis Services of Bon Carre 7656 Realtors Avenue,	Terry Bellon	Phone: 2252160388 Email: Terry.Bellon@freseniusmedic	License: 2203781869 State ID: ES0004866 Originally licensed: 2005-02-21 Effective: 2025-09-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BATON ROUGE, LA, 70806		alcare.com Fax: 2252160387	License issued: 2025-08-07 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 7656 REALTORS DRIVE, BATON ROUGE, LA, 70806
FMCNA Greater Baton Rouge Home Program 5399 Mancuso Lane, BATON ROUGE, LA, 70809	Lajuanda Daigle	Phone: 2258192036 Email: clinic100022@fmc-na.com Fax: 2258192040	License: 2203783173 State ID: ES0011958 Originally licensed: 2017-03-28 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 5399 MANCUSO LANE, BATON ROUGE, LA, 70809
FMS Baton Rouge Foster Drive Dialysis Services 1919 North Foster Drive, BATON ROUGE, LA, 70806	Kathy Darr	Phone: 2253541611 Email: clinic8874@fmc-na.com Fax: 2253541655	License: 2203781851 State ID: ES0001122 Originally licensed: 2003-07-01 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 1919 NORTH FOSTER DRIVE, BATON ROUGE, LA, 70806
Fresenius Kidney Care O"Neal Lane 1280 O'Neal Lane, BATON ROUGE, LA, 70816	Terry Bellon	Phone: 2252722212 Email: clinic100116@fmc-na.com Fax: 2252722262	License: 2203783559 State ID: ES0006774 Originally licensed: 2006-03-06 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 1280 O'NEAL LANE, BATON ROUGE, LA, 70816
Fresenius Medical Care Baker 4353 Groom Road, BAKER, LA, 70714	MS Kathy Darr	Phone: 2257750217 Email: clinic8876@fmc-na.com Fax: 2257757279	License: 2203781909 State ID: ES0001108 Originally licensed: 2003-06-16 Effective: 2025-09-01 License issued: 2025-08-18 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 4353 GROOM ROAD, BATON ROUGE, LA, 70814
Fresenius Medical Care Howell Place 7707 Howell Place Blvd, BATON ROUGE, LA, 70807	MS Kathy Darr	Phone: 2253573798 Email: clinic8888@fmc-na.com Fax: 2253573799	License: 2203781836 State ID: ES0007993 Originally licensed: 2010-06-22 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 7707 HOWELL PLACE BLVD, BATON ROUGE, LA, 70807
Fresenius Medical Care J H Lee Kidney Center 5348 Flanders Drive, BATON ROUGE, LA, 70808	Lajuanda Daigle	Phone: 2257663761 Email: lajuanda.daigle@freseniusmedicalcare.com Fax: 2257664959	License: 2203782299 State ID: ES0011354 Originally licensed: 2015-03-02 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 5348 FLANDERS DRIVE, BATON ROUGE, LA, 70808
Fresenius Medical Care Mancuso 4848 Mancuso Lane , Suite A, BATON ROUGE, LA, 70809	Lajuanda Daigle	Phone: 2257666773 Email: Clinic8889@fmc-na.com Fax: 2257666774	License: 2203781838 State ID: ES0001098 Originally licensed: 2003-06-17 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 4848 MANCUSO LANE , SUITE A, BATON ROUGE, LA, 70809
Scotlandville Dialysis 7797 HOWELL BLVD.,	ELEESHA PIERRON	Phone: 2253576929 Email:	License: 2203782036 State ID: ES0011225

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BATON ROUGE, LA, 70807		Eleesha.Pierron@davita.com Fax: 2253551008	Originally licensed: 2014-06-27 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 5200 VIRGINIA WAY 4TH FLOOR L&C DEPT, BRENTWOOD, TN, 37027
FMC Dialysis Services Felicianas 2995 Race Street, JACKSON, LA, 70748	Terry Bellon	Phone: 2256342733 Email: clinic8885@fmc-na.com Fax: 2256342844	License: 2203781848 State ID: ES0004250 Originally licensed: 2003-03-26 Effective: 2025-09-01 License issued: 2025-08-07 Expires: 2026-08-31 Parish: EAST FELICIANA Mailing address: 2995 RACE STREET, JACKSON, LA, 70748
BMA Plaquemine 24660 Plaza Drive, PLAQUEMINE, LA, 70764	Kathy Darr	Phone: 2256879100 Email: Clinic8873@fmc-na.com Fax: 2256879195	License: 2203781910 State ID: ES0001164 Originally licensed: 2003-05-21 Effective: 2025-09-01 License issued: 2025-08-06 Expires: 2026-08-31 Parish: IBERVILLE Mailing address: 24660 PLAZA DRIVE, PLAQUEMINE, LA, 70764
BMA New Roads Dialysis Center 107 Fairfield Avenue, NEW ROADS, LA, 70760	Ms. Lajuanda Daigle	Phone: 2256387395 Email: lajuanda.daigle@freseniusmedicalcare.com Fax: 2256387323	License: 2203781862 State ID: ES0001160 Originally licensed: 2003-03-24 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: POINTE COUPEE Mailing address: 107 FAIRFIELD AVENUE, NEW ROADS, LA, 70760
BMA Westport 2500 Commercial Drive, PORT ALLEN, LA, 70767	Kathy Darr	Phone: 2253435753 Email: Clinic8878@fmc-na.com Fax: 2253870540	License: 2203781868 State ID: ES0001132 Originally licensed: 2003-07-02 Effective: 2025-09-01 License issued: 2025-08-06 Expires: 2026-08-31 Parish: WEST BATON ROUGE Mailing address: 2500 COMMERCIAL DRIVE, PORT ALLEN, LA, 70767

Hospice

Organization / Provider	Contact Person	Phone / Email	Services Provided
Bridgeway Hospice	Case Manager/Supervisor	225-866-6939	Request For Protected Information
Cannon Hospice	Kenosha Sampson	225-926	Request For Protected Information
Clarity Hospice of Baton Rouge	Case Manager/Supervisor	225-291-4700	Request For Protected Information
Compassus Hospice	Case Manager/Supervisor	225-320-4894	Request For Protected Information
Interim Hospice	Medical Records	985-234-0400	Request For Protected Information
Legacy Hospice	Case Manager/Supervisor	225-435-0434	Request For Protected Information
Hospice of Baton Rouge	Case Manager/Supervisor	225767-4673	Request For Protected Information

Organization / Provider	Contact Person	Phone / Email	Services Provided
Life Source Hospice	Case Manager/Supervisor	225-291-9421	Request For Protected Information
Modern Hospice	Case Manager/Supervisor	985-429-0210	Request For Protected Information
New Century Hospice	Case Manager/Supervisor	225-791-7775	Request For Protected Information
Pinnacle Hospice	Case Manager/Supervisor	225-248-8600	Request For Protected Information
St. Joseph Hospice	Case Manager/Supervisor	225-769-4810	Request For Protected Information
The Crossing -Clarity Hospice of Baton Rouge	Case Manager/Supervisor	225-291-4700	Request For Protected Information
Baton Rouge Emergency Medical Services	Case Manager/Supervisor	225-381-7000	Request For Protected Information
St. Elizabeth Hospital	Medical Records	225-647-5000	Request For Protected Information
Lakeview Regional	Medical Records	985-867-3800	Request For Protected Information
Lane Memorial	Medical Records	225-658-4000	Request For Protected Information
Margaret Dumas Center	Case Manager/Supervisor	225-235-9315	Request For Protected Information
Neuro Medical Center	Medical Records	225-769-2200	Request For Protected Information
New Orleans VA Medical Center	Medical Records	504-507-3484	Request For Protected Information
North Oaks Medical Center	Medical Records	985-345-2700	Request For Protected Information
Ocean's Behavior Hospital	Medical Records Department	225-356-7030	Request For Protected Information
Ocean's Behavior Hospital –Opelousas	Medical Records Department	337-948-8820	Request For Protected Information
Ochsner Medical Center	Medical Records	225-752-2470	Request For Protected Information
OLOL	Medical Records	225-765-6580	Request For Protected Information
Pointe Coupee General	Medical Records	225-638-6331	Request For Protected Information
Promise Hospital	Medical Records	225-236-5440	Request For Protected Information
Audubon Home Health (New Orleans)	Ray Banker	225-278-0324	Is a skilled nursing and therapy services provided in the comfort of your own home. These services are provided by healthcare professionals focused on helping you manage a chronic condition or recover from a recent illness.
Seaside Healthcare	Medical Records	225-300-4376	Request For Protected Information
Tammany Parish Hospital	Medical Records	985-898-4000	Request For Protected Information

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Gentiva 17316 Airline Hwy., Suite P, PRAIRIEVILLE, LA, 70769	Mariem (Teen) Love	Phone: 2256739949 Email: facilitylicensure@curohs.com Fax: 2256739954	License: 296 State ID: HP0004318 Originally licensed: 2002-11-15 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ASCENSION Mailing address: P.O. BOX 4060 ATTN: REGULATORY, MOORESVILLE, NC, 28117
Amedisys Hospice 3854 American Way, Suite C, BATON ROUGE, LA, 70816	MS D'Ette Stelly	Phone: 2257514599 Email: 1280@amedisys.com Fax: 2257514579	License: 2203784040 State ID: HP0004886 Originally licensed: 2005-04-14 Effective: 2026-07-01 License issued: 2026-06-25 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 3854 AMERICAN WAY, SUITE A, BATON ROUGE, LA, 70816
Audubon Hospice Care 9332 Interline Ave, BATON ROUGE, LA, 70809	MR Raymond W Banker, Jr	Phone: 2259246830 Email: dtroxclair@audubonhomehealth.com Fax: 2259246829	License: 2203785169 State ID: HP0010720 Originally licensed: 2012-08-20 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: 9332 INTERLINE AVE, BATON ROUGE, LA, 70809
Bridgeway Healthcare & Hospice 4333 American Way, BATON ROUGE, LA, 70826	MS Dana Mcbride	Phone: 2257531495 Email: dmcbride@bridgewayhospice.net Fax: 2257531301	License: 2203785748 State ID: HP0001778 Originally licensed: 1996-06-12 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 4333 AMERICAN WAY, BATON ROUGE, LA, 70816
Cardinal Hospice 8280 YMCA Plaza Drive, Bldg. 3, Ste A, BATON ROUGE, LA, 70810	Kevin Butler	Phone: 2252913322 Email: cardinalhospice@yahoo.com Fax: 2252913311	License: 368 State ID: HP0007328 Originally licensed: 2007-10-11 Effective: 2026-05-01 License issued: 2026-04-08 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 8280 YMCA PLAZA DRIVE, BLDG. 3, STE A, BATON ROUGE, LA, 70810
Clarity Hospice of Baton Rouge 9191 Bluebonnet Blvd., Suite B, BATON ROUGE, LA, 70810	Monica Guarisco	Phone: 2252914700 Email: mguarisco@clarity-hospice.org Fax: 2252914242	License: 2203781945 State ID: HP0007338 Originally licensed: 2007-10-11 Effective: 2026-02-01 License issued: 2025-12-22 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 9191 BLUEBONNET BLVD., SUITE B, BATON ROUGE, LA, 70810 Already listed elsewhere in this region; license details supplied here
Heart of Hospice 10528 Kentshire Ct.,Ste 100, BATON ROUGE, LA, 70810	Rachael Searcy	Phone: 2254122614 Email: LRA@lhcgroup.com Fax: 2254123660	License: 2203785742 State ID: HP0004574 Originally licensed: 2003-11-05 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
Hospice Compassus - Baton Rouge	Michelle Broussard	Phone: 2257680866 Email:	License: 2203782949 State ID: HP0007106

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
6700 Jefferson Highway, Building 1, BATON ROUGE, LA, 70806		licensure@compassus.com Fax: 2257680923	Originally licensed: 2007-04-26 Effective: 2025-08-01 License issued: 2025-07-16 Expires: 2026-07-31 Parish: EAST BATON ROUGE Mailing address: 6700 JEFFERSON HIGHWAY, BUILDING 1, BATON ROUGE, LA, 70806
Hospice Specialists of Louisiana 1761 Physician's Park Ave, Ste A, BATON ROUGE, LA, 70816	David G Romero, LCSW	Phone: 9852627590 Email: schehardy@hospicespla.com Fax: 8664229549	License: 2203785150 State ID: HP0006729 Originally licensed: 2006-03-09 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: EAST BATON ROUGE Mailing address: P.O BOX 7550, METAIRIE, LA, 70010
Hospice in His Care, LLC 4301 Bluebonnet Blvd, Ste B, BATON ROUGE, LA, 70809	DAVID MARTIN	Phone: 2252140010 Email: mitzi@superiorhhc.com Fax: 2254904237	License: 2203784789 State ID: HP0004564 Originally licensed: 2003-10-07 Effective: 2026-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 4301 BLUEBONNET BLVD, BATON ROUGE, LA, 70809
Life Source Services of Baton Rouge 11605 Southfork Avenue, Suite A, BATON ROUGE, LA, 70816	KERI PETITE	Phone: 2252919421 Email: mbrowning@asimgt.com Fax: 2252919743	License: 2203782185 State ID: HP0004743 Originally licensed: 2004-10-11 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: EAST BATON ROUGE Mailing address: 11605 SOUTHFORK AVENUE, SUITE A, BATON ROUGE, LA, 70816
Louisiana Hospice and Palliative Care 10528 Kentshire Ct.,Ste 200, BATON ROUGE, LA, 70810	Megan Dahl	Phone: 2259606305 Email: lra@lhcgroup.com Fax: 2253414905	License: 2203785733 State ID: HP0007006 Originally licensed: 2006-12-14 Effective: 2023-01-31 License issued: 2023-05-08 Expires: 2023-12-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Notre Dame Hospice of Greater Baton Rouge 11616 Southfork Drive , Suite 402, BATON ROUGE, LA, 70816	ZHANNA BENNETT	Phone: 2252437358 Email: tgonzalez@notredamehospice.com Fax: 2256733172	License: 2203786172 State ID: HP0004786 Originally licensed: 2005-01-04 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 11616 SOUTHFORK DR. , SUITE 402, BATON ROUGE, LA, 70816
Pinnacle Hospice 5627 S. Sherwood Forest Blvd., Suite C, BATON ROUGE, LA, 70816	KELLY TULLIER	Phone: 2252140043 Email: ktullier@pinnaclehh.com Fax: 2252140044	License: 2203783566 State ID: HP0007400 Originally licensed: 2007-10-24 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 5627 S. SHERWOOD FOREST BLVD., SUITE C, BATON ROUGE, LA, 70816 Already listed elsewhere in this region; license details supplied here
St. Joseph Hospice, LLC 10615 Jefferson Highway, BATON ROUGE, LA, 70809	HUSSIEN MOHAMMAD	Phone: 2257694810 Email: lmartinez@carpenterhealth.ne	License: 270 State ID: HP0004294 Originally licensed: 2002-09-06 Effective: 2026-02-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		t Fax: 2257571104	License issued: 2026-01-28 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 10615 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70809
The Hospice of Baton Rouge 3600 Florida Blvd., BATON ROUGE, LA, 70806	Catherine M Schendel	Phone: 2257674673 Email: info@hospicebr.org Fax: 2257698113	License: 2203783392 State ID: HP0001753 Originally licensed: 1989-06-30 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: EAST BATON ROUGE Mailing address: 3600 FLORIDA BLVD., BATON ROUGE, LA, 70806
Comfort Care Hospice 23675 Church Street, PLAQUEMINE, LA, 70764	MR John C Barbee	Phone: 2253854202 Email: mike@comfortcarehospice.net Fax: 2253854203	License: 2203782011 State ID: HP0006764 Originally licensed: 2006-06-01 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: IBERVILLE Mailing address: 23675 CHURCH STREET, PLAQUEMINE, LA, 70764
Pointe Coupee Hospice 350 Hospital Road, NEW ROADS, LA, 70760	Jennifer Settoon	Phone: 2256385717 Email: Homebound@pchhh.org Fax: 2256385849	License: 98 State ID: HP0004217 Originally licensed: 2002-01-08 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: POINTE COUPEE Mailing address: 350 HOSPITAL ROAD, NEW ROADS, LA, 70760
Louisiana State Penitentiary Hospice Robert E. Barrow, JR Treatment Center, ANGOLA, LA, 70712	PAUL TOCE	Phone: 2256552266 Email: Sandra.Tiser@la.gov Fax: 2256552273	License: 100 State ID: HP0004244 Originally licensed: 2002-03-20 Effective: 2026-04-01 License issued: 2026-02-27 Expires: 2027-03-31 Parish: WEST FELICIANA Mailing address: ROBERT E. BARROW, JR TREATMENT CENTER, ANGOLA, LA, 70712

Private Sitters

Organization / Provider	Contact Person	Phone / Email	Services Provided
Private Sitting Services	ACY,SHARON	225-644-7017 225-333-2870	Income based sitters, PCA waiver program
Private Sitting Services	CHRISTENDEN,DIANE	225-287-2658	Request back Ground Check
Private Sitting Services	FIGUERDO, ESTELLE	225-647-2558 225-925-1303	Comfort Keeper Baton Rouge, LA Vet Assist Program
Private Sitting Services	LEBLANC, REBA	225-571-9294 225-215-2273	Pinnache Personal Care
Private Sitting Services	PERKINS, DONNA	225-644-7664 1-877-234-2601	Regional PCA Service
Private Sitting Services	POURCIAU, MARGIE	225-675-5506	
Private Sitting Services	SPARACINO, EDANA	225-675-8824 225-715-7224	Home Instead Senior care/225-819-4556 also specialize with Veterans Home Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Private Sitting Services	SUMMERFORD, JEANETTE	225-588-6320	
Private Sitting Services	JOHNSON, MARY	225-326-1984 225-810-8338	
Christian Foundation	PATTERSON, TERRYLAN	225-573-5218 1-888-474-5475	- free Medicaid Recipients-PCA &Sitters
	CARTER, KIM	225-439-0805	
Gifted Nurses	RODRIGUE, HAZEL	225-644-5266 504-831-2123	
	HODGES, DEE	225-644-1403 225-252-2625	
Senior Companions Volunteers with OLOL	LARKS, DEBORAH	225-450-2177 225-490-831-	Senior Companions Volunteers with OLOL @225-490-0600
	SHEPPARD, FELICIA	225-329-6657	
	Sicard, Linda	225-313-7294	
Cannon Hospice	Kim Melancon	225-603-7407 225-926-1404	
	Crais, Jeanette	225-290-0923	
Egan Home Health & Hospice	Weber, Donalda (Dinky)	225-677-9909 225-253-6722	
Life Source Home Hospice	Torey, Ruby	225-291-9421 225-200-3502	
	Nelson, Barbara	225-313-7294	
	Kim Melancon	985-817-0239	
New Century Hospice	Stephanie Cox	225-387-7110 225-791-7775	
	Mackyeon Ophelia	225-253-2915	
Amedisys Home Health	Gwen Morgan	225-235-1812 225-647-2992	
	Carol Shirley	225-278-7992	
Prime Care	Jennifer Pearson	225-290-6422 225-293-0550	
	Jill Marshall	225-348-4027	
Regional Healthcare PCA services	Tiffany Lowman	225-810-5353 225-928-9898	
	Johnson, Babesha	225-313-3046 225-571-3832	
Louisiana Healthcare Connections	Barber, Linda	225-252-9401 225-436-8044	
	Daigle, Jessica	225-210-7065	
Medical House Calls	Perry, Jeanette	225-324-2620 225-766-4133	
	Sagona, Gina	225-210-4106	
Griswold Home Care	Tortorich, Frankie	225-906-6833 225-328-9898	

Organization / Provider	Contact Person	Phone / Email	Services Provided
Retired Registered Nurse	Acaldo, Tiffany	225-953-9462	
Seniors Helping Seniors	Smith, Sandra	225-210-4434 225-267-7956	
	Richardson, Lena	225-473-3046 510-693-0070	
	Groves, Dianne	225-647-6486	
	Winebrenner, Doris	225-461-7831	
	Brown, Cecilia	225-508-1448	
	Franklin, Beulah	225-290-3979	
	Magee, Margaret	225-955-0713	
	Millet, Mary Beth	225-290-7301	
	Smythe, Sandra	225-461-6821	
	Cole, Clarence	843-283-8491	
	Simmons, Hazel	225-485-8431	Nights Only
	Rouyea, Linda	985-750-3949	No Nights
	Gillespie, Carolyn	225-210-3719	

Nursing Homes

Organization / Provider	Contact Person	Phone / Email	Services Provided
Capitol House Nursing	Latereca Montgomery	225-275-0474	Medical Records
Capital Oaks Nursing and Rehab Center	Matthew Karam	225-387-6704	Medical Records
Carrington Place of Baton Rouge	Case Manager/Social Worker	225-766-0130	Medical Records
Chateau D'ville Rehab and Retirement	Dustin Almond	225-473-8614	Medical records
Colonia Care Retirement Center	Case Manager/Social Worker	225-272-9339	Medical Records
Baton Rouge Health Care Center	Casey Kennedy	225-774-2141	Services included Long-term care skilled nursing, nursing Facilities, nursing homes.
Flannery Oaks Guest House	Shantell Variste	225-272-5031	Medical Records
North Point Health Care Nursing Home	Case Manager/Social Worker	225-387-6704	Medical Records
Gonzales Healthcare Center	Gonzales.hr@nexion-health.com	225-644-5358	Medical Records
Whealdon Estates	225-927-7557	225-491-3068(Fax)	Medical records
Landmark Of Baton Rouge	225-293-1003	225-293-1022 (Fax)	Medical Records

Organization / Provider	Contact Person	Phone / Email	Services Provided
Landmark (Hammond	985-542-8570	225-222-4734-(Fax)	Medical Records
Legacy Nursing Home	225-687-0240	225-687-2978(Fax)	Medical records
North Oaks of Baton Rouge	225-767-4673	225-769-8113(Fax)	Medical Records
Nottingham Regional Rehab	225-291-7049	225-291-4051(Fax)	Medical Records
Ollie Steele Burden Manor Nursing Home	Heather Bauder	225-926-0091	Medical Records
Pace	Case Manager/Social Worker	225-490-0604	Medical Records
North Point Health Care	Case Manager/Social Worker	225-332-8086	Medical records
Jena Nursing and Rehabilitation	Case Manager/Social Worker	318-992-4175	Medical Records
Sage Rehabilitation Hospital	Patricia Bessie	985-790-7814	Medical Records
St. Clare Manor Nursing Home	Case Manager/Social Worker	225-216-3604	Medical Records
St. Francisville Country Manor	Case Manager/Social Worker	225-635-3346	Medical records
The Care Center	Case Manager/Social Worker	225-276-7550	Medical Records
The Claiborne at Shoe Creek	Case Manager/Social Worker	225-412-6817	Medical Records
The Guest House Nursing Hone	Case Manager/Social Worker	225-272-0111	Medical Records
Zachary Mannor Nursing Home	Case Manager/Social Worker	225-529-9727	Medical Records
The Woodleigh Of Baton Rouge	Case Manager/Social Worker	225-272-1401	Medical Records
Aveanna Healthcare	Darla Pizzolatto	225-291-1221	Medical Records
Aububon Healthcare	Raymond Banker	225-218-8009	Medical Records
Baton Rouge General Home Health	Carla Shepherd	225-376-6157	Medical Records
Chase Health Care In	Jennifer Starns	225-274-1444	Medical Records
Center Point Healthcare and Rehab	Emily Williams	225-766-0130	Medical Records
Care First Home Health	Ingrid Foster	225-767-0095	Medical Records
Clarity Home Health	Melissa Hebert	225-427-0825	Medical Records

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Ascension Oaks Nursing & Rehab Center	Howard Sadler	Phone: 2256446581 Email: aoaksadmin@centralmanage	License: 954 State ID: NH0002793 Originally licensed: 1998-01-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
711 W. Cornerview Road, GONZALES, LA, 70737		ment.com Fax: 2256440373	Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: ASCENSION Mailing address: 711 W. CORNERVIEW ROAD, GONZALES, LA, 70737
Chateau D"Ville Rehab and Retirement 401 Vatican Drive, DONALDSONVILLE, LA, 70346	DUSTIN ALMOND	Phone: 2254738614 Email: dalmond@chateaudville.com Fax: 2254734331	License: 2203785643 State ID: NH0002606 Originally licensed: 1966-03-04 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: ASCENSION Mailing address: 401 VATICAN DRIVE, DONALDSONVILLE, LA, 70346 Already listed elsewhere in this region; license details supplied here
Gonzales Healthcare Center 905 W. Cornerview Road, GONZALES, LA, 70737	DR. Henry A Cooley Jr.	Phone: 2256445358 Email: gonzales.adm@nexion-health.com Fax: 2256448049	License: 813 State ID: NH0002736 Originally licensed: 1969-01-17 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: ASCENSION Mailing address: 905 W. CORNERVIEW ROAD, GONZALES, LA, 70737 Already listed elsewhere in this region; license details supplied here
Baton Rouge General Medical Center, SNF 3600 Florida Blvd., BATON ROUGE, LA, 70806	Edgardo Tenreiro	Phone: 2253877161 Email: Edgardo.Tenreiro@brgeneral.org Fax: 2253877093	License: 2203781627 State ID: NH0002637 Effective: 2049-02-01 License issued: 2050-01-01 Expires: 2050-01-01 Parish: EAST BATON ROUGE Mailing address: 3600 FLORIDA BLVD., BATON ROUGE, LA, 70806
Baton Rouge Health Care Center 5550 Thomas Road, BATON ROUGE, LA, 70811	Casey Kennedy	Phone: 2257742141 Email: ckennedy@commcare.com Fax: 2257742143	License: 963 State ID: NH0002764 Originally licensed: 1981-06-08 Effective: 2026-07-01 License issued: 2026-04-27 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 5550 THOMAS ROAD, BATON ROUGE, LA, 70811 Already listed elsewhere in this region; license details supplied here
Capital Oaks Nursing & Rehabilitation Center, LLC 4100 North Blvd., BATON ROUGE, LA, 70806	MATTHEW KARAM	Phone: 2253876704 Email: coaksadmin@centralmanagement.com Fax: 2253831811	License: 2203783947 State ID: NH0002768 Originally licensed: 1968-05-01 Effective: 2026-03-01 License issued: 2025-12-29 Expires: 2027-02-28 Parish: EAST BATON ROUGE Mailing address: 4100 NORTH BLVD., BATON ROUGE, LA, 70806
Capitol House Nursing & Rehab Center 11546 Florida Blvd., BATON ROUGE, LA, 70815	LATERECA MONTGOMERY	Phone: 2252750474 Email: lmontgomery@capitolhouse.com Fax: 2252721529	License: 894 State ID: NH0002510 Originally licensed: 1960-01-12 Effective: 2026-09-01 License issued: 2026-06-22 Expires: 2027-08-31 Parish: EAST BATON ROUGE Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
Center Point Health Care and Rehab 8225 Summa Avenue, BATON ROUGE, LA, 70809	Emily Williams	Phone: 2257660130 Email: ewilliams@stjosephholdings.com Fax: 2257577401	License: 2203784748 State ID: NH0002634 Originally licensed: 1999-03-03 Effective: 2025-12-01 License issued: 2025-10-06

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-11-30 Parish: EAST BATON ROUGE Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809 Already listed elsewhere in this region; license details supplied here
Central Guest House Healthcare and Rehabilitation Center 10748 Joor Road, BATON ROUGE, LA, 70818	R. ALVIN BURTON	Phone: 2254166006 Email: cghradministrator@plantationmgt.com Fax: 2254658775	License: 2203785757 State ID: NH0002778 Originally licensed: 1986-03-03 Effective: 2026-06-01 License issued: 2026-03-31 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 307 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
Flannery Oaks Guest House 1642 North Flannery Road, BATON ROUGE, LA, 70815	DONNIE HODGES	Phone: 2252756393 Email: foadministrator@plantationmgt.com Fax: 2252756275	License: 2203785901 State ID: NH0002611 Originally licensed: 1985-04-25 Effective: 2025-10-01 License issued: 2025-08-14 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 1642 NORTH FLANNERY ROAD, BATON ROUGE, LA, 70815 Already listed elsewhere in this region; license details supplied here
Heritage Manor of Baton Rouge II 9301 Oxford Place Ave, BATON ROUGE, LA, 70809	Benjamin Adcox	Phone: 2259242851 Email: badcox@asimgt.com Fax: 2259242975	License: 2203784288 State ID: NH0002784 Originally licensed: 1986-03-05 Effective: 2026-05-01 License issued: 2026-04-13 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 9301 OXFORD PLACE AVE, BATON ROUGE, LA, 70809
Jefferson Manor Nursing & Rehab Center, LLC 9919 Jefferson Highway, BATON ROUGE, LA, 70809	Matt Walton	Phone: 2252931434 Email: jeffersonadmin@centralmanagement.com Fax: 2252913254	License: 751 State ID: NH0002589 Originally licensed: 1980-05-01 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 9919 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70809
Landmark South Nursing & Rehabilitation Center 18180 Jefferson Hwy, BATON ROUGE, LA, 70817	James Smith	Phone: 2252918474 Email: Jsmith3@asimgt.com Fax: 2252925350	License: 2203784285 State ID: NH0002614 Originally licensed: 1985-04-01 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: EAST BATON ROUGE Mailing address: 18180 JEFFERSON HWY, BATON ROUGE, LA, 70817
Landmark of Baton Rouge 9105 Oxford Place Drive, BATON ROUGE, LA, 70809	Ronald Albin	Phone: 2252931003 Email: RALBIN@ASIMGT.COM Fax: 2252931023	License: 789 State ID: NH0003880 Originally licensed: 2000-06-08 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 9105 OXFORD PLACE DRIVE, BATON ROUGE, LA, 70809 Already listed elsewhere in this region; license details supplied here
Lodge at Lane (The) 6170 Carpenter Road, ZACHARY, LA, 70791	Tamara Dayton	Phone: 2256584345 Email: tamara@hometownhc.com Fax: 2256584192	License: 2203785244 State ID: NH0002533 Originally licensed: 1960-11-30 Effective: 2026-03-01 License issued: 2026-02-13 Expires: 2027-02-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: EAST BATON ROUGE Mailing address: 6170 CARPENTER ROAD, ZACHARY, LA, 70791
Mid City Community Nursing and Rehab 4005 North Blvd., BATON ROUGE, LA, 70806	Ernest Joseph	Phone: 2259237280 Email: ejoseph@midcityofbr.com Fax: 2253875939	License: 2203784721 State ID: NH0002515 Originally licensed: 1967-06-08 Effective: 2025-10-01 License issued: 2025-08-27 Expires: 2026-09-30 Parish: EAST BATON ROUGE Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
Old Jefferson Community Care Center 8340 Baringer Foreman Road, BATON ROUGE, LA, 70817	Jan Wells	Phone: 2257533203 Email: jwells@commcare.com Fax: 2257518371	License: 970 State ID: NH0002601 Originally licensed: 1973-07-06 Effective: 2026-06-01 License issued: 2026-05-22 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 8340 BARINGER FOREMAN ROAD, BATON ROUGE, LA, 70817
Ollie Steele Burden Manor 4250 Essen Lane, BATON ROUGE, LA, 70809	Heather Bauder	Phone: 2259260091 Email: heather.bauder@fmolhs.org Fax: 2259264937	License: 246 State ID: NH0002474 Originally licensed: 1966-05-02 Effective: 2026-07-01 License issued: 2026-06-11 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 4250 ESSEN LANE, BATON ROUGE, LA, 70809
Pines Retirement Center of Baton Rouge 14686 Old Hammond Hwy., BATON ROUGE, LA, 70816	TRAVIS CORSELL	Phone: 2252729339 Email: edpines@pinesbatonrouge.com Fax: 2252724171	License: 2203784832 State ID: NH0002492 Originally licensed: 1990-04-01 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 14686 OLD HAMMOND HWY., BATON ROUGE, LA, 70816
River Oaks Nursing & Rehabilitation Center LLC 3612 Baker Blvd., BAKER, LA, 70714	MR S. Brock Naquin	Phone: 2257780573 Email: roaksadmin@centralmanagement.com Fax: 2257754724	License: 2203785271 State ID: NH0002573 Originally licensed: 1984-08-16 Effective: 2026-01-01 License issued: 2025-10-23 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: P O BOX 1438, WINNFIELD, LA, 71483
St James Place Nursing Care Center 333 Lee Drive, BATON ROUGE, LA, 70808	Amy Nelson	Phone: 2254903252 Email: anelson@stjamesplace.org Fax: 2254903241	License: 384 State ID: NH0002801 Originally licensed: 1987-12-31 Effective: 2026-01-01 License issued: 2025-11-19 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 333 LEE DRIVE, BATON ROUGE, LA, 70808
St. Clare Manor Nursing and Rehabilitation 7435 Bishop Ott Drive, BATON ROUGE, LA, 70806	DANTE LANDRY	Phone: 2252163604 Email: dlandry@stclaremanor.com Fax: 2252163746	License: 2203785845 State ID: NH0002596 Originally licensed: 1998-05-15 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: EAST BATON ROUGE Mailing address: 7435 BISHOP OTT DRIVE, BATON ROUGE, LA, 70806
Sterling Place Healthcare & Rehabilitation Center	Terry Wiley	Phone: 2253443551 Email: stadministrator@plantationmg	License: 2203785760 State ID: NH0002590 Originally licensed: 1963-11-07

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
3888 North Blvd, BATON ROUGE, LA, 70806		t.com Fax: 2253441088	Effective: 2026-06-01 License issued: 2026-03-31 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
The Guest House Care Center 10145 Florida Blvd., BATON ROUGE, LA, 70815	Michael Ferrer	Phone: 2252720111 Email: ghadministrator@plantationmgt.com Fax: 2252750723	License: 2203785758 State ID: NH0002548 Originally licensed: 1976-06-15 Effective: 2026-06-01 License issued: 2026-04-13 Expires: 2027-05-31 Parish: EAST BATON ROUGE Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
White Oak Post Acute Care 2828 Westfork, BATON ROUGE, LA, 70816	Sandra Pennington	Phone: 2252917049 Email: edwhiteoak@whiteoakpa.com Fax: 2252917051	License: 2203784829 State ID: NH0002521 Originally licensed: 1963-12-20 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: EAST BATON ROUGE Mailing address: 2828 WESTFORK, BATON ROUGE, LA, 70816
Woodleigh of Baton Rouge, The 14333 Old Hammond Hwy., BATON ROUGE, LA, 70816	Jeffrey J Bradford	Phone: 2252721401 Email: adm.tw@dhcompanies.com Fax: 2252720685	License: 2203782554 State ID: NH0002583 Originally licensed: 1990-05-14 Effective: 2026-02-01 License issued: 2025-12-18 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: 14333 OLD HAMMOND HWY., BATON ROUGE, LA, 70816
Zachary Manor Nursing & Rehab. Center 6161 Main Street, ZACHARY, LA, 70791	Shelby Romero	Phone: 2256546893 Email: zacharyadmin@centralmanagement.com Fax: 2256546369	License: 886 State ID: NH0002765 Originally licensed: 1991-12-30 Effective: 2026-02-01 License issued: 2025-12-11 Expires: 2027-01-31 Parish: EAST BATON ROUGE Mailing address: P.O. BOX 340, ZACHARY, LA, 70791
Grace Nursing Home 1181 Hwy 19, SLAUGHTER, LA, 70777	Martin Stott, Jr.	Phone: 2253060030 Email: adm.grace@dhcompanies.com Fax: 2253060028	License: 998 State ID: NH0002684 Originally licensed: 1980-01-28 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: EAST FELICIANA Mailing address: P.O. BOX 850, SLAUGHTER, LA, 70777
Louisiana War Veterans' Home 4739 Hwy. 10, JACKSON, LA, 70748	Ashlyn Hilburn	Phone: 2253428998 Email: ashlyn.hilburn@vetaffairs.la.gov Fax: 2256344057	License: 0 State ID: NH0002501 Originally licensed: 1982-07-23 Effective: 2049-02-01 License issued: 2050-01-01 Expires: 2050-01-01 Parish: EAST FELICIANA Mailing address: 4739 HWY. 10, JACKSON, LA, 70748
Villa Feliciana Chronic Disease Hosp & Rehab - SNF 5002 Highway 10, JACKSON, LA, 70748	John P Eckler	Phone: 2256344000 Email: J.Patrick.Eckler@la.gov Fax: 2256344191	License: 99999 State ID: NH0002639 Originally licensed: 1964-01-23 Effective: 2049-02-01 License issued: 2050-01-01 Expires: 2050-01-01 Parish: EAST FELICIANA Mailing address: P. O. BOX 438, JACKSON, LA, 70748

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Landmark of Plaquemine 59355 River West Drive, PLAQUEMINE, LA, 70764	EVAN BROWN	Phone: 2253854332 Email: ebrown@asimgt.com Fax: 2256874778	License: 2203784781 State ID: NH0002738 Originally licensed: 1988-02-02 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: IBERVILLE Mailing address: 59355 RIVER WEST DRIVE, PLAQUEMINE, LA, 70764
Legacy Nursing and Rehabilitation of Plaquemine 59215 River West Drive, PLAQUEMINE, LA, 70764	KEIRA JUGE	Phone: 2256870240 Email: keira.juge@legacynursingrehab.com Fax: 2256870249	License: 441 State ID: NH0002749 Originally licensed: 1985-09-06 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: IBERVILLE Mailing address: 59215 RIVER WEST DRIVE, PLAQUEMINE, LA, 70764
Lakeview Manor Nursing And Rehabilitation Center 400 Hospital Road, NEW ROADS, LA, 70760	Leland T Sonnier	Phone: 2256384404 Email: lakeviewadmin@rightcarehs.com Fax: 2256388607	License: 2203785289 State ID: NH0002827 Originally licensed: 1982-04-13 Effective: 2026-04-01 License issued: 2026-01-27 Expires: 2027-03-31 Parish: POINTE COUPEE Mailing address: P.O. DRAWER 320, NEW ROADS, LA, 70760
Pointe Coupee Healthcare 1820 False River Road, NEW ROADS, LA, 70760	Logan Knox	Phone: 2256384431 Email: pcadministrator@plantationmgt.com Fax: 2256387805	License: 945 State ID: NH0004896 Originally licensed: 2005-05-05 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: POINTE COUPEE Mailing address: 301 VETERANS BLVD, NEW ROADS, LA, 70760
Legacy Nursing and Rehabilitation of Port Allen 403 15th Street, PORT ALLEN, LA, 70767	Meagan H Landry	Phone: 2253468815 Email: mlandry@legacynursingrehab.com Fax: 2253082278	License: 385 State ID: NH0002570 Originally licensed: 1983-05-11 Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: WEST BATON ROUGE Mailing address: 403 15TH STREET, PORT ALLEN, LA, 70767
St Francisville Nursing and Rehab, L.L.C. 15243 Hwy. 10 East, SAINT FRANCISVILLE, LA, 70775	Thelma Emick	Phone: 2256353346 Email: Thelma.emick@stfcm.us Fax: 2256359565	License: 2203785302 State ID: NH0002525 Originally licensed: 1974-04-18 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: WEST FELICIANA Mailing address: 7598 CARAH DR, SAINT FRANCISVILLE, LA, 70775

Adult Day Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Allen & Riley Healthcare Services, LLC (St John the Baptist)	Wymeka Breaux	985-233-4063	Adult daycare provides service by playing a critical role in caring for seniors and bring peace of mind to families in need of care for loved ones

Crisis HotLine & Helplines

Organization / Provider	Contact Person	Phone / Email	Services Provided
Metropolitan Crisis	Entire GNO area	504-826-2675	Crisis intervention
Jefferson Mobil Crisis	Jefferson Parish	504-832-5123	Crisis intervention
Domestic Violence	Statewide	1-888-411-1333	Crisis intervention Hotline
VIALINK\211	504, 985, 337 area codes	1-800-273-talk	Crisis Counseling 24/7

REGION 3

Primary Care and Specialty Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Family Doctor Clinic (Houma)	Office Manager	985-868-7882	Request for Protected Information
Houma Family Medical Practice Clinic	Office Manager	985-872-3000	Request for Protected Information
Dr. Richard P Abben	Office Manger	985-876-0300	This practitioner provides the following types of care. The more often a provider has treated a particular condition or has performed a particular surgery, the more expertise they may have in treating patients with similar needs.
Dr. Danielle D. Angeron	Office Manager	985-261-1855	Family medicine doctors, also known as primary care physicians or PCPs, are trained to meet the basic health needs of children and adults. They often refer patients to specialists or for further testing, and they treat common conditions such as diabetes, high cholesterol and allergies.
Jarelle Scott, MDFamily Practice	Office Manager	985-447-5500	Dr. Jarelle Scott, MD is a family medicine physician in Vacherie, LA and has over 20 years of experience in the medical field. She graduated from Tulane University School of Medicine in 2004. She is affiliated with medical facilities St. James Parish Hospital and Thibodaux Regional Medical Center. She is not accepting new patients.
Dr. Francis A. Robichaux, MD(Thibodaux)	Office Manager	985-446-2680	This provider offers telehealth appointments. Call the office to schedule. Preventive care can help identify current or future health and medical concerns before they become major.
Dr. Adrienne Robertson	Office Manager	985-493-4747	Explains conditions and treatments Takes time to answer my questions Provides follow-up as needed. Based on patient feedback.
St James Primary Care	Office Manager	225-869-9200	St. James Parish has a variety of doctors and clinics, including family medicine, internal medicine, cardiology, general surgery, and more. St. James Parish Hospital and its associated clinics are the primary sources for healthcare services in the area.
Dr. Anu Vellanki.	Office Manager	225-869-9200	A primary care physician is a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bayou Region Surgical Center 604 North Acadia Road,	SERENA LEDET	Phone: 9854491244 Email: serena.ledet@bayouregionsur	License: 151 State ID: AS0007245 Originally licensed: 2007-06-21

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Suite 300, THIBODAUX, LA, 70301		gical.com Fax: 9854491242	Effective: 2026-06-01 License issued: 2026-04-23 Expires: 2027-05-31 Parish: LAFOURCHE Mailing address: 604 NORTH ACADIA ROAD, SUITE 300, THIBODAUX, LA, 70301
Thibodaux Endoscopy LLC 764 North Acadia Road, Suite B, THIBODAUX, LA, 70301	DR Danica Colwart	Phone: 9854461958 Email: dcolwart@tddctx.com Fax: 9854460121	License: 2203783349 State ID: AS0004271 Originally licensed: 2002-06-10 Effective: 2026-05-01 License issued: 2026-04-06 Expires: 2027-04-30 Parish: LAFOURCHE Mailing address: 764 NORTH ACADIA ROAD, SUITE B, THIBODAUX, LA, 70301
Thibodaux Laser and Surgery Center LLC 105 St. Bernard St, THIBODAUX, LA, 70301	Dr. Richard Arceneaux	Phone: 9854477246 Email: richard.arceneaux@aeila.com ; Lauren.Larpenter@aeila.com Fax: 9854481521	License: 2203785237 State ID: AS0001051 Originally licensed: 1995-09-01 Effective: 2026-02-01 License issued: 2025-12-03 Expires: 2027-01-31 Parish: LAFOURCHE Mailing address: 105 ST. BERNARD ST, THIBODAUX, LA, 70301
Southlake Surgery Center 694 Belle Terre Boulevard, LAPLACE, LA, 70068	Kayla McGovern	Phone: 5042741102 Email: kmcgovern@southlakesurgery.com Fax: 5042741128	License: 176 State ID: AS0010583 Originally licensed: 2011-06-29 Effective: 2026-05-01 License issued: 2026-04-06 Expires: 2027-04-30 Parish: ST. JOHN THE BAPTIST Mailing address: 1207 NORTH CAUSEWAY BOULEVARD, METAIRIE, LA, 70001
Cardiovascular Institute of the South ASC, LLC 191 Innovation Court, Suite B, GRAY, LA, 70359	Carley Prejean	Phone: 9853034050 Email: Carley.Prejean@cardio.com Fax: 9853034051	License: 2203784847 State ID: AS0012700 Originally licensed: 2021-02-02 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: TERREBONNE Mailing address: 191 INNOVATION COURT, SUITE B, GRAY, LA, 70359
Day Surgery, Inc. 151 Frontage Road - A, GRAY, LA, 70359	JIMMY PONDER, JR	Phone: 9855801598 Email: jimmyponder@theheadacheandpaincenter.com Fax: 9855801218	License: 82 State ID: AS0001003 Originally licensed: 1998-11-10 Effective: 2025-11-01 License issued: 2025-09-04 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 151 FRONTAGE ROAD - A, GRAY, LA, 70359
Gulf Coast Surgical Center, LLC 402 Dunn Street, HOUMA, LA, 70360	MR Mike Allemand	Phone: 9858721661 Email: Allison.Porretto@surgerypartners.com Fax: 9858686938	License: 2203783892 State ID: AS0007525 Originally licensed: 2007-12-19 Effective: 2025-11-01 License issued: 2026-10-08 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 402 DUNN STREET, HOUMA, LA, 70360
Southern Surgical Center 213 Service Rd SW, GRAY, LA, 70359	Damon M Armstrong	Phone: 9857090528 Email: damon@southernsurgicalcenter.com Fax: 9852624355	License: 2203785261 State ID: AS0012832 Originally licensed: 2022-03-21 Effective: 2026-03-01 License issued: 2026-02-09 Expires: 2027-02-28 Parish: TERREBONNE Mailing address: 213 SERVICE RD SW, GRAY, LA, 70359

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
St Lukes Surgery Center 234 S Hollywood Rd, HOUMA, LA, 70360	Jessica Leonard	Phone: 9858568266 Email: jleonard@seeca.com Fax: 9999999999	License: 2203785644 State ID: AS0012974 Originally licensed: 2023-03-01 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: TERREBONNE Mailing address: 234 S HOLLYWOOD RD, HOUMA, LA, 70360

Rural Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Assumption Primary Care 135-A Hwy 402, NAPOLEONVILLE, LA, 70390	Wayne M. Arboneaux	Phone: 9853691083 Email: donna.felder@fmolhs.org Fax: 9853691085	License: 451RHC-2 State ID: RH0003335 Originally licensed: 2004-04-20 Effective: 2004-05-01 License issued: 2005-04-29 Expires: 2005-04-30 Parish: ASSUMPTION Mailing address: 143 HWY 402, SUITE 4, NAPOLEONVILLE, LA, 70390
Reddy Family Medical Clinic - Pierre Part 3407 Hwy 70, PIERRE PART, LA, 70339	Nagaratna Reddy	Phone: 9852521000 Email: nagaratna@aol.com Fax: 9852521003	License: 004 State ID: RH0003363 Originally licensed: 2000-02-25 Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: ASSUMPTION Mailing address: 217 RAIL ROAD AVE, DONALDSONVILLE, LA, 70346
Reddy Family Medical of Napoleonville 154 Hwy 1008, NAPOLEONVILLE, LA, 70390	DR Nagaratna Reddy	Phone: 9853691880 Email: nagaratna@aol.com Fax: 9853699191	License: 2203784256 State ID: RH0004382 Originally licensed: 2003-05-16 Effective: 2026-05-01 License issued: 2026-04-22 Expires: 2027-04-30 Parish: ASSUMPTION Mailing address: 217 RAILROAD AVE, DONALDSONVILLE, LA, 70346
Lady of the Sea Medical Clinic - Cut Off 144 West 134th Place, CUT OFF, LA, 70345	Adea Mayet	Phone: 9856326233 Email: ninab@losgh.org	License: 2203786888RHC-5 State ID: RH0003362 Originally licensed: 2000-07-05 Effective: 2026-01-27 License issued: 2015-09-03 Expires: 2026-12-31 Parish: LAFOURCHE Mailing address: 102 WEST 112TH STREET, CUT OFF, LA, 70345
Lady of the Sea Medical Clinic-LaRose 13030 Hwy. 308, LAROSE, LA, 70373	KAREN COLLINS	Phone: 9857987000 Email: karenc@losgh.org	License: 2203786888RHC-3 State ID: RH0004761 Originally licensed: 2004-09-08 Effective: 2026-01-27 License issued: 2007-08-20 Expires: 2026-12-31 Parish: LAFOURCHE Mailing address: 13030 HWY. 308, LAROSE, LA, 70373
St. James Primary Care 827 N. Pine Street, GRAMERCY, LA, 70052	DR Anu P Vellanki	Phone: 2258699200 Email: eKramersjpc@yahoo.com Fax: 2258699241	License: 110 State ID: RH0006846 Originally licensed: 2006-06-22 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: ST. JAMES Mailing address: P.O. BOX 419, GRAMERCY, LA, 70052 Already listed elsewhere in this region; license details supplied here

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
St. James West Bank Clinic 21420 LA-20, VACHERIE, LA, 70090	Mary Ellen Pratt	Phone: 2252653013 Email: jrodrigue@sjph.org Fax: 2252653375	License: 637RHC-1 State ID: RH0013365 Originally licensed: 2025-02-17 Effective: 2025-11-14 License issued: 2025-12-04 Expires: 2026-04-30 Parish: ST. JAMES Mailing address: 21420 LA-20, VACHERIE, LA, 70090
St. Joseph Medical Clinic - A Medical Corporation 22080 LA Hwy 20, VACHERIE, LA, 70090	Raja Talluri MD	Phone: 2252653061 Email: stjoseph.clinic@gmail.com Fax: 2252653062	License: 098 State ID: RH0004917 Originally licensed: 2005-06-16 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: ST. JAMES Mailing address: P.O. BOX 69, VACHERIE, LA, 70090
St. James Primary Care 502 Rue De Sante, Suite 301, LAPLACE, LA, 70068	Anv P Vellanki, MD	Phone: 9856525475 Email: anuvellanki@gmail.com Fax: 9856525476	License: 114 State ID: RH0007074 Originally licensed: 2006-12-06 Effective: 2025-12-01 License issued: 2025-11-04 Expires: 2026-11-30 Parish: ST. JOHN THE BAPTIST Mailing address: P.O. BOX 419, GRAMERCY, LA, 70052 Already listed elsewhere in this region; license details supplied here
Acadiana Family Practice Associates LLP 1501 Bethia Street, FRANKLIN, LA, 70538	Brent W. Allain	Phone: 3378283507 Email: chmlsu007@gmail.com Fax: 3378287204	License: 2203784622 State ID: RH0003361 Originally licensed: 2000-08-21 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: ST. MARY Mailing address: 1501 BETHIA STREET, FRANKLIN, LA, 70538
Fast Pace Health 1910 Main Street, FRANKLIN, LA, 70538	Randy Overton	Phone: 3379073254 Email: randy.overton@fastpacehealth.com Fax: 3379073255	License: 2203786934 State ID: RH0013390 Originally licensed: 2025-12-09 Effective: 2025-12-09 License issued: 2026-03-13 Expires: 2026-11-30 Parish: ST. MARY Mailing address: 1910 MAIN STREET, FRANKLIN, LA, 70538
Fast Pace Health 6413 Hwy 182, MORGAN CITY, LA, 70380	Randy Overton	Phone: 9855098101 Email: randy.overton@fastpacehealth.com Fax: 9855098102	License: 2203787093 State ID: RH0013584 Originally licensed: 2026-05-19 Effective: 2026-05-19 License issued: 2026-06-22 Expires: 2027-04-30 Parish: ST. MARY Mailing address: 6413 HWY 182, MORGAN CITY, LA, 70380
Patterson Total Care Clinic 1016 Main Street, PATTERSON, LA, 70392	Mary LeBlanc	Phone: 9852631216 Email: maryleblancfnp@gmail.com Fax: 9852631217	License: 2203785750 State ID: RH0012988 Originally licensed: 2023-05-30 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ST. MARY Mailing address: PO BOX 2985, PATTERSON, LA, 70392
Thibodaux Medical Clinic 931 North Canal Blvd., THIBODAUX, LA, 70301	DR Raja Talluri	Phone: 9854466381 Email: stjoseph.clinic@gmail.com Fax: 9854465992	License: 156 State ID: RH0010536 Originally licensed: 2011-03-18 Effective: 2026-03-01 License issued: 2026-02-19

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-02-28 Parish: TERREBONNE Mailing address: P. O. BOX 69, VACHERIE, LA, 70090

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Compass Behavioral Center of Houma, Inc	Andre Robichaux	985-876-1715	Outpatient department of Compass of Houma is a 20 bed psychiatric facility located in Houma specializes in caring for Adults 21 and older.
Metropolitan Health	Manager	504-838-5257	To ensure that person-centered support and services are available and are provided to eligible individuals with mental illness, addictive disorders and intellectual and/or developmental disabilities in Orleans, Plaquemines and St. Bernard parishes.

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Lafourche Behavioral Health Center 157 Twin Oaks Drive, RACELAND, LA, 70394	WILLIAM MAGEE	Phone: 9855376823 Email: william.magee@la.gov Fax: 9855375519	License: 2203782602 State ID: BH0002319 Originally licensed: 2016-02-01 Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: LAFOURCHE Mailing address: 157 TWIN OAKS DRIVE, RACELAND, LA, 70394
Magnolia Family Services, LLC 1418 Tiger Drive, THIBODAUX, LA, 70301	Donnie Oliver	Phone: 9854494055 Email: magnoliafamilyservices@gmail.com Fax: 9854494178	License: 2203783588 State ID: BH0012210 Originally licensed: 2017-10-30 Effective: 2025-10-01 License issued: 2025-10-07 Expires: 2026-09-30 Parish: LAFOURCHE Mailing address: 1418 TIGER DRIVE, THIBODAUX, LA, 70301
Merakey Pennsylvania-Thibodaux 303 Hickory Street, THIBODAUX, LA, 70301	Winford Amos	Phone: 9854462936 Email: winford.amos@merakey.org Fax: 9854462940	License: 2203783506 State ID: BH0012155 Originally licensed: 2017-09-01 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: LAFOURCHE Mailing address: 4251 CRUMS MILL ROAD, HARRISBURG, PA, 17112
Positive Transformation Health Services 2590 Hwy 1, THIBODAUX, LA, 70301	Maisha Davis	Phone: 9853131093 Email: maishadavis32@gmail.com Fax: 9853131092	License: 2203784764 State ID: BH0012670 Originally licensed: 2020-11-16 Effective: 2025-11-01 License issued: 2025-10-08 Expires: 2026-10-31 Parish: LAFOURCHE Mailing address: 2590 HWY 1, THIBODAUX, LA, 70301
Journey to Insight-St. James	Kenneth Rhea	Phone: 2253498696 Email: Elizabeth@journeytoinsight.c	License: 2203785190 State ID: BH0012826 Originally licensed: 2022-01-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
10565 Lifehouse Street, SAINT JAMES, LA, 70086		om Fax: 2253498698	Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: ST. JAMES Mailing address: 10508 N GLENSTONE PL, BATON ROUGE, LA, 70810
Life House University 10565 Life House Street, ST JAMES, LA, 70086	Jeffery Robert	Phone: 2256443762 Email: info@thelifehouse.fm Fax: 2256443761	License: 2203786911 State ID: BH0013438 Originally licensed: 2026-02-12 Effective: 2026-02-12 License issued: 2026-02-18 Expires: 2027-01-31 Parish: ST. JAMES Mailing address: 10565 LIFE HOUSE STREET, ST JAMES, LA, 70086
Absolute Health Inc-Laplace 560 Belle Terre Blvd, LA PLACE, LA, 70068	Daintry Conerly	Phone: 9856520078 Email: absolutehealth2003@bellsouth.net Fax: 9856528360	License: 2203783626 State ID: BH0012238 Originally licensed: 2017-11-21 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: ST. JOHN THE BAPTIST Mailing address: 560 BELLE TERRE BLVD, LA PLACE, LA, 70068
BAART Programs LaPlace 128 Woodland Drive, LA PLACE, LA, 70068	MAYA ANDERSON	Phone: 9856513777 Email: licensing@baymark.com Fax: 9856513770	License: 2203784785 State ID: BH0003466 Originally licensed: 2016-02-01 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: ST. JOHN THE BAPTIST Mailing address: 1720 LAKEPOINTE DRIVE SUITE 117, LEWISVILLE, TX, 75057
Doir Medical Services, LLC 501 RUE DESANTE SUITE # 1, LA PLACE, LA, 70068	Kamryn Levy	Phone: 9852334063 Email: doirmedical@gmail.com Fax: 9852334046	License: 2203786362 State ID: BH0012311 Originally licensed: 2018-03-12 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: ST. JOHN THE BAPTIST Mailing address: 501 RUE DESANTE SUITE # 1, LAPLACE, LA, 70068
Greater You Counseling Center, LLC 429 Airline Highway, Suite H, LA PLACE, LA, 70068	Charme Williams	Phone: 9856183403 Email: gycc@greateryoucounseling.com Fax: 9856183404	License: 2203783151 State ID: BH0011791 Originally licensed: 2017-02-20 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: ST. JOHN THE BAPTIST Mailing address: PO BOX 8391, SHREVEPORT, LA, 71148
Progressive Community Care Center, LLC 3205 New Highway 51, Suite C, LA PLACE, LA, 70068	Keyorka Dennis	Phone: 9856521809 Email: progressiveccc@gmail.com Fax: 9856521808	License: 2203783179 State ID: BH0011622 Originally licensed: 2017-02-24 Effective: 2026-06-29 License issued: 2026-06-29 Expires: 2026-08-27 Parish: ST. JOHN THE BAPTIST Mailing address: 3205 NEW HIGHWAY 51, SUITE C, LA PLACE, LA, 70068
River Parishes Behavioral Health Center 1809 West Airline Hwy., LA PLACE, LA, 70068	DIANE BUECHE	Phone: 9856528444 Email: courtney.tabor@la.gov Fax: 9856522450	License: 2203782549 State ID: BH0002312 Originally licensed: 2015-09-01 Effective: 2025-09-01 License issued: 2025-08-26 Expires: 2026-08-31 Parish: ST. JOHN THE BAPTIST Mailing address: 1809 WEST AIRLINE HWY., LAPLACE, LA, 70068

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
SUN Behavioral Louisiana- LaPlace 576 Belle Terre Blvd, LA PLACE, LA, 70068	Sylvia Cook	Phone: 5044932271 Email: ljackson@seasidehc.com Fax: 9853592399	License: 2203783499 State ID: BH0012178 Originally licensed: 2017-08-31 Effective: 2025-05-01 License issued: 2026-06-16 Expires: 2026-07-31 Parish: ST. JOHN THE BAPTIST Mailing address: 1216 STUBBS AVENUE, MONROE, LA, 71201
Breakthrough Therapeutic Services-Franklin 75 Main Street, FRANKLIN, LA, 70538	Kizzy Dixon	Phone: 3375340254 Email: kizzyhdixon@yahoo.com Fax: 3375340542	License: 2203786500 State ID: BH0013348 Originally licensed: 2025-03-17 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: ST. MARY Mailing address: 75 MAIN STREET, FRANKLIN, LA, 70538
Claire House for Women and Children 1101 Southeast Blvd Suite A, MORGAN CITY, LA, 70380	Edward C Carlson	Phone: 5048219211 Email: bwade@ohlinc.com Fax: 5042181424	License: 2203785381 State ID: BH0003467 Originally licensed: 2016-03-01 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: ST. MARY Mailing address: 1125 N TONTI STREET, NEW ORLEANS, LA, 70119
Fairview Treatment Center 1101 Southeast Blvd, MORGAN CITY, LA, 70380	Edward C Carlson	Phone: 5048219211 Email: bwade@ohlinc.org Fax: 5042181424	License: 2203785379 State ID: BH0003379 Originally licensed: 2016-02-01 Effective: 2025-07-01 License issued: 2025-06-26 Expires: 2026-06-30 Parish: ST. MARY Mailing address: 1101 SOUTHEAST BLVD, MORGAN CITY, LA, 70380
St Mary Behavioral Health Center 500 Roderick Street, Suite B, MORGAN CITY, LA, 70380	Amber Cavalier	Phone: 9853802460 Email: sclhsa.smbhc@la.gov Fax: 9853802476	License: 2203782850 State ID: BH0002303 Originally licensed: 2016-08-01 Effective: 2025-08-01 License issued: 2025-08-06 Expires: 2026-07-31 Parish: ST. MARY Mailing address: 500 RODERICK STREET, SUITE B, MORGAN CITY, LA, 70380
All Pro Behavioral Health Services 1101 East Street, HOUMA, LA, 70363	Sade Verdin	Phone: 9858701722 Email: allprobha7@gmail.com Fax: 5048729860	License: 2203786845 State ID: BH0012039 Originally licensed: 2017-10-11 Effective: 2026-02-09 License issued: 2026-02-18 Expires: 2026-07-31 Parish: TERREBONNE Mailing address: 6221 EASTOVER DRIVE, NEW ORLEANS, LA, 70128
Assisi Bridge House 600 Bull Run Road, SCHRIEVER, LA, 70395	Monique Albarado	Phone: 9858725529 Email: cpellerin@htdiocese.org Fax: 9858578270	License: 2203782517 State ID: BH0003409 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-10-28 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 1220 AYCOCK ST., HOUMA, LA, 70360
BHG Houma Treatment Center 435 Corporate Drive Building # 1, Suite #102, HOUMA, LA, 70360	Amber Bonura	Phone: 9852430062 Email: licensingteam@bhgrecovery.com Fax: 9852430063	License: 2203785702 State ID: BH0012984 Originally licensed: 2023-04-04 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: TERREBONNE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 5001 SPRING VALLEY ROAD, SUITE 600 EAST, DALLAS, TX, 75244
Gulf Coast Social Services-Houma 723 Point Street Ste B, HOUMA, LA, 70360	Brandy Lirette, MNA	Phone: 9858514488 Email: brandi_lirette@gcssla.org Fax: 9858720985	License: 2203786377 State ID: BH0013304 Originally licensed: 2024-09-23 Effective: 2025-09-01 License issued: 2025-08-08 Expires: 2026-08-31 Parish: TERREBONNE Mailing address: 723 POINT STREET STE B, HOUMA, LA, 70360
New Start Recovery, Inc 600 West Tunnel Blvd, HOUMA, LA, 70360	Brett Matherne	Phone: 9852234009 Email: brett@nsrdrugtx@protonmail.com Fax: 9852237002	License: 2203784771 State ID: BH0007880 Originally licensed: 2015-12-01 Effective: 2025-11-01 License issued: 2025-10-28 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 600 WEST TUNNEL BLVD, HOUMA, LA, 70360
Options for Independence 8326 Main Street, # 3, HOUMA, LA, 70363	SHERL TURNER	Phone: 9858682620 Email: sturner@op4in.com Fax: 9858688474	License: 2203782753 State ID: BH0011623 Originally licensed: 2016-05-13 Effective: 2026-05-01 License issued: 2026-04-28 Expires: 2027-04-30 Parish: TERREBONNE Mailing address: 8326 MAIN STREET, # 3, HOUMA, LA, 70363
Quans Behavioral Health Services, LLC 1340 W Tunnel Blvd. Suites 518, 521, 522, HOUMA, LA, 70363	Taquana Mason	Phone: 9857465900 Email: hhsbhcare@hotmail.com Fax: 9857465901	License: 2203786868 State ID: BH0012016 Originally licensed: 2017-07-18 Effective: 2025-12-30 License issued: 2026-01-06 Expires: 2026-11-30 Parish: TERREBONNE Mailing address: PO BOX 2708, LA PLACE, LA, 70069
Restore Outreach Center - Houma 205 Enterprise Drive Suite D, HOUMA, LA, 70360	NATOYA HARRIS	Phone: 9853030182 Email: restoreoutreachcenter@gmail.com Fax: 9853030181	License: 2203783490 State ID: BH0012001 Originally licensed: 2017-04-04 Effective: 2025-08-01 License issued: 2025-08-11 Expires: 2026-07-31 Parish: TERREBONNE Mailing address: 205 ENTERPRISE DRIVE SUITE D, HOUMA, LA, 70360
Start Corporation - Houma 420 Magnolia Street, HOUMA, LA, 70360	Casey Guidry	Phone: 2256662395 Email: casey.guidry@startcorp.org Fax: 9858724473	License: 2203783180 State ID: BH0011636 Originally licensed: 2017-03-01 Effective: 2026-04-01 License issued: 2026-02-27 Expires: 2027-03-31 Parish: TERREBONNE Mailing address: P.O. BOX 165, HOUMA, LA, 70360
Terrebonne Behavioral Health Center 805 Barrow Street, HOUMA, LA, 70360	Allen Crane	Phone: 9858573616 Email: allen.crane@la.gov Fax: 9858573706	License: 2203786455 State ID: BH0002311 Originally licensed: 2016-07-01 Effective: 2026-01-01 License issued: 2025-12-23 Expires: 2026-12-31 Parish: TERREBONNE Mailing address: 5599 HIGHWAY 311, HOUMA, LA, 70360

Substance Use Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
South Central Human services Authority (SCLHSA)	Supervisor	985-858-8931	Mental health service

Dental Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dental Provider Locator	Medicaid Member	800-494-6262/ncnala.net	Medicaid Members
Aspen Dental	Office Manager	225-295-6834/aspendental.com	General Dentistry
Louisiana Dental Center	Office Manager	985-876-0448	Offers individuals and families the benefit of state of the art dentistry at the hand of highly trained and experienced team
The Houma Family Dental	Kellie P/Office manager	985-645-2820	Offers more than just innovative technological advancements

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
ADHC	Manager	985-449-4708	ADHC is a community-based service delivered in an adult care health center which provides supervised care to adult day health care in a supportive and safe setting during part of a day.
Day Habilitation Services	Manager	800-540-4144	The Arc of St. Charles's direct care staff provides extensive supervision to individuals in this program, assisting with their daily needs. Targeted areas include self-help skills, recreational activities, social and communication skills and occupational therapy. Day habilitation is funded through OCDD and Waiver Services.
Option Plus Day Program	Manager	985-876-4465	Option Plus Day Program is day habilitation program that provides people living with physical and intellectual disabilities pre-employment training in the areas of social, daily living, and fine…

Adult Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Allen & Riley Healthcare Services LLC 501 Rue De Sante Ste 2, LA PLACE, LA, 70068	Sandra Miller	Phone: 9853594046 Email: Allen.Rileyhealthcare@gmail.com Fax: 9853594047	License: 2203784873 State ID: WA0012703 Originally licensed: 2021-03-08 Effective: 2026-03-01 License issued: 2026-01-08 Expires: 2027-02-28 Parish: ST. JOHN THE BAPTIST

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 501 RUE DE SANTE STE 2, LAPLACE, LA, 70068
Allen & Riley Healthcare Services, LLC #2 526 Belle Terre Blvd, LAPLACE, LA, 70068	Jesstina Allen	Phone: 9856183112 Email: allen.rileyhealthcare@gmail.com Fax: 9856183310	License: 2203786674 State ID: WA0013481 Originally licensed: 2025-08-07 Effective: 2026-08-01 License issued: 2026-05-11 Expires: 2027-07-31 Parish: ST. JOHN THE BAPTIST Mailing address: 201 EAST JOLLIET CT, LAPLACE, LA, 70068

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Thibodaux Pediatric Day Health Care 124 Sucre Lane, THIBODAUX, LA, 70301	VICKY GRIFFIN	Phone: 9854461541 Email: thibodauxpdhc@att.net Fax: 9854463864	License: 2203782237 State ID: PD0011339 Originally licensed: 2014-12-30 Effective: 2025-12-01 License issued: 2025-11-10 Expires: 2026-11-30 Parish: LAFOURCHE Mailing address: 124 SUCRE LANE, THIBODAUX, LA, 70301

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Section 8 housing	Manager	Primary	Major program for assisting very low-income families, the elderly. All disabilities, individuals, senior citizens and disabled to afford decent, safe, and sanitary housing in the private market
Individual& family Assistance	catholiccharities@htdioceswe.org	985-876-0490	Offers all disabilities, low-income in crisis help pay for utilities. Helping elderly with assistance with social security.

Financial Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Social Security Benefit	Disability/financial	800-772-1213	Financial support
Critical Financial Assistance	Manager	877-264-3968	Help pay for food, healthcare, housing, help pay for car, financial assistance.
Begin Again Foundation Financial Aid Fund	PAF	855-824-7941	PAF provide financial assistance to patients of Sepis, ARDS, TSS, the fund will cover expenses related to rent/mortgage, transportation, utilities, food/nutritional needs and or/lodging.
Supplemental Security Income (SSI) Benefits	Program's Website	800-772-1213	The Supplemental Security Income (SSI) program provides monthly payments to adults and children with a disability or blindness who have income and resource

Organization / Provider	Contact Person	Phone / Email	Services Provided
			below specific financial limits. These payments are also made to seniors without disabilities who meet the financial qualifications.

Food Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
SNAP	Financial,<18 years	888-524-3578/dcfs/la.gov	Food assistance and education(common name food stamp)

Transportation Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Medical Transport	Medicaid	855-325-7626	Non-emergency medical transportation to\from medical appointments has to be scheduled 2 days before appointment

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Louisiana Vocational Rehab (LRS)	Medical/disability criteria	985-857-3652/laworks.net	Career development program for individuals with disabilities
Social Security Benefits	Financial support	800-772-1213	Disability /Financial

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Maison Bienvenue Senior Living Center 152 Percy Brown Rd., THIBODAUX, LA, 70301	JENISE EVANS	Phone: 9852790101 Email: MaisonBienvenue.Adm@Nexion-Health.com Fax: 9852790102	License: 2203784803 State ID: AC0012680 Originally licensed: 2020-12-18 Effective: 2025-12-01 License issued: 2025-11-05 Expires: 2026-11-30 Parish: LAFOURCHE Mailing address: 152 PERCY BROWN RD, THIBODAUX, LA, 70301
St. Joseph Manor - Level 3 1201 Cardinal Drive, THIBODAUX, LA, 70301	BENJAMIN J BOLTON	Phone: 9854469050 Email: benb@stjosephmanor.org Fax: 9854490047	License: 2224 State ID: AC0010302 Originally licensed: 2000-06-30 Effective: 2026-07-01 License issued: 2026-05-11 Expires: 2027-06-30 Parish: LAFOURCHE Mailing address: 1201 CARDINAL DRIVE, THIBODAUX, LA, 70301

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The Claiborne at Thibodaux-Level 3 2495 Talbot Avenue, THIBODAUX, LA, 70301	Kenyatta Hampton	Phone: 9852608541 Email: KHAMPTON@THECLAIBORNE.COM Fax: 9854929072	License: 2203782674 State ID: AC0011548 Originally licensed: 2016-03-22 Effective: 2026-03-01 License issued: 2026-02-24 Expires: 2027-02-28 Parish: LAFOURCHE Mailing address: 2495 TALBOT AVENUE, THIBODAUX, LA, 70301
SummerHouse Ashton Manor - Level 2 270 Ashton Plantation Blvd, LULING, LA, 70070	Stephanie Maxwell	Phone: 9857858288 Email: smaxwell@summerhouseashtonmanor.com Fax: 9857857773	License: 2203785236 State ID: AC0011062 Originally licensed: 2012-12-14 Effective: 2025-12-01 License issued: 2025-12-01 Expires: 2026-11-30 Parish: ST. CHARLES Mailing address: 270 ASHTON PLANTATION BLVD, LULING, LA, 70070
Maison Jardin Senior Living Community -Level 3 516 Roderick Street, MORGAN CITY, LA, 70380	Shawna Trahan	Phone: 9853853003 Email: MAISONJARDIN.ADM@NEXION-HEALTH.COM Fax: 9853850049	License: 2203782492 State ID: AC0010426 Originally licensed: 2009-09-24 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ST. MARY Mailing address: 516 RODERICK STREET, MORGAN CITY, LA, 70380
Homestead Assisted Living -Level 3 1132 Cottage Drive, HOUMA, LA, 70360	Lauren Olivier	Phone: 9852234663 Email: thehomesteadassistedliving@gmail.com Fax: 9856554663	License: 9918 State ID: AC0008894 Originally licensed: 2004-08-13 Effective: 2025-09-01 License issued: 2025-08-25 Expires: 2026-08-31 Parish: TERREBONNE Mailing address: 1132 COTTAGE DRIVE, HOUMA, LA, 70360
Start Corporation - Level 3 302 Magnolia Street, HOUMA, LA, 70360	Greg Gleason	Phone: 9858793966 Email: lauren.sanders@startcorp.org Fax: 9858724473	License: 2203784974 State ID: AC0012763 Originally licensed: 2021-06-24 Effective: 2026-06-01 License issued: 2026-03-24 Expires: 2027-05-31 Parish: TERREBONNE Mailing address: P.O. BOX 165, HOUMA, LA, 70361
The Suites At Sugar Mill Point - Level 2 220 Valhi Boulevard, HOUMA, LA, 70360	Amanda Champagne	Phone: 9858688400 Email: amanda@sugarmillpoint.net Fax: 9858688475	License: 9409 State ID: AC0010347 Originally licensed: 2002-10-09 Effective: 2025-11-01 License issued: 2025-10-30 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 220 VALHI BOULEVARD, HOUMA, LA, 70360
Trustwell Living at Terrebonne Place - Level 3 1163 Museum Drive, HOUMA, LA, 70360	John Tipton, Jr	Phone: 9855800620 Email: Jtipton@trustwellliving.net Fax: 9852234502	License: 2203786381 State ID: AC0008868 Originally licensed: 2013-07-11 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: TERREBONNE Mailing address: 600 THIRD AVENUE, 21ST FLOOR, NYC, NY, 10016

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Cadence of Acadiana, Inc.-Region 3 1499 St. Mary Street, THIBODAUX, LA, 70301	Erica Buchanan	Phone: 9854475545 Email: coa3@cadencela.org Fax: 9854475541	License: 2203782363 State ID: CM0006474 Originally licensed: 2004-08-31 Effective: 2026-07-01 License issued: 2026-05-13 Expires: 2027-06-30 Parish: LAFOURCHE Mailing address: P.O. BOX 755, THIBODAUX, LA, 70302
Coastal Care Services, LLC 105 Park Drive, THIBODAUX, LA, 70301	Barry L Gros	Phone: 9854921488 Email: blgros1@hotmail.com Fax: 9854921489	License: 2203783064 State ID: CM0011908 Originally licensed: 2017-02-10 Effective: 2026-02-01 License issued: 2025-12-01 Expires: 2027-01-31 Parish: LAFOURCHE Mailing address: 105 PARK DRIVE, THIBODAUX, LA, 70301
Easter Seals Louisiana-Region 3 506 St Mary Street, THIBODAUX, LA, 70301	Patrick Gillies	Phone: 9854491021 Email: quality@laeasterseals.com Fax: 9853163036	License: 2203786346 State ID: CM0006528 Originally licensed: 2005-09-13 Effective: 2026-08-01 License issued: 2026-05-13 Expires: 2027-07-31 Parish: LAFOURCHE Mailing address: 506 ST. MARY STREET, THIBODAUX, LA, 70301
Family Service Corporation 507 St. Mary Street Suite B, THIBODAUX, LA, 70301	Brian P Jakes, Sr	Phone: 9854483454 Email: tosha.jakes@selahec.org Fax: 9854937285	License: 6901 State ID: CM0006901 Originally licensed: 2006-07-11 Effective: 2026-08-01 License issued: 2026-06-03 Expires: 2027-07-31 Parish: LAFOURCHE Mailing address: 507 ST. MARY STREET SUITE B, THIBODAUX, LA, 70301
Medical Resources & Guidance, Region 3, Inc. 1011 St Mary Street, THIBODAUX, LA, 70301	Tammy Fontenot	Phone: 9854466105 Email: medres@centurytel.net Fax: 9854466418	License: 2203782194 State ID: CM0007909 Originally licensed: 2009-01-20 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: LAFOURCHE Mailing address: 221 N. THOMPSON ST., VILLE PLATTE, LA, 70586

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Assumption Association For Retarded Citizens, Inc. 4201 Highway 1, NAPOLEONVILLE, LA, 70390	Sarah Olivo	Phone: 9853692908 Email: solivo@aarcinc.org Fax: 9853692657	License: 2660 State ID: HC0005951 Originally licensed: 1992-11-06 Effective: 2025-11-01 License issued: 2025-10-17 Expires: 2026-10-31 Parish: ASSUMPTION Mailing address: 4201 HIGHWAY 1, NAPOLEONVILLE, LA, 70390
Community Living Alternatives, Inc. 1207 Canal Blvd, THIBODAUX, LA, 70301	Sheryl Elam	Phone: 9854481129 Email: jobugg@cox.net Fax: 9854481685	License: 2203782078 State ID: HC0005557 Originally licensed: 2003-02-12 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: LAFOURCHE Mailing address: 4134 FLORIDA AVE. SUITE 100, KENNER, LA, 70065

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
G. M. Client Care Services, Inc. 2267 Highway 3185, Suite 136, THIBODAUX, LA, 70301	Geraldine Marshall-Patterson	Phone: 9854474893 Email: geraldinepatterson65@gmail.com Fax: 9854476029	License: 9557 State ID: HC0006386 Originally licensed: 2002-08-14 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: LAFOURCHE Mailing address: P. O. BOX 5841, THIBODAUX, LA, 70302
Home-Care PCA, LLC 353 West Main St, THIBODAUX, LA, 70301	Cathy Perio	Phone: 9854463377 Email: homecarepcallc@bellsouth.net Fax: 9854467766	License: 2203784930 State ID: HC0005062 Originally licensed: 2003-11-13 Effective: 2026-02-01 License issued: 2026-02-03 Expires: 2027-01-31 Parish: LAFOURCHE Mailing address: P.O. BOX 110, THIBODAUX, LA, 70302
Lafourche Arc 100 West Main Street, THIBODAUX, LA, 70301	Wendy Eschete	Phone: 9854476214 Email: lafourchearc@triparish.net Fax: 9854474813	License: 6791 State ID: HC0006124 Originally licensed: 2005-10-01 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: 100 WEST MAIN STREET, THIBODAUX, LA, 70301
Leading Home Care 104 Hickory Street, THIBODAUX, LA, 70301	Caroline Benoit	Phone: 9854491124 Email: info@lhcla.com Fax: 9854491126	License: 2203784643 State ID: HC0007602 Originally licensed: 2008-10-09 Effective: 2026-07-01 License issued: 2026-06-16 Expires: 2027-06-30 Parish: LAFOURCHE Mailing address: 206 LA RUE FRANCE, LAFAYETTE, LA, 70508
Optimistic Home Care Agency, LLC 4313 Highway 1 Suite A, RACELAND, LA, 70394	Claudette Alexis	Phone: 9856641151 Email: optimistichcagency@gmail.com Fax: 9856641131	License: 2203786410 State ID: HC0012412 Originally licensed: 2018-10-12 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: LAFOURCHE Mailing address: 4313 HIGHWAY 1 SUITE A, RACELAND, LA, 70394
Special Education District #1 5510 West Avenue D, CUT OFF, LA, 70345	Torie Lee	Phone: 9856325671 Email: toriel@sed1laf.com Fax: 9856325659	License: 11965 State ID: HC0005536 Originally licensed: 2004-11-23 Effective: 2026-05-01 License issued: 2026-03-18 Expires: 2027-04-30 Parish: LAFOURCHE Mailing address: P.O. BOX 405, CUT OFF, LA, 70345
Synergy HomeCare of Thibodaux 102-B East Bayou Rd., Suite 1, THIBODAUX, LA, 70301	Kimberly Andras	Phone: 9852286828 Email: synergyhomecare.com Fax: 9852051407	License: 2203786816 State ID: HC0013492 Originally licensed: 2025-11-20 Effective: 2025-11-20 License issued: 2025-11-20 Expires: 2026-10-31 Parish: LAFOURCHE Mailing address: 102-B EAST BAYOU RD., SUITE 1, THIBODAUX, LA, 70301
AAlpha Resources LLC 13322 HIGHWAY 90, STE K, BOUTTE, LA, 70039	Sharonda Baham	Phone: 8885104465 Email: office@aalpharesources.com Fax: 8007838249	License: 2203784193 State ID: HC0007955 Originally licensed: 2009-02-26 Effective: 2026-02-01 License issued: 2026-01-27 Expires: 2027-01-31 Parish: ST. CHARLES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P. O. BOX 1032, BOUTTE, LA, 70039
The ARC of St. Charles, Inc. 13771 Highway 631, BOUTTE, LA, 70039	Victoria Bryant	Phone: 9857850971 Email: admin@arcofstcharles.com Fax: 9857850034	License: 5159 State ID: HC0006048 Originally licensed: 1997-06-06 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: ST. CHARLES Mailing address: P. O. BOX 455, BOUTTE, LA, 70039
Affinity Care Providers, Inc. 10850 LA Highway 3125, Suite A, GRAMERCY, LA, 70052	Starlette Gordon	Phone: 2258696005 Email: affinitycareprov@gmail.com Fax: 2258696007	License: 2203786664 State ID: HC0005612 Originally licensed: 2005-04-18 Effective: 2026-03-01 License issued: 2026-02-26 Expires: 2027-02-28 Parish: ST. JAMES Mailing address: P. O. BOX 580, GRAMERCY, LA, 70052
Restorative Touch Home Care Services, LLC 837 N. Pine Street, GRAMERCY, LA, 70052	Paris Lewis	Phone: 2252584000 Email: restorativetouchllc@yahoo.com Fax: 2253981017	License: 2203786234 State ID: HC0013275 Originally licensed: 2024-06-11 Effective: 2026-06-01 License issued: 2026-05-07 Expires: 2027-05-31 Parish: ST. JAMES Mailing address: 837 N. PINE STREET, GRAMERCY, LA, 70052
St. James ARC D/B/A/Vacherie Day Development Training Center 2544 LA-20, VACHERIE, LA, 70090	Ingrid B Leblanc	Phone: 2255622305 Email: ingrid.leblanc@stjamesla.com Fax: 2255622548	License: 2203785490 State ID: HC0005852 Originally licensed: 1975-09-17 Effective: 2025-09-01 License issued: 2025-08-29 Expires: 2026-08-31 Parish: ST. JAMES Mailing address: P.O. BOX 87, CONVENT, LA, 70723
#1 In Home Care LaPlace 1101 W Airline Hwy, Suite J, LAPLACE, LA, 70068	Rachel Mayeaux	Phone: 9856521847 Email: info@1inhomecare.com Fax: 9856521897	License: 2203784649 State ID: HC0008084 Originally licensed: 2009-08-26 Effective: 2026-06-01 License issued: 2026-05-19 Expires: 2027-05-31 Parish: ST. JOHN THE BAPTIST Mailing address: 1101 W AIRLINE HWY, SUITE J, LAPLACE, LA, 70068
A First Name Basis Home Care 1708 Chantilly Suite D, LAPLACE, LA, 70068	Alfredo D Ramos	Phone: 9853594000 Email: admin@afirstnamebasis.com Fax: 9858372008	License: 2203786927 State ID: HC0012511 Originally licensed: 2019-07-25 Effective: 2026-02-18 License issued: 2026-03-06 Expires: 2027-01-31 Parish: ST. JOHN THE BAPTIST Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596
AMG Healthcare LLC 425 W Airline Highway Suite D, LA PLACE, LA, 70068	Dwayne West	Phone: 5042891506 Email: amghealthcare504@gmail.com Fax: 5046415652	License: 2203786317 State ID: HC0013285 Originally licensed: 2024-08-16 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: ST. JOHN THE BAPTIST Mailing address: 425 W AIRLINE HIGHWAY SUITE D, LA PLACE, LA, 70068
Allen & Riley Healthcare Service LLC 501 Rue De Sante Suite 1, LAPLACE, LA, 70068	WYMEKA BREAUX	Phone: 9852334063 Email: allen.rileyhealthcare@gmail.com Fax: 9852334046	License: 2203784874 State ID: HC0012585 Originally licensed: 2020-01-15 Effective: 2026-02-01 License issued: 2026-01-22

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-01-31 Parish: ST. JOHN THE BAPTIST Mailing address: 501 RUE DE SANTE SUITE 1, LAPLACE, LA, 70068
Angels Care, LLC 574 BELLE TERRE BLVD, LAPLACE, LA, 70068	Donise Rogers	Phone: 9853592162 Email: angelscare01@hotmail.com Fax: 9853598201	License: 2203782476 State ID: HC0005240 Originally licensed: 2005-10-01 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ST. JOHN THE BAPTIST Mailing address: 200 BEDFORD CT SUITE A, LAPLACE, LA, 70068
Family Resources Unlimited, Inc. 425 West Airline Highway Suite D, LAPLACE, LA, 70068	MS. Catherine Marshall	Phone: 9856523933 Email: familyresourcesunlimited@gmail.com Fax: 9856523930	License: 2203781074 State ID: HC0005725 Originally licensed: 2005-10-01 Effective: 2026-06-01 License issued: 2026-05-08 Expires: 2027-05-31 Parish: ST. JOHN THE BAPTIST Mailing address: 425 WEST AIRLINE HWY, SUITE D, LAPLACE, LA, 70068
Payne"s In-Home Care Services, Inc. 1317 W. Airline Hwy. Suite C, LAPLACE, LA, 70068	Uche A Ezieme	Phone: 9856511965 Email: payneorleans@gmail.com Fax: 9856511968	License: 2203782955 State ID: HC0008024 Originally licensed: 2009-07-14 Effective: 2025-09-01 License issued: 2025-08-14 Expires: 2026-08-31 Parish: ST. JOHN THE BAPTIST Mailing address: P. O. BOX 2703, LAPLACE, LA, 70069
Reliable Community Alternatives, LLC 299 Belle Terre Blvd. Suite CC, LAPLACE, LA, 70068	Beverly Mandolph	Phone: 9852334064 Email: oscott@rcahomecare.net Fax: 9852248942	License: 2203785485 State ID: HC0007172 Originally licensed: 2007-03-05 Effective: 2025-09-01 License issued: 2025-08-18 Expires: 2026-08-31 Parish: ST. JOHN THE BAPTIST Mailing address: 11611 W. AIRPORT BLVD. SUITE H-226, MEADOWS PLACE, TX, 77477
River Region Adult Day Center, LLC 618 Belle Terre Blvd. Suite A, LA PLACE, LA, 70068	Natasha M Ross	Phone: 9856183108 Email: info@riverregionADC.com Fax: 8005216815	License: 2203786827 State ID: HC0013490 Originally licensed: 2025-09-22 Effective: 2025-09-22 License issued: 2025-11-26 Expires: 2026-08-31 Parish: ST. JOHN THE BAPTIST Mailing address: 618 BELLE TERRE BLVD. SUITE A, LA PLACE, LA, 70068
St. John Association For Retarded Citizens, Inc. 101 Bamboo Road, LAPLACE, LA, 70068	Victoria Matasovsky	Phone: 9856528003 Email: brenda.stjohnarc@gmail.com Fax: 9853596202	License: 2203786150 State ID: HC0006036 Originally licensed: 2000-01-20 Effective: 2026-03-01 License issued: 2026-01-22 Expires: 2027-02-28 Parish: ST. JOHN THE BAPTIST Mailing address: 101 BAMBOO ROAD, LAPLACE, LA, 70068
1st A Southeast, Inc, LLC 614 Roussell Street, HOUMA, LA, 70360	Sheryan Roberts	Phone: 9858760559 Email: sroberts.incs@gmail.com Fax: 9858760844	License: 12649 State ID: HC0005793 Originally licensed: 2005-03-08 Effective: 2025-10-01 License issued: 2025-09-30 Expires: 2026-09-30 Parish: TERREBONNE Mailing address: 1301 FRIEDRICHS STREET, GRETNA, LA, 70053
Caregivers Personal Assistance, LLC	Karmella D Minor	Phone: 9855802165 Email:	License: 15323 State ID: HC0006390

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
7414 Main Street, HOUMA, LA, 70360		caregivers1223@gmail.com Fax: 9852234424	Originally licensed: 2002-10-09 Effective: 2025-11-01 License issued: 2025-10-06 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 7414 MAIN STREET, HOUMA, LA, 70360
Gulf Coast Social Services 723 Point Street, HOUMA, LA, 70360	BRANDY LIRETTE	Phone: 9858514488 Email: brandy_lirette@gcssla.org Fax: 9858720985	License: 2203785855 State ID: HC0005947 Originally licensed: 1992-06-10 Effective: 2025-09-01 License issued: 2025-08-06 Expires: 2026-08-31 Parish: TERREBONNE Mailing address: 723 POINT STREET, HOUMA, LA, 70360
Home Instead Senior Care 5770 W. Main Street, HOUMA, LA, 70360	David Ditch	Phone: 9858680038 Email: jessica.ditch@homeinstead.com Fax: 3373640034	License: 2203785744 State ID: HC0013006 Originally licensed: 2023-05-22 Effective: 2026-05-01 License issued: 2026-02-25 Expires: 2027-04-30 Parish: TERREBONNE Mailing address: 5770 W. MAIN STREET, HOUMA, LA, 70360
Human Service Management And Investment, LLC 5789 HIGHWAY 311, SUITE 10A, HOUMA, LA, 70360	Allen Mitchell	Phone: 9852232429 Email: allenfmitchell@aol.com Fax: 9852232431	License: 2203785222 State ID: HC0005273 Originally licensed: 2005-10-01 Effective: 2026-02-01 License issued: 2025-12-19 Expires: 2027-01-31 Parish: TERREBONNE Mailing address: 5789 HIGHWAY 311, SUITE 10A, HOUMA, LA, 70360
Inceptions, LLC 7134 Park Avenue, HOUMA, LA, 70364	CHERYL CHARLES-BANKS	Phone: 9858517887 Email: inceptions@bellsouth.net Fax: 9858030988	License: 2203784861 State ID: HC0007100 Originally licensed: 2007-07-17 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: TERREBONNE Mailing address: 7134 PARK AVENUE, HOUMA, LA, 70364
Pelican State Home and Community Services 206 School St., HOUMA, LA, 70360	Krishondra A Noel	Phone: 8554690156 Email: pelicans@pshcs.co Fax: 8887651319	License: 2203786573 State ID: HC0012499 Originally licensed: 2019-08-16 Effective: 2026-01-01 License issued: 2025-12-04 Expires: 2026-12-31 Parish: TERREBONNE Mailing address: 206 SCHOOL ST., HOUMA, LA, 70360
Terrebonne ARC #1 Mccord Road, HOUMA, LA, 70363	MS. Mary Lynn Bisland	Phone: 9858764465 Email: tarc@terrebonnearc.org Fax: 9852237387	License: 4515 State ID: HC0006027 Originally licensed: 1996-08-01 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: #1 MCCORD ROAD, HOUMA, LA, 70363
The Medical Team, Inc. 4722 Highway 311, HOUMA, LA, 70360	Carol Thomas	Phone: 9858726666 Email: Achampagne@medteam.com Fax: 9858723263	License: 8913 State ID: HC0006295 Originally licensed: 2001-09-28 Effective: 2025-10-01 License issued: 2025-08-22 Expires: 2026-09-30 Parish: TERREBONNE Mailing address: 4722 HIGHWAY 311, HOUMA, LA, 70360

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
Vacherie Personal Care Services, Inc. 154 North Hollywood Road, Suite A, HOUMA, LA, 70364	Melissa Chriss	Phone: 9856013157 Email: vacheriepcs@bellsouth.net Fax: 9857464163	License: 2203782059 State ID: HC0005724 Originally licensed: 2005-10-01 Effective: 2026-08-01 License issued: 2026-06-12 Expires: 2027-07-31 Parish: TERREBONNE Mailing address: 154 NORTH HOLLYWOOD ROAD, SUITE A, HOUMA, LA, 70364

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Napoleonville Manor 184 Highway 1008, NAPOLEONVILLE, LA, 70390	Sarah Olivo	Phone: 9853692907 Email: solivo@aarcinc.org Fax: 9853692657	License: 453 State ID: MR0002999 Originally licensed: 1986-04-07 Effective: 2026-06-01 License issued: 2026-05-04 Expires: 2027-05-31 Parish: ASSUMPTION Mailing address: 4201 HIGHWAY 1, NAPOLEONVILLE, LA, 70390
Thibaut Manor 4201 Highway 1, NAPOLEONVILLE, LA, 70390	Sarah Olivo	Phone: 9853692907 Email: solivo@aarcinc.org Fax: 9853692657	License: 226 State ID: MR0002873 Originally licensed: 1980-05-30 Effective: 2026-06-01 License issued: 2026-05-04 Expires: 2027-05-31 Parish: ASSUMPTION Mailing address: 4201 HIGHWAY 1, NAPOLEONVILLE, LA, 70390
Burns Plaza Group Home 101 Burns Plaza, THIBODAUX, LA, 70301	TERRENCE CRAWFORD	Phone: 9854480752 Email: Terrence.crawford@sevitahealth.com Fax: 9854480752	License: 2203786993 State ID: MR0003124 Originally licensed: 1989-12-18 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: LAFOURCHE Mailing address: 800 N. CAUSEWAY BLVD SUITE C, MANDEVILLE, LA, 70448
Chackbay Community Home 634 Choctaw Road, THIBODAUX, LA, 70301	Wendy F Eschete	Phone: 9854476214 Email: lafourchearc@triparish.net Fax: 9854474813	License: 389 State ID: MR0002961 Originally licensed: 1984-08-08 Effective: 2026-04-01 License issued: 2026-02-05 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: P.O. BOX 269, THIBODAUX, LA, 70302
Country Club Community Home 917 Country Club Blvd., THIBODAUX, LA, 70301	Wendy F Eschete	Phone: 9854476214 Email: lafourchearc@triparish.net Fax: 9854474813	License: 351 State ID: MR0002948 Originally licensed: 1984-03-23 Effective: 2026-04-01 License issued: 2026-02-05 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: P.O. BOX 269, THIBODAUX, LA, 70302
Jenna Court Community Home 614 Magnolia Street, THIBODAUX, LA, 70301	TERRENCE CRAWFORD	Phone: 9854467605 Email: Terrence.crawford@sevitahealth.com Fax: 9854467605	License: 2203787004 State ID: MR0003100 Originally licensed: 1988-12-20 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: LAFOURCHE Mailing address: 800 N. CAUSEWAY BLVD. SUITE 1C, MANDEVILLE, LA, 70448
Labadieville Home 2435 Hwy. 308, THIBODAUX, LA, 70301	TERRENCE CRAWFORD	Phone: 9855261661 Email: Terrence.crawford@sevitahealth.com Fax: 9855260578	License: 2203787005 State ID: MR0006759 Originally licensed: 2006-03-16 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: LAFOURCHE Mailing address: 800 N. CAUSEWAY BLVD. SUITE 1C, MANDEVILLE, LA, 70448
Narrow Home 522 Narrow Street, THIBODAUX, LA, 70301	Wendy F Eschete	Phone: 9854476214 Email: lafourchearc@triparish.net Fax: 9854474813	License: 307 State ID: MR0002903 Originally licensed: 1983-04-04 Effective: 2026-04-01 License issued: 2026-02-05 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: P. O. BOX 269, THIBODAUX, LA, 70302
Peltier Community Home 1200 Jefferson Street, THIBODAUX, LA, 70301	Wendy F Eschete	Phone: 9854476214 Email: lafourchearc@triparish.net Fax: 9854474813	License: 2203785382 State ID: MR0002960 Originally licensed: 1984-08-14 Effective: 2026-07-01 License issued: 2026-05-06 Expires: 2027-06-30 Parish: LAFOURCHE Mailing address: P. O. BOX 269, THIBODAUX, LA, 70302
Richland Drive Community Home 127 Richland Drive, THIBODAUX, LA, 70301	Wendy F Eschete	Phone: 9854476214 Email: lafourchearc@triparish.net Fax: 9854474813	License: 492 State ID: MR0003027 Originally licensed: 1987-09-28 Effective: 2026-04-01 License issued: 2026-02-05 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: P. O. BOX 269, THIBODAUX, LA, 70302
Stevens Home 910 Justin Street, LOCKPORT, LA, 70374	Wendy F Eschete	Phone: 9854476214 Email: lafourchearc@triparish.net Fax: 9854474813	License: 355 State ID: MR0002941 Originally licensed: 1987-04-16 Effective: 2026-04-01 License issued: 2026-02-05 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: P. O. BOX 269, THIBODAUX, LA, 70302
Inspiration House 196 Esperance Street, GARYVILLE, LA, 70051	MS Deborah Dugas	Phone: 9855368750 Email: ddugaslaw@gmail.com Fax: 9855362282	License: 549 State ID: MR0003077 Originally licensed: 1988-12-12 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: ST. JOHN THE BAPTIST Mailing address: P.O. BOX 206, RESERVE, LA, 70084
Dixie Group Home 167 Dixie Avenue, HOUMA, LA, 70363	Marylynn Bisland	Phone: 9858792538 Email: execdir@terrebonnearc.org Fax: 9852237387	License: 370 State ID: MR0002938 Originally licensed: 1984-05-30 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: TERREBONNE Mailing address: #1 MCCORD ROAD, HOUMA, LA, 70363
Idlewild Group Home One Dallas Drive, HOUMA, LA, 70360	TERRENCE CRAWFORD	Phone: 9858761498 Email: Terrence.crawford@sevitahea	License: 2203787003 State ID: MR0003135 Originally licensed: 1990-01-22 Effective: 2026-03-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		lth.com Fax: 9858761498	License issued: 2026-05-04 Expires: 2027-02-28 Parish: TERREBONNE Mailing address: 800 N. CAUSEWAY BLVD. SUITE 1C, MANDEVILLE, LA, 70448
Lillian Marie Community Home 3182 Lillian Marie Drive, GRAY, LA, 70359	Marylynn Bisland	Phone: 9858739734 Email: execdir@terrebonnearc.org Fax: 9852237387	License: 457 State ID: MR0003004 Originally licensed: 1986-07-29 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: TERREBONNE Mailing address: 1 MCCORD ROAD, HOUMA, LA, 70363
Wellington Community Home 203 Wellington Drive, HOUMA, LA, 70360	Marylynn Bisland	Phone: 9858532224 Email: execdir@terrebonnearc.org Fax: 9852237384	License: 418 State ID: MR0002973 Originally licensed: 1985-04-09 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: TERREBONNE Mailing address: #1 MCCORD ROAD, HOUMA, LA, 70363

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Disability Rights Louisiana	Physical/medical disability	800-960-7705/disabilityrightsla.org	Legal services, advocacy, outreach

Volunteer and Faith-Based Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Catholic Charities, Diocese of Houma-Thibodaux | Houma, LA	Anna Caballero	985-876-0190	Catholic Charities provides and coordinates services that meet the spiritual and physical needs of those in our community.
Good Samaritan Food Bank and Thrift Store of Raceland	Felicia Jones	985-537-7706 catholiccharities@htdiocese.org	Food, Clothing, Shelter, Case Management, individual Crisis, Area Disasters, Emergency Financial Assistance, Fire, Rent, Medicine, Utilities, Work-Related help, Uniforms, TWIC Cards, Tools, Tuition assistance, Income Tax Preparation, St. Lucy Child Development Center, Foster Grandparent Program, Budget Counseling, SS Disability Application Assistance
Beautiful Zion Baptist Church	Manager	985-369-2511	Known as 'The Church that Serves God and the Community,' it emphasizes worship, evangelism, and discipleship while actively engaging in community service. The church organizes various programs that aim to uplift individuals and families, addressing

Heating Ventilation and Air Conditioning (HVAC)

Organization / Provider	Contact Person	Phone / Email	Services Provided
Trahan's HVAC. Plumbing & Electricty	Manager	985-206-8073	Finding a trustworthy HVAC, plumbing and electrical team that is dedicated to customer service can be a difficult task. With Trahan's Cooling, Heating & Plumbing serving the Napoleonville community with stellar air conditioning and heating services, you don't have to stress
Reve, Inc.	Manager	985-652-5435	Reve Inc is a Custom Home builder that will develop plans, finance construction, decorate the new home, and has a unique communication process via the internet called co-construct. Each customer has a unique home page for their home. This process makes building a new home much more fun and exciting.

Pharmacy/Medication Delivery and Discounts

Organization / Provider	Contact Person	Phone / Email	Services Provided
Assumption Pharmacy	Customer Service	985-369-6375	Assumption Pharmacy is a community-centered pharmacy located at 120 Washington St in Napoleonville, LA 70390. Known for its commitment to personalized customer care and quality service, Assumption Pharmacy goes above and beyond to meet the healthcare needs of its patrons. The dedicated team of pharmacists and staff are always ready to provide expert medication counseling and guidance to ensure optimal wellness for every customer.
PAINCOURTVILLE PHARMACY	Customer Service	985-369-3578	Paincourtville Pharmacy, located at 112 Hwy 403, Paincourtville, LA 70391, stands out as a community-oriented pharmacy that prioritizes personalized care and exceptional service. With a commitment to improving the health and well-being of their customers, Paincourtville Pharmacy offers a wide range of services tailored to meet the diverse needs of the local community.
Southland Drugs	Customer Service	985-447-5852	"Southland Drugs is independently owned and operated. We offer the same quality products and value prices of chain drug stores, with staff that provides the exceptional service you deserve."

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
Eunice Community Home Health	Coralie Vidrine	337-550-0002	We are a home health agency offering a variety of services including skilled nursing,

Organization / Provider	Contact Person	Phone / Email	Services Provided
Home Health Care2000-Oakdale	Shelly Guillory	318-335-0973	With a focus on promoting wellness and providing quality. Health System 2000 offers comprehensive healthcare solution to meet the needs of patients
Lady of the Sea Home Health	Holly Griffin	985-632-6900	Service can include skilled Nursing as well as Physical, Occupational and speech therapy. Medical Social workers.
Terrebonne Homecare	Paige Boudreaux	985-873-7000	Offers diabetic care stroke rehabilitative and nutritional counseling services in addition, the center operates a wound care department.
The Medical Team , INC	Bonnie Wilbur	985-872-666	Offers a range of medical service, such as nursing, home infusion therapies in-home rehabilitation, cardiac care, disease management and health education
Nursing Care Home Health	Michelle Broussard	985-384-3478	Home Health care is skilled nursing and therapy provided in the comfort of your own home. Promotes health and ensures access to medical preventive and rehabilitative services for all citizens
Center well Home Health	Director	985-223-4321	Home care provides compassionate in home-care services for seniors & disabled individuals throughout Louisiana

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Divinity Home Health Services, LLC 200 East 6th Street, THIBODAUX, LA, 70301	Jessica R LeBlanc	Phone: 9852620445 Email: mitzi@superiorhhc.com Fax: 9852620058	License: 2203782064 State ID: HH0001411 Originally licensed: 1992-10-09 Effective: 2025-08-01 License issued: 2025-07-28 Expires: 2026-07-31 Parish: LAFOURCHE Mailing address: 200 EAST 6TH STREET, THIBODAUX, LA, 70301
Home Health Center of Thibodaux Regional 804 Bayou Lane, THIBODAUX, LA, 70301	Candace Breuhl	Phone: 9854478442 Email: Candace.Breuhl@thibodaux.com Fax: 9854478222	License: 2203784507 State ID: HH0001265 Originally licensed: 1985-03-25 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: LAFOURCHE Mailing address: 804 BAYOU LANE, THIBODAUX, LA, 70301
Lady of the Sea Home Health Agency 17108 W Main Street, CUT OFF, LA, 70345	Holly Griffin	Phone: 9856326900 Email: markb@losgh.org Fax: 9856328325	License: 2203785898 State ID: HH0001277 Originally licensed: 1986-12-23 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: LAFOURCHE Mailing address: 200 W 134TH PLACE, CUT OFF, LA, 70345
Ochsner Home Health of Raceland 4560 Highway 1, Suite 4, RACELAND, LA, 70394	AMY MALBROUGH MALBROUGH	Phone: 9856644066 Email: lra@lhcgroup.com Fax: 9856641240	License: 2203784183 State ID: HH0001237 Originally licensed: 1984-02-14 Effective: 2025-11-01 License issued: 2025-10-10 Expires: 2026-10-31 Parish: LAFOURCHE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Egan-Ochsner Home Health River Parishes 1703 Chantilly Drive, Ste A, LA PLACE, LA, 70068	STACY ROMAGUERA	Phone: 9856538117 Email: lra@lhcgroup.com Fax: 9856538118	License: 2203784774 State ID: HH0001296 Originally licensed: 1989-04-14 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ST. JOHN THE BAPTIST Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
STAT Home Health, LLC 1707 Chantilly Drive, Suite A, LAPLACE, LA, 70068	NIKIA KNIGHT	Phone: 9856528092 Email: lmartinez@stjosephholdings.com Fax: 9856528117	License: 1176 State ID: HH0001446 Originally licensed: 1993-04-29 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: ST. JOHN THE BAPTIST Mailing address: 10615 JEFFERSON HWY., BATON ROUGE, LA, 70809
Nursing Care Home Health 613 Brashear Ave, Ste 1, MORGAN CITY, LA, 70380	Michelle Broussard	Phone: 9853843478 Email: lra@lhcgroup.com Fax: 9853840560	License: 2203785296 State ID: HH0001351 Originally licensed: 1991-04-23 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: ST. MARY Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505 Already listed elsewhere in this region; license details supplied here
VitalCaring Group 1224 David Drive , Suite 102, MORGAN CITY, LA, 70380	Bekki Miller	Phone: 9853292273 Email: licensing@vitalcaring.com Fax: 9853844260	License: 2203787103 State ID: HH0001532 Originally licensed: 1995-06-01 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: ST. MARY Mailing address: 8150 NORTH CENTRAL EXPWY SUITE 1800, DALLAS, TX, 75206
Amedisys Home Health 1403 St. Charles Street, Suite 101, HOUMA, LA, 70360	NIKKI WELSH CARLOS	Phone: 9858721955 Email: 1291@amedisys.com Fax: 9855804255	License: 1079 State ID: HH0001257 Originally licensed: 1984-02-05 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: TERREBONNE Mailing address: 1403 ST. CHARLES STREET, SUITE 101, HOUMA, LA, 70360
CenterWell Home Health 5779 Hwy 311, Ste 1, HOUMA, LA, 70360	Denise Cunningham	Phone: 9852234321 Email: FacilityLicensure@centerwellhomehealth.com Fax: 9852236062	License: 2203784897 State ID: HH0001282 Originally licensed: 1987-07-10 Effective: 2026-02-01 License issued: 2026-01-15 Expires: 2027-01-31 Parish: TERREBONNE Mailing address: 6630 SPRINT PARKWAY, SUITE 300 ATTN:LICENSING & CERTIFICATION DEPT., OVERLAND PARK, KS, 66213 Already listed elsewhere in this region; license details supplied here
Terrebonne Homecare, Inc. 760 West Tunnel Blvd., HOUMA, LA, 70360	Braden Eschete	Phone: 9858737000 Email: THI@qualityathome.com Fax: 9858739502	License: 594 State ID: HH0001468 Originally licensed: 1993-08-04 Effective: 2025-08-01 License issued: 2025-06-26 Expires: 2026-07-31 Parish: TERREBONNE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 3063, HOUMA, LA, 70361
VitalCaring Group 232 Civic Center Blvd., HOUMA, LA, 70360	BEKKI MILLER	Phone: 9855802273 Email: licensing@vitalcaring.com Fax: 9855804439	License: 1113 State ID: HH0001404 Originally licensed: 1992-01-06 Effective: 2025-12-01 License issued: 2025-11-25 Expires: 2026-11-30 Parish: TERREBONNE Mailing address: 232 CIVIC CENTER BLVD., HOUMA, LA, 70360

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
St Joseph Hospice 108 W. Main Street. Suite C-1, THIBODAUX, LA, 70301	Glenn G Blair	Phone: 9854470095 Email: lmartinez@stjosephholdings.com Fax: 5043056571	License: 2203784620 State ID: HP0004346 Originally licensed: 2003-01-30 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: LAFOURCHE Mailing address: 10615 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70809
St. Joseph Hospice of Bayou Region 108 W. Main Street. Suite C, THIBODAUX, LA, 70301	Glen Blair	Phone: 9854470095 Email: lmartinez@carpenterhealth.net Fax: 9854477672	License: 2203783714 State ID: HP0004844 Originally licensed: 2005-03-16 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
St. Catherines Hospice, LLC 1704 Cannes Drive, LAPLACE, LA, 70068	PAUL TRICHE	Phone: 9856519733 Email: ptriche@asimgt.com Fax: 9856519712	License: 2203786626 State ID: HP0006830 Originally licensed: 2006-05-22 Effective: 2026-05-01 License issued: 2026-04-23 Expires: 2027-04-30 Parish: ST. JOHN THE BAPTIST Mailing address: 1704 CANNES DRIVE, LAPLACE, LA, 70068
Heart of Hospice 1810 Main St.,, FRANKLIN, LA, 70538	CRYSTAL TRAHAN	Phone: 3378282678 Email: LRA@LHCGROUP.com Fax: 337828682	License: 2203786424 State ID: HP0004928 Originally licensed: 2005-09-09 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: ST. MARY Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
ACG Hospice 598 Corporate Drive, HOUMA, LA, 70360	LACIE LEBLANC	Phone: 9852231865 Email: lacie.leblanc@journeyhospicecare.com Fax: 9852231863	License: 2203785713 State ID: HP0007256 Originally licensed: 2007-08-10 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: TERREBONNE Mailing address: 187 B. CHURCH STREET, STE 201, SPARTANBURG, SC, 29306
Haydel Memorial Hospice 741 Point St, HOUMA, LA, 70360	Laurie Gallagher	Phone: 9856551020 Email: laurie@haydelhospice.com Fax: 9856551023	License: 2203784762 State ID: HP0004386 Originally licensed: 2003-05-27 Effective: 2025-09-01 License issued: 2025-08-07 Expires: 2026-08-31 Parish: TERREBONNE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 741 POINT ST, HOUMA, LA, 70360
Hope Healthcare & Hospice BC, LLC 205 Bayou Gardens Boulevard, Suite E, HOUMA, LA, 70364	Dawn Verret	Phone: 9858683095 Email: dawn.verret@hope-hospice.com Fax: 9858683910	License: 2203785415 State ID: HP0001754 Originally licensed: 1987-07-13 Effective: 2026-05-01 License issued: 2026-04-23 Expires: 2027-04-30 Parish: TERREBONNE Mailing address: 205 BAYOU GARDENS BOULEVARD, SUITE E, HOUMA, LA, 70364

Hospital

Organization / Provider	Contact Person	Phone / Email	Services Provided
Claiborne Memorial Medical Center	TINA HAYNES	318-927-2024	Request For Protected Information
Houma-AMG Specialty Hospital	Prachelle Economides	985-274-001	Request For Protected Information
Terrebonne General Health	Phyllis Peoples	985-873-4141	Request For Protected Information
Lady of the Sea	Lloyd Guidry, Jr	985-632-6401	Request For Protected Information
Thibodaux hospital	Mr. Greg Stock	985-447-5500	Request For Protected Information
St James Hospital	Mary Pratt	225-869-5512	Request For Protected Information
Ochsner St. Anne Hopsital	Medical Application Assistance	985-537-6841	Request For Protected Information
Leonard J. Chabert Medical Center	Shane C Robichaux	985-873-2200	Request For Protected Information
Assumption Community Hospital	Manager	985-369-3600	Request For Protected Information
Ochsner Specialty Health Center - Raceland	Manager	985-537-266	Request For Protected Information
Ochsner St. Mary	Jennifer Wise	985-380-4407	Request For Protected Information

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
FMOL Health | Our Lady of the Lake Assumption Community Hosp 135 Highway 402, NAPOLEONVILLE, LA, 70390	BRIAN TRIPODE	Phone: 9853693600 Email: Brian.Tripode@fmolhs.org Fax: 9853694271	License: 451 State ID: HO0004068 Originally licensed: 2001-05-31 Effective: 2026-06-29 License issued: 2026-06-29 Expires: 2027-05-31 Parish: ASSUMPTION Mailing address: 135 HIGHWAY 402, NAPOLEONVILLE, LA, 70390
Lady of the Sea General Hospital 200 West 134th Place, CUT OFF, LA, 70345	LLOYD GUIDRY, JR	Phone: 9856326401 Email: lloydg@losgh.org Fax: 9856328310	License: 2203786888 State ID: HO0006677 Originally licensed: 1963-05-06 Effective: 2026-01-27 License issued: 2026-02-03

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-12-31 Parish: LAFOURCHE Mailing address: 200 WEST 134TH PLACE, CUT OFF, LA, 70345
Ochsner St. Anne General Hospital 4608 Highway 1, RACELAND, LA, 70394	Fernis J LeBlanc, Jr.	Phone: 9858731755 Email: fernis.leblanc@ochsner.org Fax: 9855378272	License: 594 State ID: HO0006643 Originally licensed: 1961-06-19 Effective: 2026-05-01 License issued: 2026-03-30 Expires: 2027-04-30 Parish: LAFOURCHE Mailing address: 4608 HIGHWAY 1, RACELAND, LA, 70394
Thibodaux Regional Medical Center 602 N. Acadia Road, THIBODAUX, LA, 70301	MR Greg Stock	Phone: 9854475500 Email: Dana.rodrigue@thibodaux.com Fax: 9854465033	License: 2203784473 State ID: HO0001572 Originally licensed: 1978-06-15 Effective: 2025-08-29 License issued: 2025-09-30 Expires: 2026-09-30 Parish: LAFOURCHE Mailing address: P. O. BOX 1118, THIBODAUX, LA, 70302
St. Charles Parish Hospital 1057 Paul Maillard Road, LULING, LA, 70070	KEITH A DACUS	Phone: 9857853644 Email: keith.dacus@ochsner.org Fax: 9857853642	License: 151 State ID: HO0001612 Originally licensed: 1992-02-25 Effective: 2026-05-01 License issued: 2026-03-30 Expires: 2027-04-30 Parish: ST. CHARLES Mailing address: 1057 PAUL MAILLARD RD, LULING, LA, 70070
Beacon Behavioral Hospital, LLC 2471 Louisiana Ave, LUTCHER, LA, 70071	Robert Jardeleza	Phone: 2252586103 Email: robertj@beaconbh.com Fax: 2252586116	License: 2203785019 State ID: HO0010566 Originally licensed: 2011-09-06 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: ST. JAMES Mailing address: 14707 PERKINS RD.,, BATON ROUGE, LA, 70810
St. James Parish Hospital 1645 Lutcher Avenue, LUTCHER, LA, 70071	MS MARY PRATT	Phone: 2258695512 Email: mpratt@sjph.org Fax: 2258695271	License: 637 State ID: HO0001590 Originally licensed: 1963-05-06 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ST. JAMES Mailing address: 1645 LUTCHER AVENUE, LUTCHER, LA, 70071
River Place Behavioral Health 500 RUE DE SANTE, LA PLACE, LA, 70068	Joshua Sumrall	Phone: 9854445100 Email: joshua.sumrall@riverplacebh.com Fax: 9854445115	License: 2203783610 State ID: HO0012184 Originally licensed: 2017-11-06 Effective: 2025-11-01 License issued: 2025-10-08 Expires: 2026-10-31 Parish: ST. JOHN THE BAPTIST Mailing address: 500 RUE DE SANTE, LAPLACE, LA, 70068
Bayou Bend Health System 1097 Northwest Blvd., FRANKLIN, LA, 70538	Stephanie A Guidry	Phone: 3378280760 Email: sguidry@franklinfoundation.org Fax: 3378285024	License: 627 State ID: HO0001584 Originally licensed: 1963-08-20 Effective: 2026-03-01 License issued: 2026-02-04 Expires: 2027-02-28 Parish: ST. MARY Mailing address: P.O. BOX 577, FRANKLIN, LA, 70538
Ochsner St. Mary 1125 Marguerite Street,	Jennifer P Wise	Phone: 9853842200 Email:	License: 2203784546 State ID: HO0001581 Originally licensed: 1963-05-08

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
MORGAN CITY, LA, 70380		jennifer.wise@ochsner.org Fax: 9853804546	Effective: 2025-10-01 License issued: 2025-08-20 Expires: 2026-09-30 Parish: ST. MARY Mailing address: 1125 MARGUERITE STREET, MORGAN CITY, LA, 70380 Already listed elsewhere in this region; license details supplied here
Compass Behavioral Center of Houma, LLC 4701 West Park Avenue, HOUMA, LA, 70364	Alaina Richards	Phone: 9858761715 Email: arichards@compasshealthcare.com Fax: 9858761750	License: 2203784229 State ID: HO0010751 Effective: 2025-12-01 License issued: 2025-10-14 Expires: 2026-11-30 Parish: TERREBONNE Mailing address: 4701 WEST PARK AVENUE, HOUMA, LA, 70364
Houma - AMG Specialty Hospital 629 Dunn Street, HOUMA, LA, 70360	Lee Bierhorst	Phone: 9852740001 Email: lbierhorst@amgihm.com Fax: 9852740003	License: 2203781145 State ID: HO0004265 Originally licensed: 2002-05-29 Effective: 2026-05-01 License issued: 2026-03-17 Expires: 2027-04-30 Parish: TERREBONNE Mailing address: 101 LA RUE FRANCE, SUITE 500, LAFAYETTE, LA, 70508 Already listed elsewhere in this region; license details supplied here
Leonard J. Chabert Medical Center 1978 Industrial Boulevard, HOUMA, LA, 70363	SHANE C ROBICHAUX	Phone: 9858732200 Email: shane.robichaux@ochsner.org Fax: 9858731262	License: 2203781832 State ID: HO0001669 Originally licensed: 1978-08-27 Effective: 2026-06-01 License issued: 2026-05-07 Expires: 2027-05-31 Parish: TERREBONNE Mailing address: 1978 INDUSTRIAL BOULEVARD, HOUMA, LA, 70363 Already listed elsewhere in this region; license details supplied here
Physicians Medical Center 218 Corporate Drive, HOUMA, LA, 70360	Allison Porretto	Phone: 9858531390 Email: allison.porretto@tghealthsystem.com Fax: 9858571470	License: 435 State ID: HO0003972 Originally licensed: 2000-07-27 Effective: 2025-11-01 License issued: 2025-09-29 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 218 CORPORATE DRIVE, HOUMA, LA, 70360
Terrebonne General Health System 8166 Main Street, HOUMA, LA, 70360	MS Phyllis Peoples	Phone: 9858734141 Email: Phyllis.peoples@tgmc.com Fax: 9858734640	License: 159 State ID: HO0001576 Originally licensed: 1965-05-13 Effective: 2026-06-01 License issued: 2026-04-27 Expires: 2027-05-31 Parish: TERREBONNE Mailing address: P. O. BOX 6037, HOUMA, LA, 70361

Adult Day Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Bayou Health Elderly & Disabled Care, Inc. *	Virginia Bennett, Administrator	985-384-8621	It is a senior care center that provides services for the elderly and disabled. The center is a type of Adult Day Health Care center, which offers medical, nursing, social, and personal care services in a community-based setting.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Mt. Carmel Adult Day Care, LLC	Charles Matthews	337-276-9581	Mt. Carmel direct care staff provides extensive supervision to individuals in this program, assisting with their daily needs. Targeted areas include self-help skills, recreational center. Tutor helps students learn their material while learning to learn. Students are matched with a relatable mentor who will help them learn critical thinking skills, reading comprehension.
Day Habilitation Services	Program Manager	800-540-4144	The Arc of St. Charles's direct care staff provides extensive supervision to individuals in this program, assisting with their daily needs. Targeted areas include self-help skills, recreational activities, social and communication skills and occupational therapy. Day habilitation is funded through OCDD and Waiver Services.
St. John's Community Care	Program Manager	618-344-5008	The mission of St. John's Community Care is to make a positive difference in the lives of people challenged by aging or disabilities. We accomplish this by providing dependable and compassionate support through direct care, advocacy, education, and outreach to individuals and caregivers living in the Metro-East community. We live the vision of Christ and His love for all people through our actions and word

Law Enforcement

Organization / Provider	Contact Person	Phone / Email	Services Provided
Terrebonne Parish Sheriff's Office	Tim Soignet	985-876-2500	The Mission of the Terrebonne Parish Sheriff's Office to prevent crime and maintain order while affording dignity and respect to all individuals.
Houma Police Department	Traavis Theriot	985-873-6383	The mission of the Houma Police Department is to serve, protect, and defend the community while preserving the rights and dignity of all citizens living, working or visiting our city.
Assumption Parish Sheriff	Sheriff Leland Falcon	985-369-7281	We pledge individually and collectively to develop a partnership with the entire community, to lead a commitment to resolve problems, answer every complaint, and to improve the quality of life in Assumption Parish.
St James Parish Sheriff's Office	Sheriff Claude Louis Jr	225-562-2200	Our greatest asset is our people, and we will move forward as ONE to protect, serve and secure a peaceful existence in the parish.
St John Parish Sheriff's Office	Michael Kerry Tregre	985-652-9513	Led by Sheriff Mike Tregre, the office proudly serves St. John the Baptist Parish, Louisiana. This office is responsible for enforcing the laws of Louisiana within St. John the Baptist Parish, as well as maintaining the St. John Parish Correctional Facility

Organization / Provider	Contact Person	Phone / Email	Services Provided
Lafourche Parish Sheriff's Office.	Sheriff Craig Webre	985-448-2111	We are Nationally Accredited through the Commission on Accreditation for Law Enforcement Agencies and the American Correctional Association. We work hard to exceed standards of excellence in law enforcement to provide you with the best protection and service offered in the world. We will do WHATEVER IT TAKES to properly serve the public.
Iberville Sheriff Office	Sheriff Brett Stassi	225-687-5100	Welcome to the Iberville Sheriff's Department website. This new, improved website provides numerous ways for citizens to get information and effectively communicate with the Sheriff's Department staff. In addition, it provides easy ways to pay taxes or traffic tickets. This is one step implemented to better communicate with our citizens. We also will be more visible and actively involved in the community. As I begin my first term as sheriff, my goals are to improve both cooperation and communication with municipal law enforcement agencies so that we can pool intelligence and resources to help deter crime and solve crimes. I have already implemented a state-of-the-art crime scene investigation unit, and will work to make sure the unit has the training necessary to gather the evidence needed to get criminal convictions.

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
Terrebonne Parish Coroner's Office	Dr. Charles Ledoux,	985-873-6440	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …
Lafourche Coroner	Kayla Breaux	985-537-7055	The legal purpose of the Coroner is to protect the public health and legal requirements of the Parish relating to Forensic Pathology. The Coroner also has the legal responsibility for emergency mental health interdictions, via the Order for Protective Custody and the Coroner's Emergency Certificate.
Assumption Parish Coroner	William "Beau" Clark, M.D.	985-369-6485	The legal purpose of the Coroner is to protect the public health and legal requirements of the Parish relating to Forensic Pathology. The Coroner also has the legal responsibility for emergency mental health interdictions, via the Order for Protective Custody and the Coroner's Emergency Certificate.
St James Coroner	Randall Poche' M.D.	225-445-0633	The legal purpose of the Coroner is to protect the public health and legal requirements of the Parish relating to Forensic Pathology. The Coroner also has the legal responsibility for emergency mental health interdictions, via the Order for Protective Custody and the Coroner's Emergency Certificate.

Organization / Provider	Contact Person	Phone / Email	Services Provided
St. John The Baptist	Dr. Christian Montegut	985-652-3344	The primary role of the Coroner's Office is to investigate unexpected death. Through these investigations and subsequent findings, a coroner is empowered to make recommendations aimed at improving public health and safety.
St Mary Coroner's Office	Dr. Eric Melancon	985-384-9964	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …

Veterans Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
ASSUMPTION PARISH	Glenda Russ	985-369-6335/glenda.russ@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors
ST. JAMES PARISH	Glenda Russ	225-869-3649/glenda.russ@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors
ST. JOHN THE BAPTIST PARISH	Benjamin Bradley	985-479-4080/benjamin.bradley@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors
ST. MARY PARISH	Will Perry	337-828-5047/will.perry@la.gov	The Department of Veterans Affairs (VA) has a mission to "care for those who have borne the battle" and for their families, caregivers, and survivors
LAFOURCHE PARISH	Duane Rodgers	985-537-7603/duane.rodgers@la.gov	The VA strives to ensure that all eligible veterans and their families have access to the benefits and services they deserve, regardless of their background or service history.
ASCENSION PARISH	Michael "Mike" Wilson	225-644-7475/michael.wilson4@la.gov	The VA also maintains national cemeteries and provides burial services, honoring the legacy and sacrifice of those who have served. The VA recognizes the vital role of families and caregivers in supporting veterans and offers programs to assist them as well.
IBERVILLE PARISH	Phillip Dupas	225-687-2714/ phillip.dupas@la.gov	The VA recognizes the vital role of families and caregivers in supporting veterans and offers programs to assist them as well. The VA is committed to continuous improvement and innovation in its programs and services, aiming to provide the best possible care and

Organization / Provider	Contact Person	Phone / Email	Services Provided
			support for veterans and their families.

Kidney Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
DaVita Napoleon Place Dialysis	Manager	1-800-4204-6589	Provides outpatient dialysis services. Dialysis is a lifesaving treatment for those with chronic kidney failure and takes over for the kidneys as it cleanses the blood.
FRESENIUS KIDNEY CARE HOUMA	Manager	985-868-0989	A dialysis center is an outpatient facility that provides life-sustaining treatment for patients with chronic kidney failure or end-stage renal disease (ESRD).These centers primarily offer hemodialysis, which filters waste products and excess fluid from the blood when kidneys can no longer function, allowing patients to maintain their daily activities.

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bayou Lafourche Artificial Kidney Center 694 S. Acadia Road, THIBODAUX, LA, 70301	Kristie Pellerin	Phone: 9854483540 Email: danielle.fontenot@freseniusmedicalcare.com Fax: 9854483523	License: 110 State ID: ES0001135 Originally licensed: 2003-12-23 Effective: 2026-04-01 License issued: 2026-03-23 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: 694 S. ACADIA ROAD, THIBODAUX, LA, 70301
Fresenius Kidney Care North Thibodaux 108 Westover Dr., THIBODAUX, LA, 70301	Danielle Fontenot	Phone: 9854461389 Email: clinic100164@fmc-na.com Fax: 9854461390	License: 2203783874 State ID: ES0012328 Originally licensed: 2018-07-01 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: 108 WESTOVER DR., THIBODAUX, LA, 70301
Lady of the Sea Dialysis Center 17108 W Main Street, CUT OFF, LA, 70345	Karen Collins	Phone: 9856324900 Email: hollyg@losgh.org Fax: 9856324907	License: 2203785712 State ID: ES0001080 Originally licensed: 2003-03-20 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: LAFOURCHE Mailing address: 17108 WEST MAIN STREET, CUT OFF, LA, 70345
Raceland Dialysis Center 4601 Highway 1, RACELAND, LA, 70394	MR Murat Hatipoglu	Phone: 9855376962 Email: Management@MetropolitanKidney.com Fax: 9855376928	License: 2203786698 State ID: ES0001138 Originally licensed: 2003-12-18 Effective: 2026-03-01 License issued: 2026-02-14 Expires: 2027-02-28 Parish: LAFOURCHE Mailing address: 4424 CONLIN STREET SUITE 2A, METAIRIE, LA, 70006

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
River Bend Dialysis 1057 Paul Maillard Road, Suite B 1350, LULING, LA, 70070	Rachel Davis	Phone: 9853311156 Email: claire.dufrene@davita.com Fax: 9853311112	License: 195 State ID: ES0004705 Originally licensed: 2004-04-01 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: ST. CHARLES Mailing address: 5200 VIRGINIA WAY L&C DEPT, BRENTWOOD, TN, 37027
St. James Dialysis Center , Inc. 1661 Hwy 3125, GRAMERCY, LA, 70052	MR Murat Hatipoglu	Phone: 2258696681 Email: Management@MetropolitanKidney.com Fax: 2258696683	License: 2203786695 State ID: ES0007903 Originally licensed: 2009-04-24 Effective: 2026-03-01 License issued: 2026-02-14 Expires: 2027-02-28 Parish: ST. JAMES Mailing address: 4424 CONLIN STREET SUITE 2A, METAIRIE, LA, 70006
Vacherie Dialysis Center, Inc. 2504 Hwy 20, VACHERIE, LA, 70090	Mr. Murat Hatipoglu	Phone: 2252659030 Email: management@metropolitankidney.com Fax: 2252657070	License: 2203786699 State ID: ES0001152 Originally licensed: 2003-07-29 Effective: 2026-03-01 License issued: 2026-02-14 Expires: 2027-02-28 Parish: ST. JAMES Mailing address: 4424 CONLIN STREET, SUITE 2A, METAIRIE, LA, 70006
Fresenius Medical Care Laplace 704 Belle Terre Blvd., LA PLACE, LA, 70068	Scott Riddell	Phone: 9856520029 Email: Clinic100023@fmc-na.com Fax: 9856520030	License: 2203783455 State ID: ES0012071 Originally licensed: 2017-08-02 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: ST. JOHN THE BAPTIST Mailing address: 704 BELLE TERRE BLVD., LAPLACE, LA, 70068
LaPlace Dialysis Center 2700 West Airline Highway, LAPLACE, LA, 70068	MR Murat Hatipoglu	Phone: 9855367860 Email: guidrozc@metropolitankidney.com Fax: 9855368350	License: 2203786697 State ID: ES0001111 Originally licensed: 2003-07-02 Effective: 2026-03-01 License issued: 2026-02-14 Expires: 2027-02-28 Parish: ST. JOHN THE BAPTIST Mailing address: 4424 CONLIN STREET SUITE 2A, METAIRIE, LA, 70006
River Parishes Dialysis 2880 W Airline Highway, LAPLACE, LA, 70068	MR Marvin Delmore	Phone: 9854797505 Email: Marvin.Delmore@davita.com Fax: 9854797510	License: 2203784846 State ID: ES0006826 Originally licensed: 2006-04-19 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: ST. JOHN THE BAPTIST Mailing address: 5200 VIRGINIA WAY L&C DEPT, BRENTWOOD, TN, 37027
BMA Franklin 1604 Cynthia Street, FRANKLIN, LA, 70538	Kristie Pellerin	Phone: 3378284747 Email: kristie.pellerin@freseniusmedicalcare.com Fax: 3378283831	License: 043 State ID: ES0001146 Originally licensed: 2003-05-27 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ST. MARY Mailing address: 1604 CYNTHIA STREET, FRANKLIN, LA, 70538
Morgan City Dialysis Center 1224 David Drive, MORGAN CITY, LA, 70380	MR Murat Hatipoglu	Phone: 9853854213 Email: guidrozc@metropolitankidney.com Fax: 9853852127	License: 2203786700 State ID: ES0001115 Originally licensed: 2003-07-23 Effective: 2026-03-01 License issued: 2026-02-14 Expires: 2027-02-28 Parish: ST. MARY

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 4424 CONLIN STREET, SUITE 2A, METAIRIE, LA, 70006
Fresenius Kidney Care Houma Home Program 143 War Horse Place, HOUMA, LA, 70360	Nancy Landrieu	Phone: 9858516634 Email: clinic9269@fmc-na.com Fax: 9858518368	License: 2203783836 State ID: ES0012344 Originally licensed: 2018-03-26 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: TERREBONNE Mailing address: 143 WAR HORSE PLACE, HOUMA, LA, 70360
Fresenius Medical Care North Houma 144 War Horse Place, HOUMA, LA, 70360	Kristie Pellerin	Phone: 9858766304 Email: danielle.fontenot@freseniusmedicalcare.com Fax: 9858686305	License: 2203781929 State ID: ES0011206 Originally licensed: 2014-02-05 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: TERREBONNE Mailing address: 144 WAR HORSE PLACE, HOUMA, LA, 70360
Southern Dialysis Services 800 Point Street, HOUMA, LA, 70360	Danielle Fontenot	Phone: 9858680989 Email: Clinic1080@fmc-na.com Fax: 9858685131	License: 082 State ID: ES0001117 Originally licensed: 2004-07-31 Effective: 2025-08-01 License issued: 2025-07-23 Expires: 2026-07-31 Parish: TERREBONNE Mailing address: 800 POINT STREET, HOUMA, LA, 70360

Nursing Homes

Organization / Provider	Contact Person	Phone / Email	Services Provided
Chateau Terrebonne Health Care-SNF	Charlie Pearce	985-872-4553	Our nursing homes and the care we provide are guided by a commitment to resident care and comfort. We demonstrate this by providing for the emotional, social and cultural needs of each of our residents and their families.
Heritage Manor of Houma	BRIAN ROBICHAUX	985-851-2307	Heritage Manor of Houma is a health care community offering individuals a place to recover, rehabilitate and/or reside, depending on their specific needs. For individuals who need short-term care after a surgery or hospital stay, we provide the skilled nursing services that help speed recovery and get you back home safely.
The Oaks of Houma	Program Manager	985-876-5692	Houma is home to many senior care options, including nursing homes. The term "nursing home" is often used as a catchall for any type of senior care. But it can also refer to actual nursing homes, or skilled nursing facilities, which provide the highest level of medical and rehabilitative care outside of a hospital
Lafourche Home For the Aged	Program Manager	985-447-2205	Lafourche Home for Aged & Infirm in Thibodaux, LA has a short-term rehabilitation rating of Average and a long-term care rating of Average. It is a small facility with 72 beds and has nonprofit, corporate ownership. Lafourche Home for Aged & Infirm is not a part of a continuing care retirement community. It participates in Medicare and Medicaid.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Patterson Healthcare Center	Chris Delcrie	985-395-4563	Our facility is committed to providing quality and compassionate nursing and rehabilitation services in a safe, comfortable environment. We strive to make your "home away from home", whether a short or long-term need, a satisfying healing experience
Thibodaux Healthcare and Rehabilitation Center	Barbara Bradley	985-446-1332	Provides short-term rehabilitation and skilled nursing services adjacent to our senior living community residence, Thibodaux Healthcare Center continues its mission to be your local leader in skilled nursing and rehabilitation while offering beautiful physical surroundings and the most up-to-date healthcare recovery services.

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Chateau Napoleon Caring 252 Hwy. 402, NAPOLEONVILLE, LA, 70390	Jacoby Beene	Phone: 9853696011 Email: Jacobybeene@chateaunapoleonncc.com Fax: 9855133316	License: 2203785593 State ID: NH0002594 Originally licensed: 1982-06-10 Effective: 2025-12-01 License issued: 2025-10-17 Expires: 2026-11-30 Parish: ASSUMPTION Mailing address: 10401 LINN STATION ROAD, SUITE 300, LOUISVILLE, KY, 40223
Audubon Health and Rehab 2110 Audubon Ave., THIBODAUX, LA, 70301	CHRISTINE LAROSE	Phone: 9854463109 Email: clarose@asimgt.com Fax: 9854475329	License: 766 State ID: NH0002696 Originally licensed: 1985-01-02 Effective: 2026-02-01 License issued: 2025-12-29 Expires: 2027-01-31 Parish: LAFOURCHE Mailing address: 2110 AUDUBON AVE., THIBODAUX, LA, 70301
Broadway Nursing and Rehabilitation Ctr. (The) 7534 Highway 1, LOCKPORT, LA, 70374	JEREMY RYMAN	Phone: 9855321011 Email: bwadmin@elderoutreach.com Fax: 9855321015	License: 989 State ID: NH0002619 Originally licensed: 1979-08-10 Effective: 2025-09-01 License issued: 2025-08-18 Expires: 2026-08-31 Parish: LAFOURCHE Mailing address: 7534 HIGHWAY 1, LOCKPORT, LA, 70374
Legacy Nursing and Rehabilitation of Lafourche 1002 Tiger Drive, THIBODAUX, LA, 70301	RHONDALETTE STEIB-BURHAM	Phone: 9854472205 Email: rhondalette.steib-burham@legacynursingrehab.com Fax: 9854469977	License: 2203786671 State ID: NH0002830 Originally licensed: 1988-11-30 Effective: 2026-05-01 License issued: 2026-04-21 Expires: 2027-04-30 Parish: LAFOURCHE Mailing address: 2431 SOUTH ACADIAN THRUWAY, SUITE 100, THIBODAUX, LA, 70301
Thibodaux Healthcare and Rehabilitation Center 150 Percy Brown Road, THIBODAUX, LA, 70301	Barbara Bradley	Phone: 9854461332 Email: thibodaux.adm@nexion-health.com Fax: 9854463974	License: 2203784801 State ID: NH0002730 Originally licensed: 1967-01-17 Effective: 2025-12-01 License issued: 2025-10-13 Expires: 2026-11-30 Parish: LAFOURCHE Mailing address: 150 PERCY BROWN

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			ROAD, THIBODAUX, LA, 70301 Already listed elsewhere in this region; license details supplied here
Luling Living Center 1125 Paul Maillard Road, LULING, LA, 70070	Michael GUILLERA	Phone: 9852400197 Email: mike@lulinglivingcenter.com Fax: 9852400016	License: 810 State ID: NH0002761 Originally licensed: 1976-12-15 Effective: 2025-09-01 License issued: 2025-06-27 Expires: 2026-08-31 Parish: ST. CHARLES Mailing address: 1125 PAUL MAILLARD RD, LULING, LA, 70070
Ormond Nursing and Care Center 22 Plantation Road, DESTREHAN, LA, 70047	Jeffrey M Schmitt	Phone: 9857641793 Email: jschmitt@asimgt.com Fax: 9857641374	License: 803 State ID: NH0002670 Originally licensed: 1988-03-29 Effective: 2026-01-01 License issued: 2025-11-14 Expires: 2026-12-31 Parish: ST. CHARLES Mailing address: 22 PLANTATION RD., DESTREHAN, LA, 70047
Chateau St. James Rehab and Retirement 1980 Jefferson Hwy., LUTCHER, LA, 70071	JOHN MAULDIN	Phone: 2258695725 Email: Jmauldin@chateaustjames.com Fax: 2258699428	License: 1017 State ID: NH0002717 Originally licensed: 1966-01-17 Effective: 2026-07-01 License issued: 2026-06-16 Expires: 2027-06-30 Parish: ST. JAMES Mailing address: 1980 JEFFERSON HWY., LUTCHER, LA, 70071
Southeast Louisiana War Veterans Home 4080 West Airline Hwy., RESERVE, LA, 70084	Brian Fremin	Phone: 9854794080 Email: Brian.Fremin@la.gov Fax: 9854794090	License: 0 State ID: NH0007242 Effective: 2049-02-01 License issued: 2050-01-01 Expires: 2050-01-01 Parish: ST. JOHN THE BAPTIST Mailing address: 4080 WEST AIRLINE HWY, RESERVE, LA, 70084
Twin Oaks Nursing Home 506 West 5th Street, LAPLACE, LA, 70068	Karen Connor	Phone: 9856529538 Email: kconnor@twinoaksnh.com Fax: 9856510222	License: 322 State ID: NH0002716 Originally licensed: 1974-08-15 Effective: 2025-09-01 License issued: 2025-09-19 Expires: 2026-08-31 Parish: ST. JOHN THE BAPTIST Mailing address: 506 WEST 5TH STREET, LAPLACE, LA, 70068
Legacy Nursing and Rehabilitation of Franklin 1907 Chinaberry Street, FRANKLIN, LA, 70538	Geoffrey Siddon	Phone: 3378281918 Email: geoffrey.siddon@legacynursingrehab.com Fax: 2253082278	License: 2203784548 State ID: NH0002783 Originally licensed: 1970-01-20 Effective: 2026-01-01 License issued: 2025-12-02 Expires: 2026-12-31 Parish: ST. MARY Mailing address: 1907 CHINABERRY STREET, FRANKLIN, LA, 70538
Legacy Nursing and Rehabilitation of Morgan City 740 Justa Street, MORGAN CITY, LA, 70380	William Daigre	Phone: 9853841726 Email: william.daigre@legacynursingrehab.com Fax: 9852218288	License: 2203784567 State ID: NH0002781 Originally licensed: 1966-07-17 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: ST. MARY Mailing address: 740 JUSTA STREET, MORGAN CITY, LA, 70380
Patterson Healthcare Center 910 Lia Street, PATTERSON, LA, 70392	Alexis Theriot	Phone: 9853954563 Email: patterson.adm@nexion-health.com Fax: 9853955775	License: 846 State ID: NH0002813 Originally licensed: 1998-04-08 Effective: 2026-07-01 License issued: 2026-06-02

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-06-30 Parish: ST. MARY Mailing address: 910 LIA STREET, PATTERSON, LA, 70392 Already listed elsewhere in this region; license details supplied here
Chateau Terrebonne Healthcare Center 1386 W.Tunnel Blvd., HOUMA, LA, 70360	Charlie Pearce	Phone: 9858724553 Email: cpearce@cthealthcare.net Fax: 9858721803	License: 306 State ID: NH0002622 Originally licensed: 1989-09-13 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 1386 W.TUNNEL BLVD., HOUMA, LA, 70360
Heritage Manor of Houma 852 Centurion Lane, HOUMA, LA, 70360	BRIAN ROBICHAUX	Phone: 9858512307 Email: brobichaux@asimgt.com Fax: 9858516562	License: 2203784686 State ID: NH0002631 Originally licensed: 1985-06-03 Effective: 2025-08-01 License issued: 2025-07-21 Expires: 2026-07-31 Parish: TERREBONNE Mailing address: 852 CENTURION LANE, HOUMA, LA, 70360 Already listed elsewhere in this region; license details supplied here
Oaks of Houma (The) 1701 Polk Street, HOUMA, LA, 70360	Joshua Aucoin	Phone: 9858765692 Email: jaucoin@asimgt.com Fax: 9858681954	License: 2203784770 State ID: NH0002659 Originally licensed: 1986-07-31 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: TERREBONNE Mailing address: 1701 POLK STREET, HOUMA, LA, 70364
Terrebonne General Medical Center - SNF 8166 Main Street, HOUMA, LA, 70360	MS Phyllis Peoples	Phone: 9858734601 Email: phyllis.peoples@tgmc.com Fax: 9858734640	License: 2203782312 State ID: NH0002654 Effective: 2049-02-01 License issued: 2050-01-01 Expires: 2050-01-01 Parish: TERREBONNE Mailing address: P. O. BOX 6037, HOUMA, LA, 70360

CRISIS HOTLINES & HELPLINES

Organization / Provider	Contact Person	Phone / Email	Services Provided
South Mobile Crisis	Crisis intervention	701-364-031,24/7	Crisis intervention, Hotline
Domeatic violence	Statewide	1-888-411-1333	Crisis intervention, Hotline
Valink/211	Crisis intervention	504, 985, 337 area codes 211/1-800-273-talk, 24/7	Crisis intervention, Hotline

REGION 4

Primary Care and Specialty Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Jignesh Patel, MD	Supervisor/Manager	337-252-0825	His dedication to patient care, improving patients' quality of life and continuous learning is evident in his compassionate approach and his involvement in interdisciplinary committees to optimize healthcare outcomes.
Access Primary Care, LLC Francisco Baca FNP	Manager	337-740-7440	your main doctor for general health needs, acting as the first point of contact for non-emergency care, preventive services, and chronic condition management
Dr. Kerry M. Schexnaider	Manager	337-893-8490	A branch of medical practice that focuses on the diagnosis, prevention, and treatment of diseases in adults. Internists emphasize preventive care, promoting healthy lifestyle choices and screening for potential health issues.
Ronald Lahasky, MD,	Manager	337-740-7440	Internal medicine, also known as general medicine in Commonwealth nations, is a medical specialty for medical doctors focused on the prevention, diagnosis, and treatment of diseases in adults. Its namesake stems from "treatment of diseases of the internal organs".

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
GI Diagnostic Center LLC 1100 Andre Street Suite 300, NEW IBERIA, LA, 70563	Sandra Kelly	Phone: 3373656591 Email: shelveston@bellsouth.net Fax: 3373646094	License: 130 State ID: AS0004659 Originally licensed: 2004-03-29 Effective: 2026-03-01 License issued: 2026-01-27 Expires: 2027-02-28 Parish: IBERIA Mailing address: 1100 ANDRE STREET SUITE 300, NEW IBERIA, LA, 70563
New Iberia Surgery Center 2309 E. Main Street Suite 300, NEW IBERIA, LA, 70560	Mark T Mencacci	Phone: 3375609622 Email: tbroussard@iberiasurgery.com Fax: 3373765300	License: 097 State ID: AS0004014 Originally licensed: 2000-11-15 Effective: 2025-11-01 License issued: 2025-11-03 Expires: 2026-10-31 Parish: IBERIA Mailing address: 2309 E. MAIN STREET, SUITE 300, NEW IBERIA, LA, 70560
One Day Surgery LLC 531-B Jefferson Terrace Blvd., NEW IBERIA, LA, 70560	MR Jimmy Ponder Sr.	Phone: 3375600880 Email: jimmyponder@theheadacheandpaincenter.com Fax: 3375600870	License: 159 State ID: AS0007702 Originally licensed: 2008-06-12 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: IBERIA Mailing address: 123 FRONTAGE RD. A TERRACE BLVD., GRAY, LA, 70359

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The Acadiana Surgery Center, Inc. 2309 E. Main Street, Suite 102, NEW IBERIA, LA, 70560	SON V NGUYEN	Phone: 3375779470 Email: Lan@iberiagastro.com Fax: 3373649680	License: 2203785917 State ID: AS0001044 Originally licensed: 1993-05-14 Effective: 2026-07-01 License issued: 2026-05-13 Expires: 2027-06-30 Parish: IBERIA Mailing address: 2309 EAST MAIN STREET, STE 102, NEW IBERIA, LA, 70560
Acadiana Endoscopy Center, Inc. 443 Heymann Boulevard, LAFAYETTE, LA, 70503	MANEESH K GUPTA, MD	Phone: 3372691126 Email: mgupta711@gmail.com Fax: 3372691476	License: 173 State ID: AS0001041 Originally licensed: 1992-08-21 Effective: 2026-06-01 License issued: 2026-05-18 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 443 HEYMANN BOULEVARD, LAFAYETTE, LA, 70503
Cardiology Specialists of Acadiana Ambulatory Cent 309 Rue Louis XIV, LAFAYETTE, LA, 70508	Lauren Babineaux	Phone: 3373536078 Email: lauren.babineaux@usheartandvascular.com Fax: 3373536078	License: 2203786615 State ID: AS0013445 Originally licensed: 2025-06-13 Effective: 2026-06-01 License issued: 2026-05-18 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 309 RUE LOUIS XIV, LAFAYETTE, LA, 70508
Cardiovascular Surgery Center 901 Wilson St., Suite A, LAFAYETTE, LA, 70503	PAT "MARSHALL" OWENS	Phone: 3377034234 Email: marshallo@lafayettecardio.com Fax: 3377034235	License: 2203784825 State ID: AS0012423 Originally licensed: 2021-01-12 Effective: 2026-03-31 License issued: 2026-04-01 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 901 WILSON ST., SUITE A, LAFAYETTE, LA, 70503
LOS Surgery Center 300 E. Bluebird Drive, LAFAYETTE, LA, 70508	Ashley Guillory	Phone: 3378893001 Email: Ashley.Guillory@laorthospec.com Fax: 3378893002	License: 2203786479 State ID: AS0013378 Originally licensed: 2025-02-25 Effective: 2026-02-01 License issued: 2026-01-05 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 300 E. BLUEBIRD DRIVE, LAFAYETTE, LA, 70508
LaHaye Center for Advanced Eye Care @ Lafayette 201 Rue Iberville, Suite 800, LAFAYETTE, LA, 70508	Bridget Ray	Phone: 3372352149 Email: Bridget.ray@lahayesight.com Fax: 3372314012	License: 59 State ID: AS0001047 Originally licensed: 1993-09-28 Effective: 2025-09-01 License issued: 2025-07-15 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 201 RUE IBERVILLE SUITE 800, LAFAYETTE, LA, 70508
Lafayette Surgicare 4630 Ambassador Caffery Pkwy Ste 101, LAFAYETTE, LA, 70508	ELIZABETH ARNOLD	Phone: 3379931193 Email: bmoore@parkplacesurgery.com Fax: 3379931088	License: 121 State ID: AS0004373 Originally licensed: 2003-05-07 Effective: 2025-08-01 License issued: 2025-07-29 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: 4630 AMBASSADOR CAFFERY PKWY STE 101, LAFAYETTE, LA, 70508
Laser and Surgery Center of Acadiana 514 St. Landry Street, LAFAYETTE, LA, 70506	PAUL AZAR JR	Phone: 3372342020 Email: kdupuis@azareye.com Fax: 3372348230	License: 2203784052 State ID: AS0001050 Originally licensed: 1995-04-27 Effective: 2026-01-01 License issued: 2025-11-03

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 514 ST. LANDRY STREET, LAFAYETTE, LA, 70506
Surgery Center 1101 South College Road, Suite 100, LAFAYETTE, LA, 70503	KIMBERLY PORCHE'	Phone: 3372338603 Email: Kimberly.Porche@healthcrest.com Fax: 3372340341	License: 2203783255 State ID: AS0001012 Originally licensed: 1983-11-01 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 1101 SOUTH COLLEGE ROAD, SUITE 100, LAFAYETTE, LA, 70503
The Endoscopy Center 1211 Coolidge Blvd, Ste 302, LAFAYETTE, LA, 70503	Trawick Eric	Phone: 3372898249 Email: eric@gastroclinic.com Fax: 3372898246	License: 2203786404 State ID: AS0001037 Originally licensed: 1990-11-26 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: P. O. BOX 52328, LAFAYETTE, LA, 70505
Ambulatory Surgery Center of Opelousas 187 Ventre Blvd., OPELOUSAS, LA, 70570	Jamie Lee	Phone: 3374070050 Email: larryv@hdsdirect.com Fax: 3374070073	License: 114 State ID: AS0004298 Originally licensed: 2002-09-19 Effective: 2025-09-01 License issued: 2025-07-15 Expires: 2026-08-31 Parish: ST. LANDRY Mailing address: 1207 NORTH CAUSEWAY BLVD., METAIRIE, LA, 70001
LaHaye Center for Advanced Eye Care @ Opelousas 4313 I-49 South Service Rd., OPELOUSAS, LA, 70570	MS Bridget Ray	Phone: 3379422024 Email: Bridget.ray@lahayesight.com Fax: 3379486216	License: 34 State ID: AS0001023 Originally licensed: 1988-03-11 Effective: 2026-04-01 License issued: 2026-02-02 Expires: 2027-03-31 Parish: ST. LANDRY Mailing address: 4313 I-49 SOUTH SERVICE RD., OPELOUSAS, LA, 70570

Free Standing Birthing Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Baby Catcher Birth Center 510 W. University Ave., LAFAYETTE, LA, 70506	Shatamia Webb	Phone: 3374843336 Email: Babycatcherbc@gmail.com Fax: 3372840984	License: 2203785690 State ID: BC0012964 Originally licensed: 2023-03-16 Effective: 2026-03-01 License issued: 2026-02-02 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 510 W. UNIVERSITY AVE., LAFAYETTE, LA, 70506
The Natural BirthHouse 715 Coolidge St., Suite B, LAFAYETTE, LA, 70503	Emily Bergeron	Phone: 3374124373 Email: naturalbirthhouse@gmail.com Fax: 3377353967	License: 2203785737 State ID: BC0012965 Originally licensed: 2023-03-09 Effective: 2026-03-01 License issued: 2026-01-27 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 715 COOLIDGE ST., SUITE B, LAFAYETTE, LA, 70503

Pain Management Clinics — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Urgent Care of Lafayette 913 South College Rd, Ste 203, LAFAYETTE, LA, 70503	Charles Williams	Phone: 3372375781 Email: jleman@jcmedllc.com Fax: 3372375341	License: 2203781959 State ID: PM0011238 Originally licensed: 2014-03-13 Effective: 2026-03-01 License issued: 2026-01-12 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: P. O. BOX 160, SLIDELL, LA, 70459

Rural Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acadiana Pediatrics & Family Medicine 717 Curtis Drive, Suite A, RAYNE, LA, 70578	Mark Dawson, MD	Phone: 3373347554 Email: acadianafma@bellsouth.net Fax: 3373347556	License: 2203783944 State ID: RH0012381 Originally licensed: 2018-06-07 Effective: 2026-06-01 License issued: 2026-05-16 Expires: 2027-05-31 Parish: ACADIA Mailing address: 717 CURTIS DRIVE, SUITE A, RAYNE, LA, 70578
Barousse Family Clinic LLC 408 West Canal Street, CHURCH POINT, LA, 70525	Megan Barousse	Phone: 3376848001 Email: meganbarousse@baroussefamilyclinic.com Fax: 3376848003	License: 2203785543 State ID: RH0012928 Originally licensed: 2022-12-05 Effective: 2025-12-01 License issued: 2025-11-04 Expires: 2026-11-30 Parish: ACADIA Mailing address: 408 WEST CANAL STREET, CHURCH POINT, LA, 70525
Church Point Medical Clinic by AMC 731 S. Main Street, Suite A, CHURCH POINT, LA, 70525	David Ingram	Phone: 3376840911 Email: david ingram@ahmgt.com Fax: 3376840912	License: 2203786849 State ID: RH0013004 Originally licensed: 2023-05-15 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: ACADIA Mailing address: 731 S. MAIN STREET, CHURCH POINT, LA, 70525
Crowley Cares Family Clinic 576 N. Ave G, CROWLEY, LA, 70526	Elizabeth Blake	Phone: 3375162400 Email: info@crowleycare.com Fax: 3375162401	License: 2203784312 State ID: RH0012463 Originally licensed: 2019-06-05 Effective: 2026-06-01 License issued: 2026-05-19 Expires: 2027-05-31 Parish: ACADIA Mailing address: 576 N. AVE G, CROWLEY, LA, 70526
Crowley Child & Adolescent Clinic 1307 Crowley Rayne Hwy , Suite B, CROWLEY, LA, 70526	Lawanda L Bellamy	Phone: 3377836857 Email: lawandalamar@gmail.com Fax: 3377836167	License: 2203784511 State ID: RH0012542 Originally licensed: 2019-12-19 Effective: 2025-12-01 License issued: 2025-11-06 Expires: 2026-11-30 Parish: ACADIA Mailing address: 1307 CROWLEY RAYNE HWY, SUITE B, CROWLEY, LA, 70526
Crowley Primary Care 1325 Wright Ave. Suite A, CROWLEY, LA, 70526	Nancy Walker	Phone: 3377834043 Email: nwalker@crowleyprimarycare.com Fax: 3377834053	License: 2203785768 State ID: RH0012986 Originally licensed: 2023-06-14 Effective: 2026-06-01 License issued: 2026-05-19 Expires: 2027-05-31 Parish: ACADIA Mailing address: 1325 WRIGHT AVE, CROWLEY, LA, 70526

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Fast Pace Health 1225 N. Parkerson Ave, CROWLEY, LA, 70526	Randy Overton	Phone: 3375142800 Email: randy.overton@fastpacehealth.com Fax: 3375142801	License: 2203786829 State ID: RH0013410 Originally licensed: 2025-11-24 Effective: 2025-11-24 License issued: 2025-12-02 Expires: 2026-10-31 Parish: ACADIA Mailing address: 1225 N. PARKERSON AVE, CROWLEY, LA, 70526
Fleur-De-Lis Rural Health Clinic 711 South Broadway Street, CHURCH POINT, LA, 70525	Michael J LeJeune	Phone: 3376840127 Email: mjl@aslh.org Fax: 3376840078	License: 2203784745 State ID: RH0011405 Originally licensed: 2015-08-17 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: ACADIA Mailing address: 810 BROADWAY STREET, CHURCH POINT, LA, 70525
Iota Family Healthcare 119 S. 5th Street, IOTA, LA, 70543	Nicole H Doucet	Phone: 3377796000 Email: iotafamilyhc@yahoo.com Fax: 3377792027	License: 2203781773 State ID: RH0011155 Originally licensed: 2013-09-03 Effective: 2025-09-01 License issued: 2025-08-27 Expires: 2026-08-31 Parish: ACADIA Mailing address: 119 S. 5TH STREET, IOTA, LA, 70543
Kids Clinic and Adult Wellness of Crowley 1307 Crowley Rayne Hwy Suite C, CROWLEY, LA, 70526	jibran atwi	Phone: 3372504710 Email: slatiolais@ipsgenie.com Fax: 3377353043	License: 2203784653 State ID: RH0012627 Originally licensed: 2020-07-06 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: ACADIA Mailing address: 1307 CROWLEY RAYNE HWY SUITE C, CROWLEY, LA, 70526
Michael Brooks Family Clinic 612 S. Farmerville Street, RUSTON, LA, 71270	Chris Bowman	Phone: 3184362600 Email: admin@michaelbrooksfamilyclinic.com Fax: 3184362601	License: 2203784515 State ID: RH0012580 Originally licensed: 2019-12-23 Effective: 2025-12-01 License issued: 2025-11-06 Expires: 2026-11-30 Parish: ACADIA Mailing address: P.O. BOX 445, RUSTON, LA, 71273
Pediatric Group of Acadiana & Church Point Clinic 1048 E Ebey St., CHURCH POINT, LA, 70525	Jibran Atwi, MD	Phone: 3376843000 Email: sdarden@pgacadiana.com Fax: 3372102860	License: 2203784165 State ID: RH0012427 Originally licensed: 2019-01-02 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: ACADIA Mailing address: 1048 E EBEY ST., CHURCH POINT, LA, 70525
Rayne Family Healthcare 904 The Boulevard, Suite C, RAYNE, LA, 70578	Nicole Doucet	Phone: 3373932052 Email: iotafamilyhc@yahoo.com Fax: 3379392128	License: 2203786115 State ID: RH0012625 Originally licensed: 2020-05-04 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: ACADIA Mailing address: 911 THE BOULEVARD, RAYNE, LA, 70578
Basile Family Healthcare 2932 Stagg Avenue, BASILE, LA, 70515	David Ingram	Phone: 3374325552 Email: David.ingram@ahmgt.com Fax: 3374325553	License: 2203786848 State ID: RH0012619 Originally licensed: 2020-04-17 Effective: 2026-03-10 License issued: 2026-02-10 Expires: 2027-02-28 Parish: EVANGELINE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 411 EAST MAIN STREET, VILLE PLATTE, LA, 70586
Basile Rural Health Clinic 1431 N. Fusilier Ave., BASILE, LA, 70515	Brian Denton	Phone: 3374320200 Email: brian.denton@savoymedical.net Fax: 3374320202	License: 2203783121 State ID: RH0011937 Originally licensed: 2017-03-03 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: EVANGELINE Mailing address: 1431 N. FUSILIER AVE., BASILE, LA, 70515
Dupre Medical Clinic 1008 W. Main St., VILLE PLATTE, LA, 70586	Anna Fontenot	Phone: 3373635531 Email: annafontenot1983@gmail.com Fax: 3373635052	License: 2203784663 State ID: RH0012648 Originally licensed: 2020-07-27 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: EVANGELINE Mailing address: 1008 W. MAIN ST., VILLE PLATTE, LA, 70586
Evangeline Family Healthcare 420 Jack Miller Road, VILLE PLATTE, LA, 70586	Melissa Vallet	Phone: 3373635334 Email: LFPHEALTHCARE@yahoo.com Fax: 3373632624	License: 2203785018 State ID: RH0011938 Originally licensed: 2017-04-04 Effective: 2025-08-01 License issued: 2025-07-10 Expires: 2026-07-31 Parish: EVANGELINE Mailing address: 420 JACK MILLER ROAD, VILLE PLATTE, LA, 70586
Fontenot Internal Medicine Clinic 421 Jack Miller Road, VILLE PLATTE, LA, 70586	Kevin Ardoin	Phone: 3373634499 Email: kevin.ardoin@ahmgt.com Fax: 3374762110	License: 2203786958 State ID: RH0012745 Originally licensed: 2021-05-07 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: EVANGELINE Mailing address: 421 JACK MILLER ROAD, VILLE PLATTE, LA, 70586
Heinen Medical Ville Platte 825 W Lasalle St., VILLE PLATTE, LA, 70586	Jade Heinen	Phone: 3374261966 Email: jadeheinen@heinenmedical.com Fax: 3373639134	License: 2203784528 State ID: RH0012577 Originally licensed: 2020-01-15 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: EVANGELINE Mailing address: 151 LEON AVE, SUITE B, EUNICE, LA, 70535
La Bonne Vie Family Healthcare 238 E. Main St., VILLE PLATTE, LA, 70586	Brittany Miller	Phone: 3373635591 Email: lbvfamilyhealthcare@yahoo.com Fax: 3373636565	License: 2203784529 State ID: RH0012579 Originally licensed: 2020-01-16 Effective: 2026-01-01 License issued: 2026-01-08 Expires: 2026-12-31 Parish: EVANGELINE Mailing address: 238 E MAIN STREET, VILLE PLATTE, LA, 70586
Magnolia Therapeutics 1535 West Main Street, VILLE PLATTE, LA, 70586	Anna Fontenot	Phone: 3375062294 Email: vitalhs@yahoo.com Fax: 3373635250	License: 2203786354 State ID: RH0012856 Originally licensed: 2022-07-19 Effective: 2025-09-01 License issued: 2025-08-18 Expires: 2026-08-31 Parish: EVANGELINE Mailing address: P.O. BOX 236, VILLE PLATTE, LA, 70586
Mamou Family Care 704 Poinciana Avenue, MAMOU, LA, 70554	LANCE ARMENTOR	Phone: 3374684038 Email: brian.denton@savoymedical.net Fax: 3374684042	License: 2203786400 State ID: RH0012363 Originally licensed: 2018-04-09 Effective: 2025-08-01 License issued: 2025-07-11

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-07-31 Parish: EVANGELINE Mailing address: 701 POINCIANA AVENUE, MAMOU, LA, 70554
Mamou OB GYN & Family Health Center 805 Cherry ST, MAMOU, LA, 70554	Medha Kulkarni	Phone: 3374682250 Email: wmsc805@gmail.com Fax: 3374682702	License: 2203784576 State ID: RH0012604 Originally licensed: 2020-03-11 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: EVANGELINE Mailing address: 805 CHERRY ST., MAMOU, LA, 70554
Mercy Regional Family Healthcare 503 Jack Miller Road, VILLE PLATTE, LA, 70586	Kevin Ardoin	Phone: 3373365040 Email: kevin.ardoin@ahmgt.com Fax: 3373634017	License: 2203786956 State ID: RH0012752 Originally licensed: 2021-05-20 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: EVANGELINE Mailing address: 804 EAST MAIN STREET, VILLE PLATTE, LA, 70586
Mercy Rural Health Clinic 899 E. LaSalle St., VILLE PLATTE, LA, 70586	Kevin Ardoin	Phone: 3373278353 Email: kevin.ardoin@ahmgt.com Fax: 3373325805	License: 2203786957 State ID: RH0012608 Originally licensed: 2020-02-28 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: EVANGELINE Mailing address: 411 EAST MAIN ST., VILLE PLATTE, LA, 70586
Pine Prairie Community Clinic 1121 Walnut Street, PINE PRAIRIE, LA, 70576	Brian Denton	Phone: 3375992800 Email: brian.denton@savoymedical.net Fax: 3375992210	License: 2203787058 State ID: RH0012345 Originally licensed: 2018-03-01 Effective: 2026-01-01 License issued: 2026-04-01 Expires: 2026-12-31 Parish: EVANGELINE Mailing address: 1121 WALNUT STREET, PINE PRAIRIE, LA, 70576
Pine Prairie Family Healthcare 1015 Sanders Street, PINE PRAIRIE, LA, 70576	Nicole Doucet	Phone: 3375992850 Email: iotafamilyhc@yahoo.com Fax: 3375992852	License: 2203783267 State ID: RH0011992 Originally licensed: 2017-04-21 Effective: 2026-04-01 License issued: 2026-03-10 Expires: 2027-03-31 Parish: EVANGELINE Mailing address: 1015 SANDERS STREET, PINE PRAIRIE, LA, 70576
Savoy Family Healthcare 211 West Main Street, VILLE PLATTE, LA, 70586	Brian Denton	Phone: 3373630075 Email: brian.denton@savoymedical.net Fax: 3374723002	License: 2203786804 State ID: RH0013483 Originally licensed: 2025-10-13 Effective: 2025-10-13 License issued: 2025-11-07 Expires: 2026-09-30 Parish: EVANGELINE Mailing address: 211 WEST MAIN STREET, VILLE PLATTE, LA, 70586
Vidrine Rural Health Clinic 4940 Vidrine Road Suite F, VILLE PLATTE, LA, 70586	Chantel LaHaye	Phone: 3375063500 Email: Carrie@vidrineclinic.com Fax: 3375063560	License: 2203785163 State ID: RH0012818 Originally licensed: 2021-12-15 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: EVANGELINE Mailing address: 4940 VIDRINE ROAD SUITE F, VILLE PLATTE, LA, 70586
Ville Platte Family Care 1013 W. Lincoln Rd.,	Brian Denton	Phone: 3373630075 Email: brian.denton@savoymedical.	License: 2203783732 State ID: RH0012327 Originally licensed: 2018-02-06

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
VILLE PLATTE, LA, 70586		net Fax: 3373630491	Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: EVANGELINE Mailing address: 1013 W. LINCOLN RD., VILLE PLATTE, LA, 70586
Ville Platte Pediatrics, PA 504 Jack Miller Road Suite 3, VILLE PLATTE, LA, 70586	Courtney D Manuel, NP	Phone: 3373633560 Email: villeplattepediatrics@yahoo.com Fax: 3373633507	License: 2203785311 State ID: RH0011260 Originally licensed: 2014-06-09 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: EVANGELINE Mailing address: 504 JACK MILLER ROAD SUITE 3, VILLE PLATTE, LA, 70586
Jeanerette Rural Health Clinic 217 Bourg Street, JEANERETTE, LA, 70544	Henrietta Chambers-FNP-BC	Phone: 3372767002 Email: hchambers@iberiamedicalcenter.com Fax: 3372763700	License: 052 State ID: RH0003323 Originally licensed: 2000-03-20 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: IBERIA Mailing address: 217 BOURG STREET, JEANERETTE, LA, 70544
Raymond F. Schneider Memorial Clinic, LLC 1302 Ed Broussard Rd., NEW IBERIA, LA, 70563	Nancy Schneider	Phone: 3372297929 Email: info@rfsclinic.com Fax: 3372297927	License: 129 State ID: RH0007355 Originally licensed: 2007-08-10 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: IBERIA Mailing address: P. O. BOX 408, LOREAUVILLE, LA, 70552
Rural Health Clinic of Loreauville, LLC 411 South Main Street, LOREAUVILLE, LA, 70552	James Russel Romero, M.D.	Phone: 3372294214 Email: ariel@rhclinic.net Fax: 3372294065	License: 2203782191 State ID: RH0003364 Originally licensed: 2000-08-07 Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: IBERIA Mailing address: P. O. BOX 278, LOREAUVILLE, LA, 70552
Duson Family Healthcare 110 W First St, Suite A, DUSON, LA, 70529	Tiffany Roy	Phone: 3378738244 Email: tiffanynp@dusonhealth.com Fax: 3378738274	License: 2203783730 State ID: RH0011163 Originally licensed: 2013-12-18 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: PO BOX 370, DUSON, LA, 70529
Acadian Family Clinic by Acadian Medical Center 828 Creswell Lane, OPELOUSAS, LA, 70570	David Ingram	Phone: 3379481802 Email: david.ingram@ahmgt.com Fax: 3379429074	License: 2203787064 State ID: RH0012694 Originally licensed: 2021-10-07 Effective: 2026-01-01 License issued: 2026-06-01 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Acadian Physician Specialties 3521 Highway 190, Suite T, EUNICE, LA, 70535	David Ingram	Phone: 3374578980 Email: david.ingram@ahmgt.com Fax: 3374578983	License: 2203786847 State ID: RH0012696 Originally licensed: 2021-01-05 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: 3521 HIGHWAY 190, SUITE T, EUNICE, LA, 70535

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acadiana Practitioners Gastro Clinic 331 S Main St, OPELOUSAS, LA, 70570	Dustin Miller, FNP	Phone: 3379427155 Email: tv.acadianapractitioners@gmail.com Fax: 8778439391	License: 2203786604 State ID: RH0013424 Originally licensed: 2025-05-28 Effective: 2026-05-01 License issued: 2026-04-22 Expires: 2027-04-30 Parish: ST. LANDRY Mailing address: 1119 PRUDHOMME CIRCLE, OPELOUSAS, LA, 70570
Acadiana Practitioners LLC 414 Saizan Avenue, PORT BARRE, LA, 70577	Rhonda Bergeron	Phone: 3374474027 Email: acadianapractitioners@gmail.com Fax: 3375852674	License: 2203783812 State ID: RH0012356 Originally licensed: 2018-03-19 Effective: 2026-03-01 License issued: 2026-02-04 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: 414 SAIZAN AVENUE, PORT BARRE, LA, 70577
Acadiana Practitioners Opelousas 1119 Prudhomme Cir, Suite F, OPELOUSAS, LA, 70570	Dustin Miller	Phone: 3374474027 Email: acadianapractitioners@gmail.com Fax: 3375852674	License: 2203784390 State ID: RH0012535 Originally licensed: 2019-09-04 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: ST. LANDRY Mailing address: 1119 PRUDHOMME CIR, SUITE F, OPELOUSAS, LA, 70570
Acadiana Practitioners Specialty Clinic 1200 Hospital Dr, Suite 4, OPELOUSAS, LA, 70570	Rhonda Bergeron	Phone: 3379487090 Email: acadianafma@bellsouth,net Fax: 3379428108	License: 2203786610 State ID: RH0013426 Originally licensed: 2025-06-05 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: ST. LANDRY Mailing address: 1119 PRUDHOMME CIRCLE, OPELOUSAS, LA, 70570
Acadiana Practitioners Sunset 166 Oak Tree Park Drive, Suite B, SUNSET, LA, 70584	Dustin Miller	Phone: 3374474027 Email: acadianapractitioners@gmail.com Fax: 3375852674	License: 2203784868 State ID: RH0012693 Originally licensed: 2021-02-23 Effective: 2026-02-01 License issued: 2026-01-27 Expires: 2027-01-31 Parish: ST. LANDRY Mailing address: 166 OAK TREE PARK DRIVE, SUITE B, SUNSET, LA, 70584
Arnaudville Family Clinic 119 Fuselier St., ARNAUDVILLE, LA, 70512	John Dies	Phone: 3372845684 Email: dies_john@yahoo.com Fax: 3372845684	License: 2203786298 State ID: RH0013244 Originally licensed: 2024-07-30 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: ST. LANDRY Mailing address: 304 N. HOSPITAL DR., SUITE A, ABBEVILLE, LA, 70510
Fleur-De-Lis Family Healthcare of Cankton 376 Main Street, CANKTON, LA, 70584	Michelle Sonnier	Phone: 3376684141 Email: michelle@fleurdelisfhc.com Fax: 3376684386	License: 2203784954 State ID: RH0006662 Originally licensed: 2005-12-14 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: 376 MAIN STREET, CANKTON, LA, 70584
Greene Family Clinic at Krotz Springs 216 Park Street , Suite A, KROTZ SPRINGS, LA, 70750	Meng Wen DePriest	Phone: 3375662762 Email: wdepriest@fammds.com Fax: 3375662766	License: 2203785141 State ID: RH0012813 Originally licensed: 2021-11-29 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: ST. LANDRY

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 2967 S. UNION STREET, OPELOUSAS, LA, 70570
Heinen Medical Eunice 151 Leon Ave, Suite B, EUNICE, LA, 70535	Jade Heinen	Phone: 3374578166 Email: jadeheinen@heinenmedical.com Fax: 8883713069	License: 2203784464 State ID: RH0012531 Originally licensed: 2019-10-30 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ST. LANDRY Mailing address: 151 LEON AVE, SUITE B, EUNICE, LA, 70535
Lily Pad Pediatrics LLC 153 Town Boulevard, OPELOUSAS, LA, 70570	Dr. Emily Simon	Phone: 3379424453 Email: esimonmd@lilypadpeds.com Fax: 3379480900	License: 2203786456 State ID: RH0013356 Originally licensed: 2025-01-06 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: 153 TOWN BOULEVARD, OPELOUSAS, LA, 70570
Louisiana Family Practice 151 Hill Street Suite 102, EUNICE, LA, 70535	David Ingram	Phone: 3374578040 Email: david.ingram@ahmgt.com Fax: 3374573432	License: 2203786850 State ID: RH0012690 Originally licensed: 2021-01-05 Effective: 2026-03-01 License issued: 2026-02-14 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: 151 HILL STREET, SUITE 102, EUNICE, LA, 70535
Ochsner Health Center-Eunice 3256 Highway 190 Suite B, EUNICE, LA, 70535	Brooke Hornsby	Phone: 3375503740 Email: brooke.hornsby@ochsner.org Fax: 3375503742	License: 2203785368RHC-4 State ID: RH0012618 Originally licensed: 2020-04-15 Effective: 2022-04-01 License issued: 2022-06-27 Expires: 2023-03-31 Parish: ST. LANDRY Mailing address: 1634 ELTON RD, JENNINGS, LA, 70546
Ortego Family Medicine Allergy & Asthma 2949 SOUTH UNION STREET, OPELOUSAS, LA, 70570	Trina Ortego	Phone: 3379489606 Email: ortegohealthcare@gmail.com Fax: 3379487003	License: 2203784787 State ID: RH0012687 Originally licensed: 2020-12-07 Effective: 2025-12-01 License issued: 2025-11-04 Expires: 2026-11-30 Parish: ST. LANDRY Mailing address: 2949 SOUTH UNION STREET, OPELOUSAS, LA, 70570
Palmetto Family Clinic 214 E. Railroad Ave, Unit A, PALMETTO, LA, 71358	Herndon M. Jeansonne	Phone: 8004620742 Email: acrocker@lhcpclinics.com Fax: 3374678964	License: 2203785217 State ID: RH0012820 Originally licensed: 2022-02-17 Effective: 2026-02-01 License issued: 2026-01-27 Expires: 2027-01-31 Parish: ST. LANDRY Mailing address: P.O. BOX 1127, COTTONPORT, LA, 71327
Savoy Family Care 102 South 2nd Street, EUNICE, LA, 70535	Brian Denton	Phone: 3374577798 Email: brian.denton@savoymedical.net Fax: 3374573135	License: 148 State ID: RH0003320 Originally licensed: 2000-03-30 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: 102 SOUTH 2ND STREET, EUNICE, LA, 70535
Southern Family Medicine 10818 Highway 190, OPELOUSAS, LA, 70570	Angela M Goins	Phone: 3377814727 Email: southernfamilymedicinellc@gmail.com Fax: 8558508050	License: 2203785188 State ID: RH0012807 Originally licensed: 2022-01-26 Effective: 2026-01-01 License issued: 2025-12-10

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: 101818 HWY 190, OPELOUSAS, LA, 70570
St. Landry Family Healthcare 536 Veterans Boulevard, WASHINGTON, LA, 70589	Ashley Fontenot Fontenot	Phone: 3378267702 Email: kevin.ardoin@ahmgt.com Fax: 3376235788	License: 2203786730 State ID: RH0011789 Originally licensed: 2017-03-07 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: ST. LANDRY Mailing address: 536 VETERANS BOULEVARD, WASHINGTON, LA, 70589
Wellsmart Health Womens Clinic 1270 Attakapas Dr., Suite 102, OPELOUSAS, LA, 70570	Lance Armentor	Phone: 3376784862 Email: lancearmentor@opelousasgeneral.com Fax: 8885715945	License: 2203787081 State ID: RH0013122 Originally licensed: 2026-05-04 Effective: 2026-05-04 License issued: 2026-05-13 Expires: 2027-04-30 Parish: ST. LANDRY Mailing address: P.O. BOX 2118, OPELOUSAS, LA, 70570
Wellsmart Health of Opelousas-RHC 1200 Hospital Drive, Suite 5, OPELOUSAS, LA, 70570	Lance Armentor	Phone: 3376784285 Email: lancearmentor@opelousasgeneral.com Fax: 3379429956	License: 2203784380 State ID: RH0012521 Originally licensed: 2019-09-04 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: ST. LANDRY Mailing address: P.O. BOX 2118, OPELOUSAS, LA, 70570
Womens Center for Better Health APMC 1270 Attakapas Dr. Suite 101, OPELOUSAS, LA, 70570	Thomas Jarnagin	Phone: 3379428975 Email: doctorjarnagin@gmail.com Fax: 3379428527	License: 2203786547 State ID: RH0013353 Originally licensed: 2025-04-16 Effective: 2026-04-01 License issued: 2026-04-02 Expires: 2027-03-31 Parish: ST. LANDRY Mailing address: 1270 ATTAKAPAS DR. SUITE 101, OPELOUSAS, LA, 70570
Fast Pace Heatlh 280-A Rees St, BREAUX BRIDGE, LA, 70517	Randy Overton	Phone: 3372940701 Email: randy.overton@fastpacehealth.com Fax: 9317229919	License: 2203786121 State ID: RH0012990 Originally licensed: 2024-02-26 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: ST. MARTIN Mailing address: PO BOX 306417, NASHVILLE, TN, 37230
Ochsner St. Martin Hospital Community Health Clinic 1555 Gary Drive, Suite C, BREAUX BRIDGE, LA, 70517	Glenn E Dailey	Phone: 3379092460 Email: lisa.allain@ochsner.org Fax: 3379092469	License: 672RHC-1 State ID: RH0012622 Originally licensed: 2020-07-27 Effective: 2024-07-01 License issued: 2024-07-01 Expires: 2025-06-30 Parish: ST. MARTIN Mailing address: 210 CHAMPAGEN BOULEVARD, BREAUX BRIDGE, LA, 70517
St Cecilia Family Care Clinic 2825 Grand Point Hwy, Lot 6, HENDERSON, LA, 70517	Jibran Atwi, MD	Phone: 3374546238 Email: jatwi@pgacadiana.com Fax: 3374081198	License: 2203786801 State ID: RH0013469 Originally licensed: 2025-09-05 Effective: 2025-09-05 License issued: 2025-11-07 Expires: 2026-08-31 Parish: ST. MARTIN Mailing address: 2825 GRAND POINT HWY, LOT 6, HENDERSON, LA, 70517

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
St. Martinville Maternal-Child and Adult Clinic 1119 N. Main Street, SAINT MARTINVILLE, LA, 70582	Jibran Atwi, MD	Phone: 3373947774 Email: skeller@ipsgenie.com Fax: 3373948015	License: 2203785108 State ID: RH0007413 Originally licensed: 2007-09-25 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: ST. MARTIN Mailing address: 1119 N. MAIN STREET, SAINT MARTINVILLE, LA, 70582
Sunshine Pediatric and Family Clinic LLC 555 Lakes Blvd, BREAUX BRIDGE, LA, 70517	Srinivasa Yerasi	Phone: 3373323971 Email: docsrinivas@gmail.com Fax: 3377353046	License: 2203785839 State ID: RH0013008 Originally licensed: 2023-08-10 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: ST. MARTIN Mailing address: 555 LAKES BLVD, BREAUX BRIDGE, LA, 70517
Abbeville General Hospital Clinic 2419 Alonzo Street, ABBEVILLE, LA, 70510	Troy Hair	Phone: 3378932302 Email: troyhair@abbevillegeneral.com Fax:	License: 160RHC-1 State ID: RH0006670 Originally licensed: 2005-12-01 Effective: 2011-06-01 License issued: 2005-12-01 Expires: 2012-05-31 Parish: VERMILION Mailing address: P.O. BOX 1158, ABBEVILLE, LA, 70511
Claude Meeks Medical Group LLC 2615 North Drive, ABBEVILLE, LA, 70510	Claude Meeks	Phone: 3378931506 Email: lauren@billing-specialist.com Fax: 3378980882	License: 2203785357 State ID: RH0012849 Originally licensed: 2022-06-13 Effective: 2026-06-01 License issued: 2026-05-19 Expires: 2027-05-31 Parish: VERMILION Mailing address: 2615 NORTH DRIVE, ABBEVILLE, LA, 70510
Delcambre Family Clinic 506 West Highway 14, DELCAMBRE, LA, 70528	John Dies	Phone: 3376852020 Email: southsidefamilyclinic@gmail.com Fax: 3376852021	License: 2203785059 State ID: RH0012776 Originally licensed: 2021-09-16 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: VERMILION Mailing address: 304 NORTH HOSPITAL DRIVE, SUITE A, ABBEVILLE, LA, 70510
Erath Delcambre Community Care Clinic 220 N. Road, ERATH, LA, 70533	Ray Landry	Phone: 3378935466 Email: ray.landry@abbgen.net Fax: 3378932801	License: 160RHC-3 State ID: RH0011202 Originally licensed: 2013-10-11 Effective: 2013-10-11 License issued: 2013-12-10 Expires: 2014-05-31 Parish: VERMILION Mailing address: P.O BOX 580, ABBEVILLE, LA, 70511
Fast Pace Health 213 W Veterans Memorial Drive, KAPLAN, LA, 70548	Randy Overton	Phone: 3372821096 Email: randy.overton@fastpacehealth.com Fax: 3373296575	License: 2203787079 State ID: RH0013399 Originally licensed: 2026-01-28 Effective: 2026-01-28 License issued: 2026-02-24 Expires: 2026-12-31 Parish: VERMILION Mailing address: 213 W VETERANS MEMORIAL DRIVE, KAPLAN, LA, 70548
Gardiner Center Health Clinic 710 5th Street, GUEYDAN, LA, 70542	Trevor Hair	Phone: 3375369262 Email: gchc@bellsouth.net Fax: 3375369263	License: 2203782673RHC-1 State ID: RH0006548 Originally licensed: 2006-01-05 Effective: 2020-01-01 License issued: 2019-12-20 Expires: 2020-12-31 Parish: VERMILION

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 710 5TH STREET, GUEYDAN, LA, 70542
Kaplan Family Care Clinic 818 E Veterans Memorial Dr, KAPLAN, LA, 70548	Jibran Atwi, MD	Phone: 3372856139 Email: jatwi@pgacadiana.com Fax: 3379015041	License: 2203786802 State ID: RH0013472 Originally licensed: 2025-09-05 Effective: 2025-09-05 License issued: 2025-11-07 Expires: 2026-08-31 Parish: VERMILION Mailing address: 818 E VETERANS MEMORIAL DR, KAPLAN, LA, 70548
Maurice Community Care Clinic 207 Milton Road, MAURICE, LA, 70555	Ray Landry	Phone: 3378935466 Email: ray.landry@abbevillegeneral.com	License: 160RHC-2 State ID: RH0007203 Originally licensed: 2007-03-05 Effective: 2006-06-01 License issued: 2007-02-26 Expires: 2007-05-31 Parish: VERMILION Mailing address: 207 MILTON ROAD, MAURICE, LA, 70555
Pediatric Group of Acadiana & Family Clinic 550 West Veterans Memorial Drive, ERATH, LA, 70533	Jibran Atwi,MD	Phone: 3379186341 Email: slatiolais@ipsgenie.com Fax: 3373265130	License: 2203784594 State ID: RH0011734 Originally licensed: 2017-05-09 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: VERMILION Mailing address: 550 W. VETERANS MEMORIAL DRIVE, ERATH, LA, 70533
SouthCare Medical, LLC 1305 N. State St., ABBEVILLE, LA, 70510	Crystyana Sugeng	Phone: 3374226240 Email: southcare12@gmail.com Fax: 3374226241	License: 2203782387 State ID: RH0011370 Originally licensed: 2015-07-07 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: VERMILION Mailing address: 1305 N. STATE ST., ABBEVILLE, LA, 70510
Southside Family Clinic 304 N. Hospital Dr., Suite A, ABBEVILLE, LA, 70510	John P Pies	Phone: 3373851972 Email: jill@collectivehcs.com Fax: 3373852849	License: 2203783622 State ID: RH0012253 Originally licensed: 2017-11-28 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: VERMILION Mailing address: 304 N. HOSPITAL DR., STE A, ABBEVILLE, LA, 70510

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Premier Behavioral Health Treatment at Vermilion	Manager	833-496-0245	Vermilion Behavioral Health offers trusted, high-quality mental healthcare and support. Call now to verify your benefits and learn more about your treatment options Behavioral Health offers trusted, high-quality mental healthcare and support. Call now to verify your benefits and learn more about your treatment options. Certified Facility.
Acadia St. Landry Behavioral Health	Manager	337-684-5435	Our commitment to excellence extends beyond the walls of our hospital. We prioritize community engagement and health education initiatives, working hand-in-hand with local organizations to promote wellness and preventive healthcare. We believe in

Organization / Provider	Contact Person	Phone / Email	Services Provided
			empowering individuals with the knowledge and resources needed to make informed decisions about their health.
Compass Behavioral Center Mamou	Case Management	855-802-1592	Compass Behavioral Center Mamou provides telemedicine/telehealth, partial hospitalization/day treatment and outpatient treatment. Compass Behavioral Center Mamou offers psychotropic medication, individual psychotherapy and group therapy to adults, young adults and seniors 65 or older. Additional services at Compass Behavioral Center Mamou consist of education services, diet and exercise counseling and case management.
Savoy Medical Center New Horizons	C ase Management	337-468-0111	Our New Horizons program, which provides a safe, supportive and confidential environment for healing, has specialized in emotional and behavioral health ...
Ville Platte Behavioral Health Center	Case Management	337-363-5525	Ville Platte Behavioral Health Center provides the following mental health rehabilitation services in Ville Platte. Mental Health Rehabilitation. Dual Diagnosis Rehabilitation Center. Ville Platte Behavioral Health Center is run by a private non-profit organization. Outpatient mental health rehabilitation. Information regarding specialty programs and groups offered at Ville Platte Behavioral Health Center. Seniors or older adults Seniors or older adults Persons with co-occurring mental and substance use disorders Persons experiencing first-episode psychosis Persons with serious mental illness (SMI)

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acadiana Hope and Wellness Center, LLC 19157 Crowley Eunice Highway, CROWLEY, LA, 70526	Valencia Demuchest	Phone: 3375142101 Email: ahwctr@gmail.com Fax: 3375142105	License: 2203782856 State ID: BH0011578 Originally licensed: 2016-07-26 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: ACADIA Mailing address: 19157 CROWLEY EUNICE HIGHWAY, CROWLEY, LA, 70526
Crowley Behavioral Health Clinic 1822 West 2nd Street, CROWLEY, LA, 70526	Mickey Businelle	Phone: 3377887511 Email: Mickey.Businelle@la.gov Fax: 3377884905	License: 2203782511 State ID: BH0003461 Originally licensed: 2015-10-01 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ACADIA Mailing address: 1822 WEST 2ND STREET, CROWLEY, LA, 70526
The Center for Children and Families - Crowley 1325 Wright Ave, Suite D, CROWLEY, LA, 70526	Krissa Humphreys	Phone: 3375145181 Email: khumphries@standforhope.org Fax: 3375145182	License: 2203783441 State ID: BH0012127 Originally licensed: 2017-07-21 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: ACADIA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P O BOX 9493, MONROE, LA, 71201
Beyond the Horizon 801 Poinciana Avenue Ste 200, MAMOU, LA, 70554	LANCE ARMENTOR	Phone: 3374680500 Email: laurie.manuel@savoymedical.net Fax: 3374680501	License: 2203785109 State ID: BH0012787 Originally licensed: 2021-10-25 Effective: 2025-10-01 License issued: 2025-08-28 Expires: 2026-09-30 Parish: EVANGELINE Mailing address: 801 POINCIANA AVENUE STE 200, MAMOU, LA, 70554
Heartland Recovery L. L. C 212 Church Street, CHATAIGNIER, LA, 70524	Jennifer Touchet	Phone: 3372374673 Email: will_arledge@bellsouth.net Fax: 3372374674	License: 2203786396 State ID: BH0013060 Originally licensed: 2023-12-13 Effective: 2025-10-01 License issued: 2025-09-30 Expires: 2026-09-30 Parish: EVANGELINE Mailing address: 847 STEWART STREET, LAFAYETTE, LA, 70501
Ville Platte Behavioral Health 312 S. Court St., VILLE PLATTE, LA, 70586	Nancy Bourque	Phone: 3373635525 Email: nancy.bourque@la.gov Fax: 3373631567	License: 2203782503 State ID: BH0002296 Originally licensed: 2015-10-01 Effective: 2025-10-01 License issued: 2025-10-01 Expires: 2026-09-30 Parish: EVANGELINE Mailing address: 312 S. COURT ST., VILLE PLATTE, LA, 70586
Visionaries Impacting People, LLC 414 W Cotton Street, VILLE PLATTE, LA, 70586	Carleen SYLVESTER	Phone: 3373633637 Email: visionariesip.llc@gmail.com Fax: 3373633667	License: 2203784614 State ID: BH0012612 Originally licensed: 2020-04-21 Effective: 2026-04-01 License issued: 2026-03-17 Expires: 2027-03-31 Parish: EVANGELINE Mailing address: 414 W COTTON STREET, VILLE PLATTE, LA, 70586
360 Mental Health, LLC 1614 East Main Street, Sutite D, NEW IBERIA, LA, 70560	Tiffany Brown	Phone: 3372565917 Email: mentalhealth360@yahoo.com Fax: 3375609121	License: 2203783067 State ID: BH0011637 Originally licensed: 2017-02-17 Effective: 2026-02-01 License issued: 2026-01-09 Expires: 2027-01-31 Parish: IBERIA Mailing address: 1614 EAST MAIN STREET, SUITE D, NEW IBERIA, LA, 70560
AAHSD New Iberia Behavioral Health Clinic 611 West Admiral Doyle Drive, NEW IBERIA, LA, 70560	CRISTY R JAMES	Phone: 3373730002 Email: cristy.james@la.gov Fax: 3373730129	License: 2203782523 State ID: BH0003496 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: IBERIA Mailing address: 611 WEST ADMIRAL DOYLE DRIVE, NEW IBERIA, LA, 70560
Keys for Sober Living-New Iberia 411 Iberia St, NEW IBERIA, LA, 70560	Arianna Holmes	Phone: 3373649094 Email: jwils33@alumni.lsu.edu Fax: 3373649071	License: 2203786751 State ID: BH0006902 Originally licensed: 2016-01-01 Effective: 2025-09-26 License issued: 2025-10-06 Expires: 2026-08-31 Parish: IBERIA Mailing address: 411 IBERIA ST, NEW IBERIA, LA, 70560
New Approaches Mental Health Services 449 E. St. Peter Street, NEW IBERIA, LA, 70560	TRESHA HARRIS	Phone: 3373219204 Email: kristina@namhealthservices.c	License: 2203784171 State ID: BH0011579 Originally licensed: 2017-02-17 Effective: 2026-01-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		om Fax: 3373219210	License issued: 2025-12-12 Expires: 2026-12-31 Parish: IBERIA Mailing address: 449 E SAINT PETER, NEW IBERIA, LA, 70560
Patriot Rehabilitation Services-New Iberia 532 Jefferson Terrace St., NEW IBERIA, LA, 70560	Jason Branson	Phone: 3376088130 Email: jmorgan@sunhc.net Fax: 3376080432	License: 2203785704 State ID: BH0012979 Originally licensed: 2023-04-04 Effective: 2026-05-07 License issued: 2026-05-11 Expires: 2027-03-31 Parish: IBERIA Mailing address: 532 JEFFERSON TERRACE ST., NEW IBERIA, LA, 70560
Woodlake Addiction Recovery-New Iberia IOP 222 W.St. Peter Street, NEW IBERIA, LA, 70560	Blain Houston	Phone: 2259241910 Email: jmonroe@woodlakecenter.com Fax: 8886121154	License: 2203785743 State ID: BH0012982 Originally licensed: 2023-05-21 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: IBERIA Mailing address: 10473 OLD HAMMOND HWY, BATON ROUGE, LA, 70816
Acadiana C.A.R.E.S. 809-811 Martin Luther King Jr. Drive, LAFAYETTE, LA, 70501	Barry LaFleur	Phone: 3372332437 Email: thoudek@acadianacares.org Fax: 3372354178	License: 2203782797 State ID: BH0008130 Originally licensed: 2016-07-01 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: PO BOX 3865, LAFAYETTE, LA, 70502
Acadiana Recovery Center 401 W Vermillion Street, LAFAYETTE, LA, 70501	Blain Houston	Phone: 2259241910 Email: jmonroe@woodlakecenter.com Fax: 8886121154	License: 2203782651 State ID: BH0003725 Originally licensed: 2016-03-01 Effective: 2025-05-21 License issued: 2025-05-26 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 10473 OLD HAMMOND HWY, BATON ROUGE, LA, 70815
Alternative Outpatient Services 341 Doucet Road, Suite A, LAFAYETTE, LA, 70503	Brian Henry	Phone: 3372340830 Email: bchenry@hushmail.com Fax: 3372340705	License: 2203782727 State ID: BH0003487 Originally licensed: 2016-05-01 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: 341 DOUCET ROAD, SUITE A, LAFAYETTE, LA, 70503
Breakthrough Therapeutic Services 300 Rue Beauregard Building F, LAFAYETTE, LA, 70508	Kizzy Dixon	Phone: 3375340254 Email: kizzyhdixon@yahoo.com Fax: 3375340542	License: 2203785916 State ID: BH0012205 Originally licensed: 2018-01-03 Effective: 2025-10-01 License issued: 2025-09-30 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 105 INDUSTRIAL PARKWAY, LAFAYETTE, LA, 70508
Center For Thriving Families, LLC 114 Curran Lane, Suite A-1, LAFAYETTE, LA, 70506	Terrica Turner	Phone: 3377033037 Email: centerforthrivingfamilies@gmail.com Fax: 3373409280	License: 2203784670 State ID: BH0012641 Originally licensed: 2020-08-07 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: 115 CHIMNEY ROCK BLVD., LAFAYETTE, LA, 70508

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Dr. Joseph Henry Tyler Jr Behavioral Health Clinic 302 Dulles Drive, LAFAYETTE, LA, 70506	Yancey Mire	Phone: 3372624100 Email: april.jacobs@la.gov Fax: 3372621146	License: 2203782722 State ID: BH0003499 Originally licensed: 2016-05-01 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: 302 DULLES DRIVE, LAFAYETTE, LA, 70506
HCO Behavioral Health Services - Lafayette 128 Demanade Blvd, Suite 201, LAFAYETTE, LA, 70503	COURTNEY WALLACE	Phone: 2252617143 Email: cwallace@hcohealth.com Fax: 2252501026	License: 2203783254 State ID: BH0011969 Originally licensed: 2017-04-01 Effective: 2026-04-01 License issued: 2026-04-08 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 128 DEMANADE BLVD. SUITE 201, LAFAYETTE, LA, 70503
Insight Guidance Group 1602 West Pinhook Rd, Suite 201, LAFAYETTE, LA, 70508	Matthew Delk	Phone: 3375340770 Email: hr@insightguidancegroup.com Fax: 3375344370	License: 2203784879 State ID: BH0011660 Originally licensed: 2016-08-05 Effective: 2026-03-01 License issued: 2026-02-17 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 1602 WEST PINHOOK RD, SUITE 201, LAFAYETTE, LA, 70508
LAKE Wellness Center - Lafayette 200 Heymann Blvd, Ste 203, LAFAYETTE, LA, 70505	ERIC ERCHULL	Phone: 8884885253 Email: Kguidry@contactlake.com Fax: 8885235253	License: 2203785235 State ID: BH0007347 Originally licensed: 2016-03-01 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: P.O. BOX 53038, LAFAYETTE, LA, 70505
Lafayette Intensive Outpatient LLC 219 East Verot School Road, LAFAYETTE, LA, 70598	Tiffiney Mills	Phone: 3373458699 Email: tiffineytate318@msn.com Fax: 3373458034	License: 2203786301 State ID: BH0013192 Originally licensed: 2024-08-05 Effective: 2025-08-01 License issued: 2025-08-04 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: P.O BOX 81089, LAFAYETTE, LA, 70598
Life Changing Solutions, LLC - Lafayette 315 S. College Road, Suite 100, LAFAYETTE, LA, 70503	Juanice Moses	Phone: 3182130906 Email: jmoses@lifechangingsolutionsllc.com Fax: 3182130922	License: 2203783158 State ID: BH0011603 Originally licensed: 2017-03-01 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: PO BOX 1792, SHREVEPORT, LA, 71166
Merakey Pennsylvania-Lafayette 106 Heymann Blvd., LAFAYETTE, LA, 70503	Cathleen Hyde	Phone: 3375044279 Email: winford.amos@merakey.org Fax: 3375044692	License: 2203783335 State ID: BH0011882 Originally licensed: 2017-05-31 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 620 E. GERMANTOWN PIKE, LAFAYETTE HILL, PA, 19444
Meredith"" 808 Pitt Road, SCOTT, LA, 70583	Kathleen Shaw	Phone: 3378064655 Email: CRusso@theextramilela.org Fax: 3375202593	License: 2203785531 State ID: BH0012920 Originally licensed: 2022-11-21 Effective: 2025-11-01 License issued: 2025-10-28 Expires: 2026-10-31 Parish: LAFAYETTE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 720 SAINT JOHN STREET, LAFAYETTE, LA, 70501
Path Behavioral Healthcare -Lafayette 1405 West Pinhook Rd, Suite 107, LAFAYETTE, LA, 70503	Tiesha Sheridan	Phone: 3372329457 Email: tsheridan@pathihc.com Fax: 3372329459	License: 2203786304 State ID: BH0011561 Originally licensed: 2016-05-25 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: 1405 WEST PINHOOK RD, SUITE 107, LAFAYETTE, LA, 70503
Pivotal Moments, LLC 4790 NE Evangeline Thruway, CARENCRO, LA, 70520	Scholar Jenkins	Phone: 3376744050 Email: pivotalmomentsllc@yahoo.com Fax: 3372843034	License: 2203786813 State ID: BH0011632 Originally licensed: 2017-01-01 Effective: 2025-10-23 License issued: 2025-11-19 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 4790 NE EVANGELINE THRUWAY, CARENCRO, LA, 70520
Positive Choices Counseling Services Inc-Lafayette 315 S. College St. Ste. 287, LAFAYETTE, LA, 70503	CAROLYN BROWN	Phone: 3374464707 Email: positivechoicesinc2@yahoo.com Fax: 3374464715	License: 2203786469 State ID: BH0012263 Originally licensed: 2017-11-29 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 315 S COLLEGE RD. SUITE #287, LAFAYETTE, LA, 70503
Rehabilitation Services of Acadiana - Lafayette 1010 Auburn Drive, LAFAYETTE, LA, 70503	Kyle Jacob	Phone: 3372612300 Email: twilliams@rehabservicesla.com Fax: 3372619080	License: 2203785968 State ID: BH0011893 Originally licensed: 2017-02-28 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 1000 CHINABERRY DRIVE, SUITE 900, BOSSIER CITY, LA, 71111
Resource Management Services of St. Landry, LLC 2020 West Pinhook Road, Suite 204, LAFAYETTE, LA, 70508	Monica Blanchard	Phone: 3372618781 Email: angie.fontenot@rmslouisiana.com Fax: 3372618784	License: 2203786548 State ID: BH0012265 Originally licensed: 2017-11-30 Effective: 2026-04-01 License issued: 2026-03-17 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 2020 WEST PINHOOK ROAD, SUITE 204, LAFAYETTE, LA, 70508
Riceland Recovery, LLC 3405 Moss St., LAFAYETTE, LA, 70507	Latt Soileau	Phone: 2253774306 Email: latt@ricelandrc.com Fax: 2254167471	License: 2203786432 State ID: BH0013355 Originally licensed: 2025-01-06 Effective: 2025-12-01 License issued: 2025-12-02 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 3405 MOSS ST., CROWLEY, LA, 70526
SUN Behavioral Louisiana - Lafayette 222 Rue De Jean, LAFAYETTE, LA, 70508	Hannah Granger	Phone: 3374567880 Email: hgranger@seasidehc.com Fax: 3374567882	License: 2203785462 State ID: BH0012110 Originally licensed: 2017-07-20 Effective: 2025-09-01 License issued: 2026-06-26 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 710 VERSAILLES BLVD., ALEXANDRIA, LA, 71303
Shoulders of Strength - Lafayette	ANN HAMPTON-HAWKINS	Phone: 3186547667 Email: sosinc130@aol.com Fax: 3188165923	License: 2203783227 State ID: BH0011981 Originally licensed: 2017-03-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
700 St Landry Street, LAFAYETTE, LA, 70506			Effective: 2025-09-01 License issued: 2025-08-27 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 2900 CAMERON STREET, MONROE, LA, 71201
Start Corporation-Lafayette 315 S College Rd., Suite 180, LAFAYETTE, LA, 70503	Alycee Naquin, LPC	Phone: 2256662395 Email: compliance@startcorp.org Fax: 9858510162	License: 2203787052 State ID: BH0013582 Originally licensed: 2026-04-21 Effective: 2026-04-21 License issued: 2026-05-06 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: P.O BOX 165, HOUMA, LA, 70363
Steps Recovery Solutions 406 St. Julien Avenue, LAFAYETTE, LA, 70506	Cassandra Guidry	Phone: 8884235253 Email: jhood@stepsrecoverysolutions.com Fax: 3377030707	License: 2203785696 State ID: BH0012980 Originally licensed: 2023-04-02 Effective: 2026-04-01 License issued: 2026-04-01 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: P O BOX 53038, LAFAYETTE, LA, 70506
TK Mission Intensive Outpatient Program 2020 W. Pinhook Rd. Suite 401, LAFAYETTE, LA, 70508	Jody Tramonta	Phone: 3379623159 Email: jody@tkmission.org Fax: 3379623158	License: 2203786120 State ID: BH0013088 Originally licensed: 2024-02-07 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 2020 W. PINHOOK RD. SUITE 401, LAFAYETTE, LA, 70508
The Extra Mile, Region IV, Inc 720 Saint John Street, LAFAYETTE, LA, 70501	George Mills	Phone: 3372372090 Email: george.mills@theextramileregionIV.com Fax: 3372372083	License: 2203784141 State ID: BH0011527 Originally licensed: 2017-06-09 Effective: 2025-11-01 License issued: 2025-10-28 Expires: 2026-10-31 Parish: LAFAYETTE Mailing address: 720 SAINT JOHN STREET, LAFAYETTE, LA, 70501
The Family Tree Info.Education & Counseling Center 1602 West Pinhook Rd, Suite 100A, LAFAYETTE, LA, 70508	Marie Collins	Phone: 3379812180 Email: mcollins@acadianafamilytree.org Fax: 3379812391	License: 2203783805 State ID: BH0012291 Originally licensed: 2018-04-13 Effective: 2025-04-01 License issued: 2025-03-31 Expires: 2026-03-31 Parish: LAFAYETTE Mailing address: P.O. BOX 62904, LAFAYETTE, LA, 70508
Triumphant Service of Louisiana 330 Guidry Street, LAFAYETTE, LA, 70501	Marcus Bruno	Phone: 3379629049 Email: triumphantservicesllc@gmail.com Fax: 3372465816	License: 2203786529 State ID: BH0013373 Originally licensed: 2025-04-14 Effective: 2026-04-01 License issued: 2026-03-20 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 330 GUIDRY STREET, LAFAYETTE, LA, 70501
Victory Addiction Recovery Center 111 Liberty Avenue, LAFAYETTE, LA, 70508	Melaine Greenwood	Phone: 3374569111 Email: kerri.cunningham@summitbhc.com Fax: 3374569131	License: 2203782536 State ID: BH0011054 Originally licensed: 2015-12-01 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 111 LIBERTY AVENUE, LAFAYETTE, LA, 70508

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Volunteers of America 224 St.Landry Street, Suite 2C, LAFAYETTE, LA, 70506	Gwen S Hasling	Phone: 3372911137 Email: andrea.gammons@voascla.org Fax: 3372912817	License: 2203783959 State ID: BH0011850 Originally licensed: 2017-02-17 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: 224 ST. LANDRY STREET, SUITE 2C, LAFAYETTE, LA, 70506
Whispering Oaks Lodge - Youngsville 617 Piat Road, YOUNGSVILLE, LA, 70592	Dwayne Abshire	Phone: 8774193005 Email: ddavis@whisperingoakslodge.com Fax: 8774190358	License: 2203783528 State ID: BH0012087 Originally licensed: 2017-09-08 Effective: 2026-05-08 License issued: 2026-05-08 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 617 PIAT ROAD, YOUNGSVILLE, LA, 70592
Whispering Oaks Lodge at Pinhook 2020 W Pinhook Road, Suite 401, LAFAYETTE, LA, 70508	Dwayne Abshire	Phone: 8774193005 Email: dabshire@whisperingoakslodge.com Fax: 8774190358	License: 2203783192 State ID: BH0011943 Originally licensed: 2017-03-30 Effective: 2026-03-01 License issued: 2026-03-06 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: PO BOX 1106, YOUNGSVILLE, LA, 70592
Youth & Families Empowerment Services, LLC 3419 NW, SE Evangeline Thruway, CARENCRO, LA, 70520	Kendrick Jackson	Phone: 3372541415 Email: yfesllc@gmail.com Fax: 8443133280	License: 2203785359 State ID: BH0012847 Originally licensed: 2022-06-16 Effective: 2026-06-01 License issued: 2026-06-25 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 3419 NW SE EVANGELINE THRUWAY, CARENCRO, LA, 70520
Healthy Family Counseling Services 119 W. Vine Street, OPELOUSAS, LA, 70570	Savoynne Williams	Phone: 3374075060 Email: DrJDarbonne@healthyfamilycounseling.com Fax: 3374075104	License: 2203786395 State ID: BH0012335 Originally licensed: 2019-03-28 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: 119 W.VINE STREET, OPELOUSAS, LA, 70570
New Beginnings Addiction Recovery Center, LLC 1649 Linwood Loop, OPELOUSAS, LA, 70570	Amber West	Phone: 3379421171 Email: awest@heroprogramnb.com Fax: 3379489101	License: 2203782571 State ID: BH0004646 Originally licensed: 2016-01-01 Effective: 2026-01-01 License issued: 2026-01-13 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: 1649 LINWOOD LOOP, OPELOUSAS, LA, 70570
Opelousas Behavioral Health Clinic 220 South Market Street, OPELOUSAS, LA, 70570	Nancy Bourque	Phone: 3379480226 Email: nancy.bourque@la.gov Fax: 3379480399	License: 2203782524 State ID: BH0003495 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: ST. LANDRY Mailing address: 220 SOUTH MARKET STREET, OPELOUSAS, LA, 70570
St. Landry Parish Drug Court 105 South Court Street, OPELOUSAS, LA, 70570	Norman Rene'	Phone: 3374072662 Email: norman@slpdc.org Fax: 3374071528	License: 2203782764 State ID: BH0007137 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-06-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-05-31 Parish: ST. LANDRY Mailing address: PO BOX 297, OPELOUSAS, LA, 70571
Activities of Daily Living Behavioral Health Services, Inc 402 Richard Street, BREAUX BRIDGE, LA, 70517	Stella Wiltz	Phone: 3374146126 Email: pcs@adlbhs.org Fax: 3373323300	License: 2203784543 State ID: BH0012589 Originally licensed: 2020-02-04 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: ST. MARTIN Mailing address: 402 RICHARD STREET, BREAUX BRIDGE, LA, 70517
BAART Programs Breaux Bridge 648 Latiolais Drive, BREAUX BRIDGE, LA, 70517	DARLA ALEXANDER	Phone: 3373324878 Email: licensing@baymark.com Fax: 3373324866	License: 2203783461 State ID: BH0004042 Originally licensed: 2016-05-01 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: ST. MARTIN Mailing address: 1720 LAKEPOINTE DRIVE, SUITE 117, LEWISVILLE, TX, 75057
Woodlake Addiction Recovery Center-Hospital Rd 306 A Hospital Rd, ABBEVILLE, LA, 70510	Blain Houston	Phone: 2259241910 Email: jmonroe@woodlakecenter.com Fax: 8886121154	License: 2203784998 State ID: BH0012761 Originally licensed: 2021-06-30 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: VERMILION Mailing address: 10473 OLD HAMMOND HWY, BATON ROUGE, LA, 70816
Woodlake Management, LLC West 1314 N Lafitte Rd, ABBEVILLE, LA, 70510	Blain Houston	Phone: 2259241910 Email: jmonroe@woodlakecenter.com Fax: 8886121154	License: 2203784963 State ID: BH0011126 Originally licensed: 2016-07-01 Effective: 2026-05-21 License issued: 2026-05-26 Expires: 2027-05-31 Parish: VERMILION Mailing address: 10473 OLD HAMMOND HIGHWAY, BATON ROUGE, LA, 70816

Psychiatric Residential Treatment Facilities — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
New Way of Southwest Louisiana 2683 Vidrine Road, VILLE PLATTE, LA, 70586	Teri Brown	Phone: 3373633703 Email: teribrown06@gmail.com Fax: 3372825321	License: 2203781780 State ID: PT0011137 Originally licensed: 2013-09-13 Effective: 2025-09-01 License issued: 2025-07-25 Expires: 2026-08-31 Parish: EVANGELINE Mailing address: P.O. BOX 363, VILLE PLATTE, LA, 70586
Acadiana Treatment Center 156 Choctaw Rd, SUNSET, LA, 70584	Travis St. Julien	Phone: 3372331111 Email: travis.st.julien@acadiavermilion.com Fax: 3375107026	License: 2203784706 State ID: PT0012440 Originally licensed: 2019-02-04 Effective: 2026-05-01 License issued: 2026-03-24 Expires: 2027-04-30 Parish: ST. LANDRY Mailing address: 156 CHOCTAW, SUNSET, LA, 70584

Therapeutic Group Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Grace House 904 Parkview Drive, JEANERETTE, LA, 70544	Quaniecia Clay-Castle	Phone: 2252780117 Email: admin@gracetgh.org Fax: 3372058375	License: 2203786806 State ID: TG0013509 Originally licensed: 2025-11-12 Effective: 2025-11-12 License issued: 2025-11-12 Expires: 2026-10-31 Parish: IBERIA Mailing address: 904 PARKVIEW DRIVE, JEANERETTE, LA, 70544

Substance Use Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Vermillion Behavioral health	Manager	844-502-0459	Our mission, vision, and values guide every choice and action we make here at Vermilion Behavioral Health. Keep reading to learn what has guided us to become the leading behavioral health provider we are today.
Rize	Manager	949-978-0644	A comfortable drug & alcohol detox program that you can trust. Living in a detox or rehab facility by the beach offers a uniquely calming environment where the natural rhythm of the ocean supports emotional balance and stress reduction. The serene atmosphere encourages mindfulness, making it easier to focus on healing while enjoying restorative activities like beach walks, outdoor therapy sessions, and fresh coastal air. The sense of openness and tranquility helps individuals feel grounded and supported as they work toward recovery.

Dental Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dental Provider	Medicaid Member	800-494-6262/mcnala.net	Dental Provider Locator
Medicaid	Financial	855-229-6848	Medicaid Insurance information

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Adult Day Health Care-Carencro	Manager	337-886-0108	Here is a program where a loved one could be nurtured, stimulated and provided medical care and at the same time provide a welcome relief for the caregiver. It ...
Serenity Adult Day Healthcare Center	Renea Landry Ford or Sylvia Daniels	337-678-0588	
Lemarie Lifestyle Center	337-262-5353	LARC's mission is to support individuals with	

Organization / Provider	Contact Person	Phone / Email	Services Provided
		intellectual and developmental disabilities in reaching their goals of self-sufficiency, quality of life and self-worth.Our services include; Community Supports & Services, Residential Services and Vocational Services.	
A & L Adult Day Health Care, Inc.	Devri Anthony	337- 364-7411	Adult day care service centers are a community-based facility to provide seniors with social activities, therapeutic activities, transportation, personal care and meals that need supervised daily care in a safe place outside the home. Adult day care services provide services to support seniors who desire to remain in their own private home as long as possible.
Active Adult Day Healthcare	Ms. Alice Mwakitawa	337-948-9067	A state-licensed program at community-based centers providing medical, nursing, social, and personal care services to eligible adults who are at risk of nursing home placement. Participants receive care, medication assistance, meals, and engage in social activities during the day.
Agape Adult Day Healthcare	Rose M Walls	337-942-5570	"Agape Day Center for Adults is an adult day care provider for adults age 55 and up providing a coordinated program of compassionate and professional services where adults who live at home can come to enjoy social activities and hot meals in a community-based group setting. We are designed to provide social and basic health services to adults who need supervised daytime care in a safe place outside the home. We also afford caregivers relief from their demanding responsibilities."

Adult Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Louisiana Adult Day Health Care of Acadiana 330 North Main Street, CHURCH POINT, LA, 70525	Cody Begnaud	Phone: 3372476899 Email: cbegnaud@lahealthcarepropertiies.com Fax: 0000000001	License: 2203786839 State ID: WA0013510 Originally licensed: 2025-11-24 Effective: 2025-11-24 License issued: 2025-12-04 Expires: 2026-10-31 Parish: ACADIA Mailing address: 102 MORGANWOOD LANE, DUSON, LA, 70529
A & L Adult Day Health Care, Inc. 706 Bayard Street, STE-A, NEW IBERIA, LA, 70560	Devri Anthony	Phone: 3373647411 Email: alpca@att.net Fax: 3373647842	License: 2203783113 State ID: WA0010658 Originally licensed: 2011-08-26 Effective: 2026-03-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-02-26 Expires: 2027-02-28 Parish: IBERIA Mailing address: 706 BAYARD STREET, STE-A, NEW IBERIA, LA, 70560 Already listed elsewhere in this region; license details supplied here
Adult Day Health Care of Carencro, Inc. 403 Veterans Dr., CARENCRO, LA, 70520	MS Pearlie Flugence	Phone: 3378860108 Email: adhcofcarencro@bellsouth.net Fax: 3378861413	License: 4444 State ID: WA0006597 Originally licensed: 2002-07-25 Effective: 2026-08-01 License issued: 2026-06-11 Expires: 2027-07-31 Parish: LAFAYETTE Mailing address: 403 VETERANS DR., CARENCRO, LA, 70520
PACE Lafayette 515 S. College Drive, LAFAYETTE, LA, 70506	Wendy Taylor	Phone: 3374704500 Email: Wendy.Taylor@FMOLHS.ORG Fax: 3374701752	License: 2203786428 State ID: WA0011366 Originally licensed: 2015-05-04 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 515 S. COLLEGE DRIVE, LAFAYETTE, LA, 70506
Southern Magnolia House Adult Day Health Care, LLC 2121 Dulles Drive, LAFAYETTE, LA, 70506	Troy Cloutier	Phone: 3374843221 Email: troyclou@gmail.com	License: 2203786534 State ID: WA0012874 Originally licensed: 2022-06-15 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 105 ENGLISH GARDENS PARKWAY, LAFAYETTE, LA, 70503
Active Adult Day HealthCare 333 East Prudhomme Lane, OPELOUSAS, LA, 70570	Alice N Mwakitawa	Phone: 3379489067 Email: njoki96@yahoo.com Fax: 3379489064	License: 5031 State ID: WA0006647 Originally licensed: 2005-12-09 Effective: 2025-12-01 License issued: 2025-10-28 Expires: 2026-11-30 Parish: ST. LANDRY Mailing address: P.O. BOX 2201, OPELOUSAS, LA, 70570 Already listed elsewhere in this region; license details supplied here
Agape Adult Day Healthcare 111 Faith Drive, OPELOUSAS, LA, 70570	Rose M Walls	Phone: 3379425570 Email: agapetotal@aol.com Fax: 3379425078	License: 5052 State ID: WA0008173 Originally licensed: 2009-10-07 Effective: 2025-10-01 License issued: 2025-08-29 Expires: 2026-09-30 Parish: ST. LANDRY Mailing address: 111 FAITH DRIVE, OPELOUSAS, LA, 70570 Already listed elsewhere in this region; license details supplied here
Mary Lees House of Love Adult Day Health Care 11626 Hwy 190, OPELOUSAS, LA, 70570	Brandi Vaughns	Phone: 3376623081 Email: maryleeshouseoflove2@yahoo.com	License: 2203786076 State ID: WA0012469 Originally licensed: 2019-03-21 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: P.O. BOX 1022, SUNSET, LA, 70584
Serenity Adult Day Healthcare Center 1772 Highway 749, Suite 2, OPELOUSAS, LA, 70570	Dequina Renea Landry Ford	Phone: 3376780588 Email: serenityadhc1@yahoo.com Fax: 3376780627	License: 2203786312 State ID: WA0013312 Originally licensed: 2024-08-20 Effective: 2026-08-01 License issued: 2026-06-05

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-07-31 Parish: ST. LANDRY Mailing address: 1772 HIGHWAY 749, SUITE 2, OPELOUSAS, LA, 70570 Already listed elsewhere in this region; license details supplied here
Southern Magnolia House Adult Day Healthcare, LLC 1606 I-49 N. Frontage Road, GRAND COTEAU, LA, 70541	Troy Cloutier	Phone: 3376625944 Email: troyclou@gmail.com Fax: 3376625974	License: 2203786536 State ID: WA0006588 Originally licensed: 2005-04-07 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: ST. LANDRY Mailing address: 105 ENGLISH GARDENS PARKWAY, LAFAYETTE, LA, 70503
Maison de Williams ADHC 828 Latiolais Dr, BREAUX BRIDGE, LA, 70517	George J Williams	Phone: 3373325329 Email: maisondewilliams@yahoo.com Fax: 3373325331	License: 2675 State ID: WA0006587 Originally licensed: 1999-09-21 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: ST. MARTIN Mailing address: P O BOX 1267, BREAUX BRIDGE, LA, 70517

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Pediakare De Louisiana 4011 Moss Street, LAFAYETTE, LA, 70501	Sheena Narcisse	Phone: 3372695505 Email: sheritanarcisse.pediakare@yahoo.com Fax: 3372695506	License: 2203783792 State ID: PD0000005 Originally licensed: 2012-08-02 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 4011 MOSS STREET, LAFAYETTE, LA, 70501
Pediatrust Acadiana, LLC 331 Doucet Rd, LAFAYETTE, LA, 70503	ALYSSA VINES	Phone: 3377069250 Email: lcraig@pediatrustla.com Fax: 3377069203	License: 2203784862 State ID: PD0012704 Originally licensed: 2021-02-10 Effective: 2026-02-01 License issued: 2026-01-15 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 6700 JEFFERSON HWY, BLDG 12, STE B, BATON ROUGE, LA, 70806

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Smile Community Action Agency	Manager	337-234-3272	SMILE Community Action Agency serves as a clearinghouse for community needs, with a focus on health, education, economic stability, and the betterment of all disadvantaged individuals, children and families that we encounter. St. Martin, Iberia, Lafayette Community Action Agency (SMILE) is an Equal Opportunity Employer/Program Auxiliary Aids and Services are available upon request to individuals with disabilities.
Abbeville Housing Authority	Manager	337-893-4643	The Abbeville Housing Authority in Abbeville, LA oversees public housing and voucher

Organization / Provider	Contact Person	Phone / Email	Services Provided
			programs, providing affordable housing options in secure environments.
Housing Authority of Lafourche Parish	Manager	985-537-5289	Providing Low-Income Housing as well as assistance with rent through our Housing Choice Voucher program.

Food Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
SNAP	Financial,<18 years	888-524-3578/dcfs.la.gov	Food assistance and education(Common name food stamps)

Transportation Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Medical Transport	Finanical	855-325-7626	Non-emergency medical transportation to/from appointments.
Acadiana Area Human	Call for eligibilty screen	337-262-4100/aahsd.org	Mental health/addition treatment development dis

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Personal Care services	Financial/medical	877-455-9955	In-home Medicaid PCS
Social Security	Disability/financial	800-772-1213	Financial Support
Louisiana Vocational Rehab	Medical/dusability Crteria	800-648-1484/337-648-1484 aahsd.org	Career development program for individuals with disability

Adult Brain Injury — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acadiana Brain Injury Center 101 Guillot Rd, YOUNGSVILLE, LA, 70592	AUDREY JOSEY	Phone: 3378561964 Email: audreyjosey@abicenter.com Fax: 3378565272	License: 001 State ID: BR0006630 Originally licensed: 2005-07-29 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: P.O. BOX 23, YOUNGSVILLE, LA, 70592

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The Acadian at Southwind - Level 3 626 Crowley/Rayne Highway, CROWLEY, LA, 70526	Christie Huval-Ashby	Phone: 3377881113 Email: cashby@elderoutreach.com Fax: 3377881195	License: 14047 State ID: AC0010407 Originally licensed: 2009-05-13 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2027-05-31 Parish: ACADIA Mailing address: 626 CROWLEY/RAYNE HIGHWAY, CROWLEY, LA, 70526
Azalea Estates of New Iberia-Level 3 1318 Andre Street, NEW IBERIA, LA, 70563	Chantelle Derouen	Phone: 3373641695 Email: angela.davies@ssmgrp.com Fax: 3373678280	License: 2203784563 State ID: AC0010365 Originally licensed: 2004-09-21 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: IBERIA Mailing address: 1318 ANDRE STREET, NEW IBERIA, LA, 70563
Garden View Assisted Living-Level 3 1000 Darby Lane, NEW IBERIA, LA, 70560	AIMEE DEROUEN	Phone: 3373642266 Email: aimeed@gardenview.org Fax: 3373646919	License: 8878 State ID: AC0010345 Originally licensed: 2003-04-11 Effective: 2026-05-01 License issued: 2026-04-17 Expires: 2027-04-30 Parish: IBERIA Mailing address: 1000 DARBY LANE, NEW IBERIA, LA, 70560
Above Compassion Adult Residential Home, LLC 127 Vincent Road, LAFAYETTE, LA, 70508	Malcolm Chaisson	Phone: 3379621134 Email: mlcchss@bellsouth.net Fax: 0000000000	License: 2203786498 State ID: AC0013394 Originally licensed: 2025-03-17 Effective: 2026-03-01 License issued: 2026-02-23 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 127 VINCENT ROAD, LAFAYETTE, LA, 70508
Avanti Senior Living at Lafayette - Level 3 5522 Ambassador Caffery Parkway, YOUNGSVILLE, LA, 70592	Brazette Carlos	Phone: 3377036300 Email: LafED@avanti-sl.com Fax: 3377036223	License: 2203786970 State ID: AC0012492 Originally licensed: 2019-07-23 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: 500 N HURSTBOURNE PARKWAY, SUITE 200,, LOUISVILLE, KY, 40222
BeeHive Homes of Youngsville - Level 2 500 Copper Meadows Blvd, YOUNGSVILLE, LA, 70592	William D Corbett	Phone: 3374518070 Email: davis@beehivehomes.com Fax: 3374518080	License: 2203783862 State ID: AC0012359 Originally licensed: 2018-04-05 Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: P.O. BOX 173, YOUNGSVILLE, LA, 70592
Brookdale Lafayette-Level 3 215 W. Farrel Road, LAFAYETTE, LA, 70508	SARAH J FORSTHOFF	Phone: 3379930077 Email: splunkettwuerger@brookdale.com Fax: 3379930071	License: 10662 State ID: AC0010357 Originally licensed: 2003-11-30 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 215 W. FARREL ROAD, LAFAYETTE, LA, 70508
Camelot of Broussard - Level 3 418 Albertsons Pkwy, BROUSSARD, LA, 70518	Monique DuBois	Phone: 3378379624 Email: mdubois@broussardhc.com Fax: 3372705953	License: 2203785248 State ID: AC0010381 Originally licensed: 2006-09-25 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: LAFAYETTE Mailing address: 418 ALBERTSON PARKWAY, BROUSSARD, LA, 70518
Cedar Crest Memory Care-Level 3 161 South Beadle Road, LAFAYETTE, LA, 70508	JENNIFER DUDD	Phone: 3372618811 Email: jennifer.dudd@ssmgrp.com Fax: 3375241366	License: 2203784275 State ID: AC0011373 Originally licensed: 2015-05-14 Effective: 2026-02-01 License issued: 2025-12-08 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 161 SOUTH BEADLE ROAD, LAFAYETTE, LA, 70508
Courtyard Retirement & Assisted Living, Inc.-Level 3 308 Sidney Martin Road, LAFAYETTE, LA, 70507	Nicholas Sarver	Phone: 3372373040 Email: nick@courtyard306and308.com Fax: 3372691255	License: 13143 State ID: AC0010377 Originally licensed: 2008-05-31 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 308 SIDNEY MARTIN ROAD, LAFAYETTE, LA, 70507
Garden View Assisted Living-Level 3 601 Verot School Road, LAFAYETTE, LA, 70508	KIMBERLY BURNETT	Phone: 3372375542 Email: kimberlyb@gardenview.org Fax: 3372375543	License: 9625 State ID: AC0010348 Originally licensed: 2004-05-28 Effective: 2026-06-01 License issued: 2026-03-31 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 601 VEROT SCHOOL RD., LAFAYETTE, LA, 70508
Maison Levie I 138 Jomela Drive I, LAFAYETTE, LA, 70503	Jennifer Benjamin	Phone: 5042590326 Email: jasonhemel@gmail.com Fax: 8886062434	License: 2203786779 State ID: AC0013505 Originally licensed: 2025-10-23 Effective: 2025-10-23 License issued: 2025-10-23 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 858 MOUTON STREET, NEW ORLEANS, LA, 70124
Maison Levie II 138 Jomela Drive II, LAFAYETTE, LA, 70503	Jennifer Nugent	Phone: 5042590326 Email: jasonhemel@gmail.com Fax: 8886062434	License: 2203786780 State ID: AC0013506 Originally licensed: 2025-10-22 Effective: 2025-10-22 License issued: 2025-10-23 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 858 MOUTON STREET, NEW ORLEANS, LA, 70124
Rosewood Assisted Living -Level 3 203 Rue Fontaine Drive, LAFAYETTE, LA, 70508	JENNIFER DUDD	Phone: 3379810333 Email: Jennifer.Dudd@ssmgrp.com Fax: 3379881706	License: 2203784276 State ID: AC0008854 Originally licensed: 1997-08-21 Effective: 2026-02-01 License issued: 2025-12-08 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 203 RUE FONTAINE DRIVE, LAFAYETTE, LA, 70508
TS Granger, LLC 306 Woodrich Ln, LAFAYETTE, LA, 70507	LYNSIE SCHLEY	Phone: 3374088705 Email: tscottgranger@gmail.com	License: 2203786417 State ID: AC0012859 Originally licensed: 2022-06-01 Effective: 2025-10-01 License issued: 2025-09-30 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 306 WOODRICH LN, LAFAYETTE, LA, 70507
The Blake at Lafayette - Level 3 400 Polly Lane, LAFAYETTE, LA, 70508	Kelli Lejeune	Phone: 3379938898 Email: kelli.lejeune@qslmseniorliving	License: 2203786214 State ID: AC0011661 Originally licensed: 2016-08-02 Effective: 2026-03-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		.com Fax: 3374841048	License issued: 2026-01-29 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 400 POLLY LANE, LAFAYETTE, LA, 70508
The Vincent - Level 3 2201 Verot School Rd, LAFAYETTE, LA, 70508	Cody Begnaud	Phone: 3373454105 Email: ED@vincentseniorliving.com Fax: 8888889999	License: 2203785009 State ID: AC0012733 Originally licensed: 2021-07-23 Effective: 2026-07-01 License issued: 2026-06-03 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: 2201 VEROT SCHOOL RD., LAFAYETTE, LA, 70508
The Vermilion at Eastridge - Level 3 2309 Richard Street, ABBEVILLE, LA, 70510	Trisha Bourque	Phone: 3378981944 Email: TLBourque@elderoutreach.com Fax: 3378921298	License: 2203782576 State ID: AC0010402 Originally licensed: 2008-05-30 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: VERMILION Mailing address: 2309 RICHARD STREET, ABBEVILLE, LA, 70510
Woodbriar Assisted Living & Memory Care - Level 3 213 E Etienne St, MAURICE, LA, 70555	Jennifer Koenig	Phone: 3377409663 Email: jennifer@woodbriarseniorliving.com Fax: 3373852254	License: 2203784790 State ID: AC0012685 Originally licensed: 2020-12-09 Effective: 2025-12-01 License issued: 2025-12-15 Expires: 2026-11-30 Parish: VERMILION Mailing address: 213 E ETIENNE ST, MAURICE, LA, 70555

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Medical Resources & Guidance, Region 4, Inc. 221 North Thompson Street, VILLE PLATTE, LA, 70586	Tammy Fontenot	Phone: 3373634999 Email: medres@centurytel.net Fax: 3373633702	License: 1574 State ID: CM0006489 Originally licensed: 2005-07-14 Effective: 2025-09-01 License issued: 2025-07-31 Expires: 2026-08-31 Parish: EVANGELINE Mailing address: 221 N. THOMPSON ST., VILLE PLATTE, LA, 70586
Cadence of Acadiana, Inc.-Region 4 905 Jefferson Street, Suite 400, LAFAYETTE, LA, 70501	Erica Buchanan	Phone: 3375938899 Email: coa4@cadencela.org Fax: 3375930406	License: 2203785287 State ID: CM0006475 Originally licensed: 2005-02-24 Effective: 2026-04-01 License issued: 2026-01-29 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: P.O. BOX 2910, LAFAYETTE, LA, 70502
Inventive Social Methods, LLC. 315 S. College Rd Ste 210, LAFAYETTE, LA, 70503	Matthew Jackson	Phone: 3378890621 Email: matt@inventivesm.com Fax: 8446911151	License: 2203786468 State ID: CM0012455 Originally licensed: 2019-03-15 Effective: 2026-07-01 License issued: 2026-05-18 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: 315 S. COLLEGE RD. STE 210, LAFAYETTE, LA, 70503
Share Care USA 111 Leonie Street, LAFAYETTE, LA, 70506	Tara Chriceol	Phone: 3374068228 Email: ttharpe@sharecareusa.com Fax: 3374566989	License: 2203784022 State ID: CM0006948 Originally licensed: 2006-09-13 Effective: 2025-08-01 License issued: 2025-07-08

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: P.O. BOX 51887, LAFAYETTE, LA, 70505
Sheltering Arms Independent Case Management Agency LLC 128 Demanade Blvd. Suite 105, LAFAYETTE, LA, 70503	Gabrielle Armstrong	Phone: 3377399414 Email: myshelteringarms@gmail.com Fax: 3372702307	License: 2203785087 State ID: CM0012746 Originally licensed: 2021-09-13 Effective: 2025-09-01 License issued: 2025-07-22 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 128 DEMANADE BLVD. SUITE 105, LAFAYETTE, LA, 70503

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acadia Senior Care, LLC 702 North Polk Street, RAYNE, LA, 70578	THELMA NORMAN	Phone: 3373340111 Email: Michael@AcadiaSeniorCare.com Fax: 3374275007	License: 2203783889 State ID: HC0012349 Originally licensed: 2018-03-26 Effective: 2026-03-01 License issued: 2026-02-09 Expires: 2027-02-28 Parish: ACADIA Mailing address: 702 NORTH POLK STREET, RAYNE, LA, 70578
Angel Healing Hands Home Care, LLC 1708 N Parkerson Avenue Suite 6, CROWLEY, LA, 70526	VENETTE M ARDOIN	Phone: 3374350022 Email: angelhealinghandshomecare@gmail.com Fax: 3375145007	License: 2203785759 State ID: HC0012509 Originally licensed: 2019-09-16 Effective: 2026-04-01 License issued: 2026-02-20 Expires: 2027-03-31 Parish: ACADIA Mailing address: 1708 N PARKERSON AVENUE SUITE 6, CROWLEY, LA, 70526
Support Healthcare Systems, Inc. 105 W. Ebey St. Suite 2, CHURCH POINT, LA, 70525	Hilda Sheppard	Phone: 3376840411 Email: evelynfilipinas@yahoo.com Fax: 3376841010	License: 14048 State ID: HC0007253 Originally licensed: 2007-09-26 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: ACADIA Mailing address: P.O. BOX 478, CHURCH POINT, LA, 70525
Above and Beyond Home Care, LLC 2504 Basile Eunice Hwy, BASILE, LA, 70515	Tijuana Frank-Sims	Phone: 8449682360 Email: info@abovehc.com Fax: 3374320631	License: 2203786384 State ID: HC0013307 Originally licensed: 2024-09-24 Effective: 2025-09-01 License issued: 2025-07-29 Expires: 2026-08-31 Parish: EVANGELINE Mailing address: 2504 BASILE EUNICE HWY, BASILE, LA, 70515
DDMS of Louisiana, No. 2 217 South Street, MAMOU, LA, 70554	Kristie Dupre	Phone: 3374683061 Email: kristie.dupre@sevitahealth.com Fax: 3374683062	License: 2203784138 State ID: HC0006141 Originally licensed: 2000-04-20 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: EVANGELINE Mailing address: 2645 O'NEAL LANE BUILDING A SUITE A, BATON ROUGE, LA, 70816
Evangeline ARC Respite Center 310 N.W. Railroad Avenue, VILLE PLATTE, LA, 70586	Thomas W McFarlain	Phone: 3373632273 Email: evangelinearc@yahoo.com Fax: 3373635553	License: 4083 State ID: HC0006008 Originally licensed: 1996-02-01 Effective: 2026-05-01 License issued: 2026-03-26

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-04-30 Parish: EVANGELINE Mailing address: P.O. BOX 182, VILLE PLATTE, LA, 70586
Evangeline Association Of Retarded Citizens At Ville Platte 109 West Lasalle Street, VILLE PLATTE, LA, 70586	Rhodonna Fontenot (ADC ONLY)	Phone: 3373635553 Email: evangelinearc@yahoo.com Fax: 3373635974	License: 2490 State ID: HC0005911 Originally licensed: 1991-05-14 Effective: 2026-04-01 License issued: 2026-03-10 Expires: 2027-03-31 Parish: EVANGELINE Mailing address: P. O. BOX 677, VILLE PLATTE, LA, 70586
Evangeline Council On Aging, Inc. 1012 North Reed Street, VILLE PLATTE, LA, 70586	Lisa DeRouen	Phone: 3377660060 Email: Ecoa1971@gmail.com Fax: 3373635301	License: 3677 State ID: HC0005993 Originally licensed: 1995-06-20 Effective: 2026-07-01 License issued: 2026-06-05 Expires: 2027-06-30 Parish: EVANGELINE Mailing address: P.O. BOX 312, VILLE PLATTE, LA, 70586
Graceful Care Service, LLC 206 W. Lincoln Road, VILLE PLATTE, LA, 70586	BARBARA TEZENO	Phone: 3373630349 Email: gracefulcs@gmail.com Fax: 3373630487	License: 15397 State ID: HC0007528 Originally licensed: 2008-06-09 Effective: 2026-07-01 License issued: 2026-06-16 Expires: 2027-06-30 Parish: EVANGELINE Mailing address: 1322 TATE COVE ROAD, VILLE PLATTE, LA, 70586
Strides Of Acadiana, LLC 118 Court Street, VILLE PLATTE, LA, 70586	kayla Kincanon	Phone: 3373633750 Email: stridesVP@gmail.com Fax: 3373633753	License: 2203785986 State ID: HC0005544 Originally licensed: 2005-10-01 Effective: 2025-12-01 License issued: 2025-10-28 Expires: 2026-11-30 Parish: EVANGELINE Mailing address: P.O. BOX 216, VILLE PLATTE, LA, 70586
Sunny Days Home Care, LLC 1562 West Main Street, VILLE PLATTE, LA, 70586	JEANNIE FREEMAN	Phone: 3373638530 Email: sunnydayshomecarellc@gmail.com Fax: 3373638527	License: 2203785045 State ID: HC0005804 Originally licensed: 2005-10-01 Effective: 2026-04-01 License issued: 2026-03-06 Expires: 2027-03-31 Parish: EVANGELINE Mailing address: 1562 WEST MAIN STREET, VILLE PLATTE, LA, 70586
True Home Care, LLC 611 East Lincoln Rd., VILLE PLATTE, LA, 70586	Debra Wilson	Phone: 3373637879 Email: debthc1@yahoo.com Fax: 3373637880	License: 2203785820 State ID: HC0005311 Originally licensed: 2005-10-01 Effective: 2026-08-01 License issued: 2026-06-05 Expires: 2027-07-31 Parish: EVANGELINE Mailing address: P.O. BOX 29, VILLE PLATTE, LA, 70586
Truth Faith 2 201 Tate Cove Road, VILLE PLATTE, LA, 70586	Cynthia Charles	Phone: 3373630857 Email: truthfaith2020@yahoo.com Fax: 3373630592	License: 2203785102 State ID: HC0012207 Originally licensed: 2017-11-20 Effective: 2025-11-01 License issued: 2025-10-30 Expires: 2026-10-31 Parish: EVANGELINE Mailing address: 201 TATE COVE ROAD, VILLE PLATTE, LA, 70586
A & L Personal Care, Inc 706 BAYARD STREET,	Kawaski Drake	Phone: 3373645551 Email: alpca@att.net Fax: 3373641550	License: 2203782924 State ID: HC0007910 Originally licensed: 2009-02-06

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
SUITE B, NEW IBERIA, LA, 70560			Effective: 2025-09-01 License issued: 2025-07-29 Expires: 2026-08-31 Parish: IBERIA Mailing address: 706 BAYARD STREET, SUITE B, NEW IBERIA, LA, 70560
ApexCare, LLC 439 E. St. Peter Street, NEW IBERIA, LA, 70560	John James	Phone: 3373675858 Email: apexcare2022@gmail.com Fax: 3373599083	License: 2203785514 State ID: HC0005833 Originally licensed: 2003-05-23 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: IBERIA Mailing address: 439 E. ST. PETER STREET, NEW IBERIA, LA, 70560
Arc of Acadiana, Inc 6400 W Highway 90-Frontage Road, NEW IBERIA, LA, 70560	CINDY LELEUX	Phone: 3373676813 Email: cindy.leleux@arcofacadiana.org Fax: 3373678301	License: 2203781529 State ID: HC0005650 Originally licensed: 1996-02-27 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: IBERIA Mailing address: P.O. BOX 9610, NEW IBERIA, LA, 70562
HOME INSTEAD SENIOR CARE 400 Iberia Street, NEW IBERIA, LA, 70560	JESSICA DITCH	Phone: 3373640034 Email: jessica.ditch@homeinstead.com Fax: 3373647773	License: 2203782044 State ID: HC0010612 Originally licensed: 2011-08-26 Effective: 2026-06-01 License issued: 2026-03-20 Expires: 2027-05-31 Parish: IBERIA Mailing address: 400 IBERIA STREET, NEW IBERIA, LA, 70560
Helping Hands of Acadiana 524 S.Hopkins Street Suite A, NEW IBERIA, LA, 70560	Devonte J Smith	Phone: 3375600909 Email: hha29@aol.com Fax: 3375607707	License: 2203781062 State ID: HC0007054 Originally licensed: 2007-06-29 Effective: 2026-03-01 License issued: 2026-02-24 Expires: 2027-02-28 Parish: IBERIA Mailing address: 524 SOUTH HOPKINS STREET SUITE A, NEW IBERIA, LA, 70560
Home Sweet Home Personal Care Services, Inc. 134 East Main Street, Suite 2, NEW IBERIA, LA, 70560	MS. Kimberly Armstrong	Phone: 3375600623 Email: home@hshpcs.com Fax: 3375600624	License: 2203786883 State ID: HC0005229 Originally licensed: 2004-11-23 Effective: 2026-01-12 License issued: 2026-01-21 Expires: 2026-12-31 Parish: IBERIA Mailing address: 1104 WEST PETER STREET, NEW IBERIA, LA, 70560
Perryl Health Services, LLC 109 Old Rd., NEW IBERIA, LA, 70560	Cynthia Antoine	Phone: 3372568567 Email: perrya@perrylhealth.com Fax: 3372568600	License: 2203785907 State ID: HC0006780 Originally licensed: 2006-03-08 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: IBERIA Mailing address: P.O.BOX 11137, NEW IBERIA, LA, 70562
Professional Personal Care Services, Inc. 136-A Center Street, NEW IBERIA, LA, 70560	Doris P St. Julian	Phone: 3375604049 Email: ppcs1@bellsouth.net Fax: 3375605343	License: 9041 State ID: HC0006306 Originally licensed: 2002-02-19 Effective: 2026-03-18 License issued: 2026-03-20 Expires: 2027-02-28 Parish: IBERIA Mailing address: P. O. BOX 11216, NEW IBERIA, LA, 70562

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Someone Cares, Inc. 2716 W. Main Street, JEANERETTE, LA, 70544	Tosombra A Collins	Phone: 3372767843 Email: shelisio@aol.com Fax: 3372767844	License: 2203784516 State ID: HC0005388 Originally licensed: 2004-05-12 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: IBERIA Mailing address: 2716 W. MAIN STREET, JEANERETTE, LA, 70544
Virtuous Residential Partners 801 S. Lewis St. Suite 8, NEW IBERIA, LA, 70560	Shameka Ned	Phone: 3372565746 Email: vrp.llc@yahoo.com Fax: 3372565775	License: 2203786541 State ID: HC0013395 Originally licensed: 2025-04-14 Effective: 2026-04-01 License issued: 2026-01-28 Expires: 2027-03-31 Parish: IBERIA Mailing address: 801 S. LEWIS ST. SUITE 8, NEW IBERIA, LA, 70560
@Southwest Louisiana Independence Center, Inc. 216 A LaRue France, LAFAYETTE, LA, 70508	DANIELLE CREDEUR	Phone: 3374777194 Email: carolyn@slic-la.org Fax: 3374777198	License: 2203782819 State ID: HC0005816 Originally licensed: 2005-06-15 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 4320 LAKE STREET, LAKE CHARLES, LA, 70605
A Blessing Personal Home Care Services, LLC 151 Southpark Road, Suite 101, LAFAYETTE, LA, 70508	KATINA THOMAS	Phone: 3377040188 Email: kthomas@ablessinghomecare.com Fax: 8778249631	License: 2203786794 State ID: HC0007768 Originally licensed: 2010-05-18 Effective: 2025-10-31 License issued: 2025-11-04 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 151 SOUTHPARK ROAD, SUITE 101, LAFAYETTE, LA, 70508
A Care Partner of Louisiana 1231 Coolidge Street, LAFAYETTE, LA, 70503	Lacey Hebert-McGee	Phone: 3372108727 Email: lacey@acarepartner.com Fax: 3378893997	License: 2203785295 State ID: HC0012040 Originally licensed: 2017-06-22 Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: P.O. BOX 81854, LAFAYETTE, LA, 70598
A First Name Basis Home Care 1304 Bertrand Drive , Suite D6, LAFAYETTE, LA, 70506	Madeline Dronet	Phone: 3372334778 Email: admin@afirstnamebasis.com Fax: 3372334779	License: 2203785346 State ID: HC0010555 Originally licensed: 2011-06-24 Effective: 2026-05-01 License issued: 2026-03-11 Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596
A Place At Home 3419 NW Evangeline Thruway, #M7, CARENCRO, LA, 70520	Sherry Nix	Phone: 3375347379 Email: charletta.thomas@aplaceathome.com Fax: 3375347463	License: 2203785765 State ID: HC0012971 Originally licensed: 2023-06-07 Effective: 2026-06-01 License issued: 2026-05-06 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 3419 NW EVANGELINE THRUWAY, #M7, CARENCRO, LA, 70520
Acadiana Circle of Friends, Inc. 2403 Bonin Road, YOUNGSVILLE, LA, 70592	Shawn Janes	Phone: 3378560460 Email: clarissaboutte@outlook.com Fax: 3378561961	License: 8011 State ID: HC0006203 Originally licensed: 2000-08-17 Effective: 2025-09-01 License issued: 2025-08-21 Expires: 2026-08-31 Parish: LAFAYETTE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 2403 BONIN ROAD, YOUNGSVILLE, LA, 70592
Acadiana Support Services, LLC 704-A Eraste Landry Road, LAFAYETTE, LA, 70506	Deborah Silas	Phone: 3372667600 Email: admin@acadianasupportservices.com Fax: 3372697008	License: 2203781043 State ID: HC0007761 Originally licensed: 2008-08-11 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 704-A ERASTE LANDRY ROAD, LAFAYETTE, LA, 70506
Acts of Care, LLC 128 Demanade Blvd. Ste 107, LAFAYETTE, LA, 70503	Shantale Miller	Phone: 3378892273 Email: smiller@aocteam.com Fax: 3378892283	License: 2203786459 State ID: HC0013363 Originally licensed: 2025-02-11 Effective: 2026-02-01 License issued: 2026-01-27 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 128 DEMANADE BLVD. SUITE 107, LAFAYETTE, LA, 70503
Ageless Healthcare 1353 Surrey Street, LAFAYETTE, LA, 70501	Racquel Charles	Phone: 3373454444 Email: agelesscare@bellsouth.net Fax: 3372665893	License: 2203784916 State ID: HC0007356 Originally licensed: 2007-08-16 Effective: 2026-04-01 License issued: 2026-01-21 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 1353 SURREY ST., LAFAYETTE, LA, 70501
Allied Medicine, Inc. 151 Southpark Road, Suite 105, LAFAYETTE, LA, 70508	Curlis Savoy	Phone: 3378374049 Email: alldmedicine59@ymail.com Fax: 3378376665	License: 2203784966 State ID: HC0005787 Originally licensed: 2005-10-01 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: P.O. BOX 1047, BROUSSARD, LA, 70518
Alternative Home Care Specialists, Inc. 1220 Eraste Landry Road, LAFAYETTE, LA, 70506	Joshua Johnson	Phone: 3372330545 Email: jjohnson@althomecare.com Fax: 3372330546	License: 2203782362 State ID: HC0006108 Originally licensed: 1998-10-01 Effective: 2026-02-01 License issued: 2025-12-09 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 1220 ERASTE LANDRY ROAD, LAFAYETTE, LA, 70506
Amian Care Services, LLC 1454 Surrey Street, LAFAYETTE, LA, 70501	Sophia Meche	Phone: 3378895571 Email: amianangels1@amianangels.com Fax: 3378895576	License: 2203785576 State ID: HC0006299 Originally licensed: 2001-10-29 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 1454 SURREY STREET, LAFAYETTE, LA, 70501
Beyond Caregiving, LLC 1126 Coolidge Street Suite 210, LAFAYETTE, LA, 70503	Elizabeth Babin	Phone: 3378770022 Email: bharrington@beyondcaregiving.net Fax: 3374049108	License: 2203785569 State ID: HC0012932 Originally licensed: 2023-01-10 Effective: 2026-03-18 License issued: 2026-03-20 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: P.O. BOX 52865, LAFAYETTE, LA, 70505
BrightCare HomeCare, LLC 112 Oil Center Drive, Live Oak Building, Lobby B	Brooke Guidry	Phone: 3372795466 Email: brooke@brightcarehomecare.com Fax: 9852289027	License: 2203785529 State ID: HC0012915 Originally licensed: 2022-11-07 Effective: 2025-11-01 License issued: 2025-09-26

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Suite 17, LAFAYETTE, LA, 70503			Expires: 2026-10-31 Parish: LAFAYETTE Mailing address: 112 OIL CENTER DRIVE, LIVE OAK BUILDING, LOBBY B SUITE 17, LAFAYETTE, LA, 70503
COMMUNITY PERSONAL CARE SERVICES, LLC 5750 Johnston Street, Suite 204, LAFAYETTE, LA, 70503	Millerson W Wilridge	Phone: 3378069190 Email: mwilridge@chp.care Fax: 3378069186	License: 2203784047 State ID: HC0006275 Originally licensed: 2001-07-09 Effective: 2025-08-01 License issued: 2025-08-04 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: 5750 JOHNSTON STREET, SUITE 204, LAFAYETTE, LA, 70503
Care Louisiana LLC 600 Jefferson St. Suite 301-1, LAFAYETTE, LA, 70501	Shekinah G Oriano	Phone: 3379090920 Email: carelouisiana@gmail.com Fax: 3372058702	License: 2203786508 State ID: HC0007847 Originally licensed: 2008-12-23 Effective: 2026-03-01 License issued: 2026-03-04 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 5909 WHEELER DRIVE, METAIRIE, LA, 70003
Caring Touch Home Care 292 Ridge Road, Suite 13, LAFAYETTE, LA, 70506	Kevin Vitto	Phone: 3372337009 Email: vittokevin@yahoo.com Fax: 3372337059	License: 2203781134 State ID: HC0007606 Originally licensed: 2008-04-29 Effective: 2025-08-01 License issued: 2025-07-14 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: 292 RIDGE ROAD, SUITE 13, LAFAYETTE, LA, 70506
DDMS OF Louisiana No. 2, LLC 103 Exchange Place, LAFAYETTE, LA, 70503	Jennifer Simon	Phone: 3372332731 Email: jennifer.vath@rescare.com Fax: 3372355273	License: 2203787061 State ID: HC0006378 Originally licensed: 2002-10-31 Effective: 2026-03-30 License issued: 2026-06-10 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 103 EXCHANGE PLACE, LAFAYETTE, LA, 70503
DDMS of Louisiana No. 2, LLC 529 St. John Street, LAFAYETTE, LA, 70501	VELENCIA LEWIS	Phone: 3372332731 Email: jennifer.vath@rescare.com Fax: 3375729728	License: 2203787090 State ID: HC0006016 Originally licensed: 1996-04-24 Effective: 2026-03-30 License issued: 2026-06-18 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 103 EXCHANGE PLACE, LAFAYETTE, LA, 70503
Extended Family Inc. 210 N. Magnolia Street, LAFAYETTE, LA, 70501	Debrica Robert	Phone: 8665684713 Email: extendedfamily247@gmail.com Fax: 3373320072	License: 2203786841 State ID: HC0007780 Originally licensed: 2008-09-19 Effective: 2025-11-17 License issued: 2025-12-05 Expires: 2026-10-31 Parish: LAFAYETTE Mailing address: 210 N. MAGNOLIA STREET, LAFAYETTE, LA, 70501
Goodwill Industries of Acadiana, Inc. 2435 West Congress Street, LAFAYETTE, LA, 70506	NADIA FORD	Phone: 3377697650 Email: nford@goodwillacadiana.org Fax: 3377697659	License: 2203785928 State ID: HC0006218 Originally licensed: 2002-02-28 Effective: 2025-11-01 License issued: 2025-10-13 Expires: 2026-10-31 Parish: LAFAYETTE Mailing address: 2435 WEST CONGRESS STREET, LAFAYETTE, LA, 70506

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Gulf Coast Social Services 315 South College Road Suite 252, LAFAYETTE, LA, 70503	Latonia Miller-Harrison	Phone: 3372691165 Email: Latonia_Miller-Harrison@gcssla.org Fax: 3372351961	License: 2203785931 State ID: HC0005884 Originally licensed: 1986-12-12 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 315 SOUTH COLLEGE ROAD SUITE 252, LAFAYETTE, LA, 70503
Home Care Assistance, LLC 221 Rue De Jean Suite 300-B, LAFAYETTE, LA, 70508	Rashida Charlot	Phone: 3373671854 Email: rcharlot@moorecig.com Fax: 3373568858	License: 2203785424 State ID: HC0007864 Originally licensed: 2009-02-19 Effective: 2026-01-01 License issued: 2026-01-13 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 221 RUE DE JEAN SUITE 300-B, LAFAYETTE, LA, 70508
Home Instead 110 East St. Peter Street, CARENCRO, LA, 70520	Carol Vick	Phone: 3372957990 Email: carol.vick@homeinstead.com Fax: 3372957989	License: 2203786202 State ID: HC0011011 Originally licensed: 2012-04-11 Effective: 2026-08-01 License issued: 2026-06-17 Expires: 2027-07-31 Parish: LAFAYETTE Mailing address: 110 EAST ST. PETER STREET, CARENCRO, LA, 70520
I Care Home Care, LLC 3419 NW Evangeline Thwy Suite F2, CARENCRO, LA, 70520	Tamesha Frilot	Phone: 8332814663 Email: info@icarehomecare.net Fax: 3373634665	License: 2203786810 State ID: HC0007845 Originally licensed: 2008-12-09 Effective: 2025-10-07 License issued: 2025-11-19 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: P.O. BOX 1118, WASHINGTON, LA, 70589
Impac 1531 Ambassador Caffery Parkway, LAFAYETTE, LA, 70506	DEBBIE GONZALEZ	Phone: 3372330545 Email: jjohnson@althomecare.com Fax: 3372330546	License: 2203782361 State ID: HC0010502 Originally licensed: 2010-11-12 Effective: 2026-02-01 License issued: 2025-12-08 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 1220 ERASTE LANDRY ROAD, LAFAYETTE, LA, 70506
Jeanella Cares, Llc 226 E. Pinhook RD, LAFAYETTE, LA, 70501	Jeanella Ledet	Phone: 3378890626 Email: JeanellaCares@gmail.com Fax: 3372056299	License: 2203784654 State ID: HC0012452 Originally licensed: 2019-04-02 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 226 E. PINHOOK RD, LAFAYETTE, LA, 70501
L & D Community Care, Inc. 1819 West Pinhook Road, Suite 215, LAFAYETTE, LA, 70508	PHILIP J BADALI	Phone: 3372370104 Email: pjbadali@ldccinc.com Fax: 3372373448	License: 2203786752 State ID: HC0005824 Originally licensed: 2005-08-05 Effective: 2025-10-03 License issued: 2025-10-07 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 1819 WEST PINHOOK ROAD, SUITE 215, LAFAYETTE, LA, 70508
LARC, INC. 303 New Hope Road, LAFAYETTE, LA, 70506	Nicole Harrison	Phone: 3379846110 Email: nharrison@lafayettelarc.org Fax: 3379841102	License: 3219 State ID: HC0005980 Originally licensed: 1994-11-02 Effective: 2026-03-01 License issued: 2026-01-15 Expires: 2027-02-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: LAFAYETTE Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Leading Home Care 206 La Rue France, LAFAYETTE, LA, 70508	Matthew Rovira	Phone: 3372369111 Email: info@lhcla.com Fax: 3372366111	License: 2203785161 State ID: HC0006059 Originally licensed: 2005-10-01 Effective: 2025-12-01 License issued: 2025-10-28 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 206 LA RUE FRANCE, LAFAYETTE, LA, 70508
Louisiana Health And Rehabilitation Options, Inc. 930 Webb Street, LAFAYETTE, LA, 70501	Denetrius Pickney	Phone: 3372677375 Email: tmblakes@lahealthandrehab.org Fax: 3372695615	License: 11826 State ID: HC0005477 Originally licensed: 2005-10-01 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 2121 WOODDALE BLVD, BATON ROUGE, LA, 70806
Loving Hearts, LLC 101 La Rue France Suite 201, LAFAYETTE, LA, 70508	Peggy Guillory	Phone: 3372337250 Email: pguillory@lovingheartsofla.com Fax: 3372337104	License: 2203784925 State ID: HC0007433 Originally licensed: 2007-10-01 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 101 LA RUE FRANCE SUITE 201, LAFAYETTE, LA, 70508
Magnolia""s Home Care, LLC 1909 W. University Avenue, LAFAYETTE, LA, 70506	Emilie Duhon	Phone: 3372324351 Email: emilieduhon@magnoliashomecare.com Fax: 3372324352	License: 2203786872 State ID: HC0005682 Originally licensed: 2005-10-01 Effective: 2025-11-13 License issued: 2026-01-09 Expires: 2026-10-31 Parish: LAFAYETTE Mailing address: P.O. BOX 2547, LAFAYETTE, LA, 70502
Medical Advantage Care, L.L.C. 216 Eighth Street, LAFAYETTE, LA, 70501	Paul Carter	Phone: 3372691629 Email: medicaladvantagecare@att.net Fax: 3372691628	License: 11344 State ID: HC0005325 Originally licensed: 2004-06-16 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: 216 EIGHTH STREET, LAFAYETTE, LA, 70501
New Day Personal Care Services, LLC 800 W CONGRESS SUITE C, LAFAYETTE, LA, 70501	Luciana Broussard	Phone: 3372647128 Email: info@newdaypersonalcare.com Fax: 3374565868	License: 2203782583 State ID: HC0007051 Originally licensed: 2006-10-19 Effective: 2025-12-01 License issued: 2025-12-05 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 800 W CONGRESS SUITE C, LAFAYETTE, LA, 70501
P & L Medical Services, Inc. 110 Blanchard Street, LAFAYETTE, LA, 70501	Sandy Griffin-Smith	Phone: 3372375333 Email: lafplmedical@gmail.com Fax: 3372334060	License: 11338 State ID: HC0006722 Originally licensed: 2005-10-01 Effective: 2025-09-01 License issued: 2025-08-28 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 110 BLANCHARD STREET, LAFAYETTE, LA, 70501
PACE Lafayette HCBS 515 S. College Road, LAFAYETTE, LA, 70503	Michelle Zerangue	Phone: 3374704500 Email: michele.zerangue@fmolhs.or	License: 2203786608 State ID: HC0012944 Originally licensed: 2022-12-16 Effective: 2026-02-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		g Fax: 3374704515	License issued: 2026-02-02 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 515 S. COLLEGE ROAD, LAFAYETTE, LA, 70503
Priority Medical Care, Inc. 221 Southpark Road Suite A-2, LAFAYETTE, LA, 70508	Tonetta Fusilier	Phone: 3373300175 Email: prioritymedical1@yahoo.com Fax: 3373307117	License: 2203782864 State ID: HC0007229 Originally licensed: 2007-05-29 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: 221 SOUTHPARK ROAD SUITE A-2, LAFAYETTE, LA, 70508
Right at Home 321 Travis Street, Suite A, LAFAYETTE, LA, 70503	Jennifer Eisler	Phone: 3378069171 Email: julie@acadianacare.com Fax: 3375348076	License: 2203785905 State ID: HC0012228 Originally licensed: 2018-02-07 Effective: 2026-08-01 License issued: 2026-06-24 Expires: 2027-07-31 Parish: LAFAYETTE Mailing address: 321 TRAVIS STREET, SUITE A, LAFAYETTE, LA, 70503
Senior Helpers 1025 Coolidge Street, LAFAYETTE, LA, 70503	Michele Veillon	Phone: 3372695030 Email: mveillon@seniorhelpers.com Fax: 3372696002	License: 2203784309 State ID: HC0008223 Originally licensed: 2010-01-06 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 1025 COOLIDGE STREET, LAFAYETTE, LA, 70503
Share Care, Usa 106 Leonie Street, LAFAYETTE, LA, 70506	TARA CHRICEOL	Phone: 3374068228 Email: lafayette@sharecareusa.com Fax: 3374068393	License: 14045 State ID: HC0005404 Originally licensed: 2005-10-01 Effective: 2025-12-01 License issued: 2025-10-15 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: P.O. BOX 51887, LAFAYETTE, LA, 70505
Total Homecare Services LLC 345 Doucet Road, Suite 100-B, LAFAYETTE, LA, 70503	Dustin Dorsey	Phone: 3372695885 Email: dustin.thcsla@gmail.com Fax: 3372695884	License: 2203782487 State ID: HC0007675 Originally licensed: 2008-05-15 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 345 DOUCET ROAD, SUITE 100-B, LAFAYETTE, LA, 70503
Vee"s Sitter Service Private Duty Care, LLC 200 South Audubon Blvd, LAFAYETTE, LA, 70503	Ashley Landry-Fountain	Phone: 3377046602 Email: veessitterservices@yahoo.com Fax: 3375348568	License: 2203786222 State ID: HC0011906 Originally licensed: 2017-05-12 Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 200 SOUTH AUDUBON BLVD, LAFAYETTE, LA, 70503
Volunteers of America South Central Louisiana, Inc. 224 St. Landry Suite 2C, LAFAYETTE, LA, 70506	Kellie Davis	Phone: 3372345715 Email: kellie.davis@voascla.org Fax: 3372101192	License: 2203784030 State ID: HC0005619 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-06-17 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: 224 ST. LANDRY, SUITE 2 C, LAFAYETTE, LA, 70506

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
We Care Homes, Inc 2930 Moss St. Suite C, LAFAYETTE, LA, 70501	Stephanie Alfred	Phone: 3373324222 Email: alvawecare2011@yahoo.com Fax: 3373326758	License: 2203786773 State ID: HC0005928 Originally licensed: 1991-10-28 Effective: 2026-06-01 License issued: 2026-06-15 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 2903 MOSS ST. SUITE C, LAFAYETTE, LA, 70501
1 Infinity Homecare, LLC 823 North Union Street, OPELOUSAS, LA, 70570	Lori Ford	Phone: 8333905818 Email: lori@1infinityhomecare.com Fax: 3376780209	License: 2203786295 State ID: HC0013047 Originally licensed: 2023-10-13 Effective: 2026-05-01 License issued: 2026-03-26 Expires: 2027-04-30 Parish: ST. LANDRY Mailing address: 934 SOUTH MARKET STREET, OPELOUSAS, LA, 70570
A First Name Basis Home Care 2410 Jake Drive, Suite 1, OPELOUSAS, LA, 70570	Jennifer Armand	Phone: 3373631663 Email: admin@afirstnamebasis.com Fax: 3373631758	License: 2203786959 State ID: HC0006111 Originally licensed: 1999-01-20 Effective: 2026-03-30 License issued: 2026-04-10 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: P. O. BOX 60366, LAFAYETTE, LA, 70596
Ace Care Givers Company Inc 170 Castille Street, SUNSET, LA, 70584	KATRINA ALFRED	Phone: 3372337075 Email: chingapostol24@yahoo.com Fax: 3372337076	License: 2203785636 State ID: HC0006704 Originally licensed: 2006-02-10 Effective: 2026-02-01 License issued: 2026-01-07 Expires: 2027-01-31 Parish: ST. LANDRY Mailing address: P O BOX 575, CHURCH POINT, LA, 70525
Active Personal Care Services, LLC 717 North Court Street, OPELOUSAS, LA, 70570	Elaine Smith	Phone: 3376783022 Email: activepcs@yahoo.com Fax: 3376783023	License: 2203782491 State ID: HC0007366 Originally licensed: 2007-10-01 Effective: 2025-11-01 License issued: 2025-10-24 Expires: 2026-10-31 Parish: ST. LANDRY Mailing address: P. O. BOX 2201, OPELOUSAS, LA, 70570
Agape Total Care, LLC 2041 Highway 749, OPELOUSAS, LA, 70570	MS. Rose Walls	Phone: 3379425570 Email: agapetotal@aol.com Fax: 3379425078	License: 15276 State ID: HC0006831 Originally licensed: 2006-05-15 Effective: 2026-08-01 License issued: 2026-06-09 Expires: 2027-07-31 Parish: ST. LANDRY Mailing address: 2041 HIGHWAY 749, OPELOUSAS, LA, 70570
All Ways Caring HomeCare 1220 South Union, Street Suite 1, OPELOUSAS, LA, 70570	Tonya Pabum	Phone: 3379485050 Email: tonya.pabum@allwayscaring.com Fax: 3379485040	License: 15502 State ID: HC0008474 Originally licensed: 2010-05-07 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: ST. LANDRY Mailing address: 1220 SOUTH UNION STREET, SUITE 1, OPELOUSAS, LA, 70570
Elara Caring 1310 S. Union Street, Suite 5, OPELOUSAS, LA, 70570	Lisa Sostand	Phone: 3379424622 Email: regulatory@elara.com Fax: 3379488543	License: 2203781668 State ID: HC0005147 Originally licensed: 2005-10-01 Effective: 2026-05-01 License issued: 2026-04-08 Expires: 2026-07-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ST. LANDRY Mailing address: 3010 LYNDON B. JOHNSON FREEWAY, SUITE 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here
Eunice Developmental Center 1582 Hwy 190 West, EUNICE, LA, 70535	Frankie LaFleur Jr.	Phone: 3375460667 Email: l6edc@aol.com Fax: 3375466827	License: 2203782122 State ID: HC0011315 Originally licensed: 2014-10-01 Effective: 2025-11-01 License issued: 2025-10-31 Expires: 2026-10-31 Parish: ST. LANDRY Mailing address: P. O. BOX 1287, EUNICE, LA, 70535
Good Hands Home Care Service, LLC 1015 North Main Street, OPELOUSAS, LA, 70570	Eric Tyler	Phone: 3374181599 Email: goodhandsllc@yahoo.com Fax: 3379426615	License: 2203782825 State ID: HC0007421 Originally licensed: 2007-10-03 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: ST. LANDRY Mailing address: 1015 NORTH MAIN STREET, OPELOUSAS, LA, 70570
Immaculate Heart Of Mary- Pcs, LLC 226 Lyons Street, MELVILLE, LA, 71353	Mary Morain	Phone: 3376234100 Email: Region4@ihompcs.com Fax: 3376234102	License: 12145 State ID: HC0005621 Originally licensed: 2005-10-01 Effective: 2026-05-01 License issued: 2026-04-07 Expires: 2027-04-30 Parish: ST. LANDRY Mailing address: P.O. BOX 670, MELVILLE, LA, 71353
Jodison Prime Care, LLC. 1220 South Union Street, Suite 4, OPELOUSAS, LA, 70570	MS. Sandy Arceneaux	Phone: 3379482004 Email: sandy330@bellsouth.net Fax: 3379482024	License: 11650 State ID: HC0005406 Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-12-29 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: 1220 SOUTH UNION STREET, SUITE 4, OPELOUSAS, LA, 70570
Quality Care Providers of Louisiana, LLC 17791 Hwy 190, PORT BARRE, LA, 70577	Amy Thomasson	Phone: 3375854999 Email: qualitycareofla@yahoo.com Fax: 3375854999	License: 2203784355 State ID: HC0007223 Originally licensed: 2007-06-07 Effective: 2026-07-01 License issued: 2026-06-03 Expires: 2027-06-30 Parish: ST. LANDRY Mailing address: 17791 HWY 190, PORT BARRE, LA, 70577
Sylvia""s Caring Companions Health Care Services 8202 HWY 182 SUITE A, OPELOUSAS, LA, 70570	Deshawn S Clark-Brown	Phone: 3379429939 Email: sylviascare@gmail.com Fax: 3379429937	License: 2203786122 State ID: HC0007694 Originally licensed: 2008-05-19 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: 8202 HWY 182 SUITE A, OPELOUSAS, LA, 70570
A Caring Home Care Services, LLC 709-1/2 South Main Street, SAINT MARTINVILLE, LA, 70582	ERNESTINE B EPPERSON	Phone: 3373949277 Email: ddkpec@aol.com Fax: 3373949288	License: 2203784209 State ID: HC0007760 Originally licensed: 2008-08-18 Effective: 2026-02-01 License issued: 2025-12-17 Expires: 2027-01-31 Parish: ST. MARTIN Mailing address: 709-1/2 SOUTH MAIN STREET, SAINT MARTINVILLE, LA, 70582

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Activities Of Daily Living Services 400 Richard Street, BREAUX BRIDGE, LA, 70517	Stella Wiltz	Phone: 3373321810 Email: swiltz_adl@yahoo.com Fax: 3373323300	License: 11226 State ID: HC0005289 Originally licensed: 2005-10-01 Effective: 2025-09-01 License issued: 2025-07-14 Expires: 2026-08-31 Parish: ST. MARTIN Mailing address: 400 RICHARD STREET, BREAUX BRIDGE, LA, 70517
Gifted Heart Services, LLC 717 North Main Street, SAINT MARTINVILLE, LA, 70582	Susie Poledor	Phone: 3373941799 Email: pole1154@yahoo.com Fax: 3373947773	License: 11451 State ID: HC0005361 Originally licensed: 2005-10-01 Effective: 2025-12-01 License issued: 2025-11-21 Expires: 2026-11-30 Parish: ST. MARTIN Mailing address: 717 NORTH MAIN STREET, SAINT MARTINVILLE, LA, 70582
Heavenly Home Care Services, LLC 360 Cannery Road, BREAUX BRIDGE, LA, 70517	Tasey T Alexander	Phone: 3373248506 Email: heavenlypersonalcarellc@gmail.com Fax: 3373248507	License: 2203786524 State ID: HC0013171 Originally licensed: 2024-03-01 Effective: 2026-04-01 License issued: 2026-03-11 Expires: 2027-03-31 Parish: ST. MARTIN Mailing address: 360 CANNERY ROAD, BREAUX BRIDGE, LA, 70517
Precision Homecare, LLC 240 W. Mills Avenue, Suite 104, BREAUX BRIDGE, LA, 70517	Azure Valentine	Phone: 3376549789 Email: precisionhomecare.pca@gmail.com Fax: 3374146004	License: 2203786880 State ID: HC0013519 Originally licensed: 2026-01-16 Effective: 2026-01-16 License issued: 2026-01-20 Expires: 2026-12-31 Parish: ST. MARTIN Mailing address: 1605 CARMEL DRIVE, LAFAYETTE, LA, 70501
The ARC of St. Martin, Inc. 500 Lelia Street, SAINT MARTINVILLE, LA, 70582	Kerrie Latiolais	Phone: 3373944928 Email: kerrielorio@yahoo.com Fax: 3373945974	License: 5021 State ID: HC0006041 Originally licensed: 1994-03-28 Effective: 2026-01-01 License issued: 2025-12-12 Expires: 2026-12-31 Parish: ST. MARTIN Mailing address: P. O. BOX 128, SAINT MARTINVILLE, LA, 70582
The Golden Rule Care-Provider, LLC 2214 Grand Pointe Road, BREAUX BRIDGE, LA, 70517	Jayme Johnson	Phone: 3373324005 Email: Region4@goldenrulecp.com Fax: 3373326671	License: 14000 State ID: HC0005383 Originally licensed: 2004-10-14 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: ST. MARTIN Mailing address: P.O. BOX 1286, BREAUX BRIDGE, LA, 70517
Ageless Healthcare 500 Hwy 90, Suite 128 (A & B), PATTERSON, LA, 70392	Vachel Alexander-Joseph	Phone: 9854122222 Email: region3@myagelesscare.com Fax: 9852630412	License: 2203787097 State ID: HC0013559 Originally licensed: 2026-06-24 Effective: 2026-06-24 License issued: 2026-06-25 Expires: 2027-05-31 Parish: ST. MARY Mailing address: 1353 SURREY STREET, LAFAYETTE, LA, 70501
Bayou Health Elderly And Disabled Care, Inc. 1201 Brashear Avenue, Suite 426-429 A, MORGAN CITY, LA, 70380	Virginia Bennet	Phone: 9853848621 Email: bayouhealth2006@aol.com Fax: 9853848622	License: 14022 State ID: HC0005133 Originally licensed: 2004-11-15 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ST. MARY

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 544 FREDERICK DRIVE, THIBODAUX, LA, 70301
Ferguson Abundant Living PCA LLC 1008 Main Street, Suite A, FRANKLIN, LA, 70538	Ferguson III Wilson	Phone: 3374711010 Email: fergabunlivipca@gmail.com Fax: 3379015021	License: 2203786367 State ID: HC0013298 Originally licensed: 2024-08-05 Effective: 2025-08-01 License issued: 2025-07-07 Expires: 2026-07-31 Parish: ST. MARY Mailing address: 1008 MAIN STREET, SUITE A, FRANKLIN, LA, 70538
Premier Community Services LLC 212 Sterling Road Suite 1, FRANKLIN, LA, 70538	Renarda Loston	Phone: 3378291010 Email: premierbranch14@gmail.com Fax: 3378291011	License: 2203782939 State ID: HC0005208 Originally licensed: 2005-10-01 Effective: 2025-10-01 License issued: 2025-08-28 Expires: 2026-09-30 Parish: ST. MARY Mailing address: P.O. BOX 1009, BALDWIN, LA, 70514
SafeCare, LLC 403 Willow Street, FRANKLIN, LA, 70538	Linda Randle	Phone: 3374717057 Email: safecare2019@gmail.com Fax: 3374717058	License: 2203784501 State ID: HC0012558 Originally licensed: 2019-12-03 Effective: 2025-12-01 License issued: 2025-10-20 Expires: 2026-11-30 Parish: ST. MARY Mailing address: 403 WILLOW STREET, FRANKLIN, LA, 70538
St. Mary Center of Hope 100 Missouri Street, CENTERVILLE, LA, 70522	Kristal Hebert	Phone: 3378369445 Email: Arcofstmary@att.net Fax: 3378369419	License: 2242 State ID: HC0007158 Originally licensed: 1976-12-21 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: ST. MARY Mailing address: P.O. BOX 3, CENTERVILLE, LA, 70522
Loving Hearts of LA 202 Village Circle Suite 2, SLIDELL, LA, 70461	Megan Loar	Phone: 9857718030 Email: info@lovingheartsofla.com Fax: 9857718031	License: 2203785380 State ID: HC0012861 Originally licensed: 2022-06-15 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 202 VILLAGE CIRCLE SUITE 2, SLIDELL, LA, 70461
The ARC of Acadiana, Inc. 809 SOUTH SEVERIN, ERATH, LA, 70533	Natalie Mouton	Phone: 3379376113 Email: natalie.mouton@arcofacadiana.org Fax: 3373678310	License: 2203784850 State ID: HC0005841 Originally licensed: 1975-02-04 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: VERMILION Mailing address: 809 SOUTH SEVERIN, ERATH, LA, 70533

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
EB North Street Group Home 1601 East B North Street, RAYNE, LA, 70578	Jessica Louviere	Phone: 3373846842 Email: jessica.louviere@arcofacadiana.org Fax: 3373674043	License: 2203784325 State ID: MR0012512 Originally licensed: 2019-06-27 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: ACADIA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 203 LLAMA ROAD, RAYNE, LA, 70578
Edwin Drive Home 1605 Edwin Drive, RAYNE, LA, 70578	Brandi Stutes	Phone: 3373676813 Email: Jessica.louviere@arcofacadiana.org Fax: 3373688301	License: 2203786792 State ID: MR0003087 Originally licensed: 1989-05-16 Effective: 2025-10-27 License issued: 2025-11-03 Expires: 2026-09-30 Parish: ACADIA Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560
Electa Street Group Home 1900 Electa Street, RAYNE, LA, 70578	Jessica Louviere	Phone: 3373846842 Email: Jessica.louviere@arcofacadiana.org Fax: 3373674043	License: 2203784316 State ID: MR0002856 Originally licensed: 1978-03-22 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: ACADIA Mailing address: 203 LLAMA ROAD, RAYNE, LA, 70578
Habetz Loop Home 134 Habetz Loop, RAYNE, LA, 70578	Jessica Louviere	Phone: 3373676813 Email: Jessica.louviere@arcofacadiana.org Fax: 3373678301	License: 2203786791 State ID: MR0003088 Originally licensed: 1989-05-16 Effective: 2025-10-27 License issued: 2025-11-03 Expires: 2026-09-30 Parish: ACADIA Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560
Heritage Road Home 3779 Heritage Road, RAYNE, LA, 70578	Jessica Louviere	Phone: 3373676813 Email: Jessica.louviere@arcofacadiana.org Fax: 3373688301	License: 2203786793 State ID: MR0003126 Originally licensed: 1989-12-19 Effective: 2025-10-27 License issued: 2025-11-03 Expires: 2026-09-30 Parish: ACADIA Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560
Jackie Street Group Home 106 Jackie Street, RAYNE, LA, 70578	Jessica Louviere	Phone: 3373934124 Email: Jessica.louviere@arcofacadiana.org Fax: 3373934125	License: 2203784508 State ID: MR0003099 Originally licensed: 1985-02-15 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: ACADIA Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560
Lisa Street Group Home 608 Lisa Street, RAYNE, LA, 70578	Jessica Louviere	Phone: 3373846842 Email: Jessica.louviere@arcofacadiana.org Fax: 3373674043	License: 2203784315 State ID: MR0002866 Originally licensed: 1981-06-10 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: ACADIA Mailing address: 203 LLAMA ROAD, RAYNE, LA, 70578
Lizette Community Home 109 Lizette Drive, RAYNE, LA, 70578	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787008 State ID: MR0003031 Originally licensed: 1987-08-03 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: ACADIA Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Liberty Four Community Home 134 Progress Road, VILLE PLATTE, LA, 70586	Clark LaFleur	Phone: 3375460667 Email: l6edc@aol.com Fax: 3375466827	License: 294 State ID: MR0003032 Originally licensed: 1988-03-01 Effective: 2026-05-01 License issued: 2026-04-20

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-04-30 Parish: EVANGELINE Mailing address: P. O. BOX 1287, EUNICE, LA, 70535
Mamou Community Home 101 Third Street, MAMOU, LA, 70554	Shanicka Drake	Phone: 3374683061 Email: sdrake@dungarvin.com Fax: 2257678068	License: 2203787044 State ID: MR0003236 Originally licensed: 1993-09-13 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: EVANGELINE Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
West Lincoln Community Home 108 West Jefferson Road, VILLE PLATTE, LA, 70586	MR Gary Ortego	Phone: 3373635553 Email: evangelinearc@yahoo.com Fax: 3373635974	License: 582 State ID: MR0003108 Originally licensed: 1989-09-28 Effective: 2026-03-01 License issued: 2026-02-05 Expires: 2027-02-28 Parish: EVANGELINE Mailing address: P.O. BOX 677, VILLE PLATTE, LA, 70586
West Magnolia Group Home 1930 East Main Street, VILLE PLATTE, LA, 70586	Gary J Ortego	Phone: 3373635553 Email: evangelinearc@yahoo.com Fax: 3373635974	License: 568 State ID: MR0003094 Originally licensed: 1989-07-26 Effective: 2026-05-01 License issued: 2026-03-09 Expires: 2027-04-30 Parish: EVANGELINE Mailing address: P. O. BOX 677, VILLE PLATTE, LA, 70586
Central Avenue Group Home 310 Central Avenue, NEW IBERIA, LA, 70560	Jessica Louviere	Phone: 3373676813 Email: Jessica.louviere@arcofacadiana.org Fax: 3373678301	License: 2203785212 State ID: MR0006975 Originally licensed: 2006-09-01 Effective: 2026-02-01 License issued: 2025-12-15 Expires: 2027-01-31 Parish: IBERIA Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560
Dehart Community Home 1412 Dehart Street, NEW IBERIA, LA, 70560	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203786997 State ID: MR0003257 Originally licensed: 1994-06-16 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: IBERIA Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Iberian Group Home 2618 Old Jeanerette Road, NEW IBERIA, LA, 70560	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787002 State ID: MR0002963 Originally licensed: 1984-09-04 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: IBERIA Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Kramer Group Home 2217 Kramer Drive, NEW IBERIA, LA, 70560	Jessica Louviere	Phone: 3373671158 Email: Jessica.louviere@arcofacadiana.org Fax: 3373678301	License: 2203782164 State ID: MR0002964 Originally licensed: 1987-11-03 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: IBERIA Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Northside Group Home 3610 Northside Rd, NEW IBERIA, LA, 70560	Jessica Louviere	Phone: 3373675143 Email: Jessica.louviere@arcofacadiana.org Fax: 3374921010	License: 2203785317 State ID: MR0003132 Originally licensed: 1990-01-16 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: IBERIA Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560
Orange Grove Group Home 1003 Orange Grove Avenue, NEW IBERIA, LA, 70560	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 2252355273	License: 2203787012 State ID: MR0002924 Originally licensed: 1984-02-28 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: IBERIA Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Sugar Mill Group Home 2201 Old Sugar Mill Road, NEW IBERIA, LA, 70560	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787021 State ID: MR0002974 Originally licensed: 1985-04-02 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: IBERIA Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Cane Place Community Home 109 Beau Sejour, LAFAYETTE, LA, 70508	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203786994 State ID: MR0003089 Originally licensed: 1989-05-23 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Civitan Group Home 303 New Hope Road Building H, LAFAYETTE, LA, 70506	Nicole Harrison	Phone: 3379880640 Email: nharrison@lafayettelarc.org Fax: 3375241461	License: 411 State ID: MR0002976 Originally licensed: 1985-02-04 Effective: 2026-02-01 License issued: 2025-12-04 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Hannie Group Home 325 West Broussard Road, LAFAYETTE, LA, 70506	Jessica Louviere	Phone: 3377034360 Email: Jessica.louviere@arcofacadiana.org Fax: 3373678301	License: 2203783382 State ID: MR0003083 Originally licensed: 1989-04-04 Effective: 2026-07-01 License issued: 2026-06-11 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560
Jeff & Nellie Guidry Group Home 925 Center Street, LAFAYETTE, LA, 70501	Nicole Harrison	Phone: 3379880640 Email: nharrison@lafayettelarc.org Fax: 3375241461	License: 560 State ID: MR0003086 Originally licensed: 1989-05-23 Effective: 2026-02-01 License issued: 2025-12-04 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Lowe Community Home 303 New Hope Road Building J, LAFAYETTE, LA, 70506	Nicole Harrison	Phone: 3379880640 Email: nharrison@lafayettelarc.org Fax: 3375241461	License: 2203785621 State ID: MR0002950 Originally licensed: 1984-02-28 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: LAFAYETTE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Pardue Group Home 141 Ray Pardue Street, DUSON, LA, 70529	Jennifer Simon	Phone: 3378733446 Email: Jennifer.simon@sevitahealth.com Fax: 3378733446	License: 2203787014 State ID: MR0003096 Originally licensed: 1989-03-23 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Regis Group Home 97 Regis Street, LAFAYETTE, LA, 70501	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787016 State ID: MR0002993 Originally licensed: 1986-03-10 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Scott Group Home 107 Saint Jude Street, SCOTT, LA, 70583	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787017 State ID: MR0003256 Originally licensed: 1994-05-06 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Timmy Group Home 720 Timmy Street, SCOTT, LA, 70583	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787022 State ID: MR0002926 Originally licensed: 1984-03-19 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Tison Group Home 130 Tison Road, CARENCRO, LA, 70520	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787023 State ID: MR0002975 Originally licensed: 1985-04-22 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Vern Trahan Community Home 206 Laura Drive, LAFAYETTE, LA, 70506	Nicole Harrison	Phone: 3379880640 Email: nharrison@lafayettelarc.org Fax: 3375241461	License: 301 State ID: MR0002901 Originally licensed: 1983-01-24 Effective: 2026-02-01 License issued: 2025-12-01 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 303 NEW HOPE ROAD, LAFAYETTE, LA, 70506
Garland Group Home 1315 Garland Avenue, OPELOUSAS, LA, 70570	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203786999 State ID: MR0002927 Originally licensed: 1986-11-19 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Liberty One Community Home 1050 West Vine Street, EUNICE, LA, 70535	Clark LaFleur	Phone: 3375460667 Email: l6edc@aol.com Fax: 3375466827	License: 523 State ID: MR0003052 Originally licensed: 1988-05-09 Effective: 2026-05-01 License issued: 2026-04-13

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-04-30 Parish: ST. LANDRY Mailing address: P. O. BOX 1287, EUNICE, LA, 70535
Liberty Three Community Home 1730 W. Magnolia Street, EUNICE, LA, 70535	Clark LaFleur	Phone: 3375460667 Email: l6edc@aol.com Fax: 3375466827	License: 651 State ID: MR0003174 Originally licensed: 1990-11-29 Effective: 2025-12-01 License issued: 2025-12-01 Expires: 2026-11-30 Parish: ST. LANDRY Mailing address: P.O. BOX 1287, EUNICE, LA, 70535
Liberty Two Community Home 1650 Betty Street, EUNICE, LA, 70535	Frankie LaFleur	Phone: 3375460667 Email: l6edc@aol.com Fax: 3375466827	License: 623 State ID: MR0003149 Originally licensed: 1990-02-01 Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: ST. LANDRY Mailing address: P.O. BOX 1287, EUNICE, LA, 70535
Wyble Group Home 1009 Wyble Street, OPELOUSAS, LA, 70570	Jennifer Simon	Phone: 3372232731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787030 State ID: MR0002916 Originally licensed: 1984-02-16 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
K. C. Roy Home 2034 Albert Street, SAINT MARTINVILLE, LA, 70582	Kerrie Latiolais	Phone: 3373944928 Email: kerrielorio@yahoo.com Fax: 3373945974	License: 558 State ID: MR0003084 Originally licensed: 1989-03-15 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: ST. MARTIN Mailing address: P.O. BOX 128, SAINT MARTINVILLE, LA, 70582
Milton Andrepont Home 6703 Cemetary Hwy., SAINT MARTINVILLE, LA, 70582	Kerrie Latiolais	Phone: 3373947277 Email: kerrielorio@yahoo.com Fax: 3373945974	License: 559 State ID: MR0003085 Originally licensed: 1989-03-15 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: ST. MARTIN Mailing address: P.O. BOX 128, SAINT MARTINVILLE, LA, 70582
Ruby Drive Community Home 900 Ruby Drive, BREAUX BRIDGE, LA, 70517	Stephanie Alfred	Phone: 3373324222 Email: alvawecare2011@yahoo.com Fax: 3373326758	License: 536 State ID: MR0003066 Originally licensed: 1988-09-19 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: ST. MARTIN Mailing address: P. O. BOX 376, BREAUX BRIDGE, LA, 70517
Stephanie Group Home 203 Stephanie Drive, SAINT MARTINVILLE, LA, 70582	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787020 State ID: MR0003123 Originally licensed: 1989-09-30 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: ST. MARTIN Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Michael Street Home 1706 Michael Street, ABBEVILLE, LA, 70510	Jessica Louviere	Phone: 3373676813 Email: Jessica.louviere@arcofacadia	License: 2203786790 State ID: MR0003275 Originally licensed: 1999-10-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		na.org Fax: 3372359546	Effective: 2026-10-27 License issued: 2025-11-03 Expires: 2026-09-30 Parish: VERMILION Mailing address: 6400 HIGHWAY 90 WEST, NEW IBERIA, LA, 70560

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Acadiana Legal Service Corporation	La.FreelegalAnswers.org	1-866-275-2572	Louisiana Free Legal Answers is a virtual legal advice clinic in which qualifying users post-civil legal questions at no cost to be answered by pro bono attorneys licensed in their state. Question topics include Family, Divorce, Custody, Housing, Eviction, Homelessness, Consumer Rights, Financial, Work, Employment, Unemployment, Health and Disability, Civil Rights, Income Maintenance, Juvenile and Education Law.
Acadia Parish Legal Aid & Pro Bono Services	Office Manager	337-237-4700	Acadia Parish Personal Injury, The organizations below provide individuals with free or low-cost legal assistance with criminal issues in the, Louisiana area. If you are charged with a crime, the state should provide you with a public defender free of charge. If you need the help of a private practice lawyer, use the Justia Lawyer Directory to find criminal attorneys.
Saint Mary Parish Family Legal Aid & Pro Bono Services	Office Manager	225-387-5173	The organizations below provide individuals with free or low-cost legal assistance with family issues in the Saint Mary Parish, Louisiana area.

Volunteer and Faith-Based Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
TARC	Office Manager	985-876-4465/tarc@terrebonnearc.org	Throughout the year, TARC's social club, Let's Get Together, hosts large themed dances, bowling nights, and other events. These events would not be possible without the help of volunteers. If you or your group is interested in volunteering for these special events, contact Erica Null Pellegrin at enull@terrebonnearc.org for more information.
Catholic Charities of the Diocese of Houma-Thibodaux	Office Manager	985-876-0490	Catholic Charities of Houma-Thibodaux provides and coordinates services that meet the spiritual and physical needs of those in our community to honor the dignity God intended for each of our brothers and sisters.

Pest Control - Bed Bugs, Fleas, Pest Infestation

Organization / Provider	Contact Person	Phone / Email	Services Provided
LaJaunies Pest Control	Office Manager	985-202-6784	Services: Ants, Bed bugs, Cockroaches, Fleas or mites, Hornets or wasps, Mosquitoes, Inspection, Rodents, Spiders, Termites
J&J Exterminating	Office Manager	337-245-8283	Services: Ants, Bed bugs, Cockroaches, Fleas or mites, Hornets or wasps, Mosquitoes, Inspection, Rodents, Spiders, Termites
Fox Pest Control - Lafayette	Office Manager	877-712-7627	Ants, Bed bugs, Bees, Cockroaches, Fleas or mites, Hornets or wasps, Mosquitoes, Inspection, Rodents, Spiders, Termites, Other
Dave's Pest Control	Office Manager	337-2458361	Ants, Bed bugs, Bees, Cockroaches, Fleas or mites, Hornets or wasps, Mosquitoes, Inspection, Rodents, Spiders, Termites, Other
Termix	Office Manager	One free inspection away from peace of mind. We know how to help get rid of bed bugs for good. Explore our treatment options by scheduling a free inspection today.	

Pharmacy/Medication Delivery and Discounts

Organization / Provider	Contact Person	Phone / Email	Services Provided
Evangeline Pharmacy	Manager	337-363-3456	"Evangeline Drug Store is independently owned and operated. We offer the same quality products and value prices of chain drug stores, with staff that provides the exceptional service you deserve."
Medicine Chest Health Mart	Manager	337-363-8065	Medicine Chest Pharmacy is a locally owned pharmacy and we have a personal commitment to the Evangeline Parish community. There's nothing more important to us than your family's well-being. You'll always work with somebody at Medicine Chest Pharmacy who greets you by name, and our…
CVS	Manager	337-942-5738	You can buy vitamins, cosmetics, personal care items, and much more in a well-organized store that will have you in and out in no time. Stocking up on household items is a piece of cake.
Carl's Thrifty Way Pharmacy	Manager	337-942-2683	Here at Carl's Thrifty Way Pharmacy, we are dedicated to providing our customers with services that are customized to meet their needs Whether its prescription medications or over-the-counter products, we are here to answer any of your questions. If you haven't

Organization / Provider	Contact Person	Phone / Email	Services Provided
			taken advantage of one of our many services, call or stop by and see us today.
Ken's Thrifty Way Pharmacy	Manager	337-942-7551	Mobility Products. Respiratory Therapy. Post Mastectomy Care. Durable Medical Equipment. Diabetic Supplies. Other Specialties.

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
Community Home Health Care	Brienne Pruitt	337-806-9190	Home Health Care is a wide range of health care services provided in the home for an illness or injury. These services can include Skilled Nursing as well as Physical, Occupational, and Speech Therapy. Home Health Care is usually covered by Medicare and other insurances when ordered by a physician for homebound patients.
Complete Home Health	Kate Franciol	337-2330079	Complete Home Health, Inc., based in Lafayette, Louisiana, specializes in high-quality in-home health care for adult and pediatric patients. The agency offers a wide range of services including skilled nursing, personal care, and therapy services, delivered by a dedicated team of health care professionals.
Lakeshore Home Health	JIMMY BENOIT	337-228-1045	Our home health care services for children and seniors provide professional, dependable and cost effective alternatives to assisted living facilities, extended nursing home care, or a prolonged hospital stay. We have earned an excellent reputation throughout Michigan for our dedication to customer service as well as for the quality and reliability of our healthcare professionals.
Lamm Home Health	Jenny Hanks, DON	3367-783-0000	Lamm Family Care has provided home care to Southwest Louisiana since 1990. In 2012, Lamm expanded their services to end of life care by providing hospice services to our community. Lamm Family Care is the only independently owned and operated home health and hospice providers that have their home offices seated right here in Acadia Parish. We are owned and staffed by local healthcare professionals that reside right here in Acadiana.
St Landry HomeCare	AMY COURVILLE	337-948-8988	Acadia-St. Landry Home Health is to provide medical care in the home setting for patients who are homebound and do not require hospitalization. The patient's physician must order the service and certify that the patient is homebound, needs skilled care and that the services are medically necessary.
Elara Caring	KIMBERLY BELTON	337-239-4779	Whether you, a loved one or a patient needs skilled home health care, hospice care, personal care services, behavioral health

Organization / Provider	Contact Person	Phone / Email	Services Provided
			services or palliative care, the professionals at Elara Caring can help.
STAT Home Health	Courtney Ratliff	337-332-0163	STAT Home Health provides traditional healthcare services in the comfort of your home to help individuals undergo rehabilitative care while maintaining a high quality of life. Whether you're recovering from illness, surgery, or injury; or are receiving curative treatments like dialysis or chemotherapy, we're here to help.
Nursing Specialties	Lacey Carrigee	337-266-9996	NSI offers Home Healthcare to give you and your family a sense of control and peace of mind. Home care is personalized care that reduces the anxiety and stress associated with most forms of healthcare.
Lourdes Home Health	KAYLA SONNIER	337-406-2539	At Lourdes Home Health, we are more than an organization of healthcare professionals – we are proud members of communities across south central Louisiana. Quality service is our mission. And to us, service means getting to know our patients on a personal level.
Home Health Care 2000-Lafayette	Brenda Sennette	337-593-1198	Home Health Care 2000 is your "one-stop-shop" for all of your home care needs. We offer a variety of services that will allow you and your loved one to live a better life at home. We accept a wide range of insurances including Medicare, Tricare, most Commercial Insurances, Medicaid, and Workers' Compensation. This combined with our extensive service area makes us the perfect partner for all of your home care needs.

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Lamm Family Care Home Health 220 B W Mill Street, CROWLEY, LA, 70526	Jenny Hanks	Phone: 3377830000 Email: kerrib@lamm.care Fax: 3377833324	License: 2203785136 State ID: HH0001315 Originally licensed: 1990-06-22 Effective: 2025-09-01 License issued: 2025-08-28 Expires: 2026-08-31 Parish: ACADIA Mailing address: 220 B W MILL STREET, CROWLEY, LA, 70526
Professional Home Health Services of Southwest Louisiana 538 S. E. Court Circle, CROWLEY, LA, 70526	AMBER GARY	Phone: 3377835040 Email: JGentry@businessmgtservices.com"", Fax: 3377835041	License: 2203782322 State ID: HH0001190 Originally licensed: 1970-05-18 Effective: 2026-04-01 License issued: 2026-03-13 Expires: 2027-03-31 Parish: ACADIA Mailing address: 538 S.E. COURT CIRCLE, CROWLEY, LA, 70526
Allegiance Home Health of East Central Louisiana 804 East Main Street, VILLE PLATTE, LA, 70586	Rhonda Mayo	Phone: 3372526400 Email: rhonda.mayo@ahhmgt.com Fax: 3372526406	License: 2203785693 State ID: HH0001271 Originally licensed: 1985-11-20 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: EVANGELINE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1890 HIGHWAY 165 SOUTH, OAKDALE, LA, 71463
VitalCaring Group 3019 Stagg Ave, BASILE, LA, 70515	WENDY WELCH	Phone: 3374325986 Email: licensing@vitalcaring.com Fax: 3374325988	License: 2203784393 State ID: HH0001198 Originally licensed: 1972-11-06 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: EVANGELINE Mailing address: 8150 NORTH CENTRAL EXPWY SUITE 1800, DALLAS, TX, 75206
Acadian HomeCare of New Iberia, LLC 124 E. Main Street, Suite 210, NEW IBERIA, LA, 70560	KALLIE MONEAUX	Phone: 3373671882 Email: lra@lhcgroup.com Fax: 3373675037	License: 2203782015 State ID: HH0001535 Originally licensed: 1995-07-01 Effective: 2026-06-01 License issued: 2026-05-22 Expires: 2027-05-31 Parish: IBERIA Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
Acadian HomeCare, LLC 901 Hugh Wallis Road South STE B101, LAFAYETTE, LA, 70508	MS Suzanne Sandoz	Phone: 3372358185 Email: lra@lhcgroup.com Fax: 3372357903	License: 2203786733 State ID: HH0001207 Originally licensed: 1979-10-01 Effective: 2026-07-01 License issued: 2026-06-22 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Amedisys Home Health 4021-B Ambassador Caffery Parkway, Suite 100, LAFAYETTE, LA, 70503	IRVIN J SLEMMER	Phone: 3379896913 Email: LicenseandCert@amedisys.com Fax: 3379896972	License: 2203782441 State ID: HH0001308 Originally licensed: 1990-02-07 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 4021-B AMBASSADOR CAFFERY PARKWAY, SUITE 100, LAFAYETTE, LA, 70503
Audubon Home Health of Lafayette 221 Rue De Jean, Suite 201, LAFAYETTE, LA, 70508	RAY BANKER	Phone: 3372105124 Email: dtroxclair@audubonhomehealth.com Fax: 3374564751	License: 2203785544 State ID: HH0011144 Originally licensed: 2013-04-19 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 9256 INTERLINE AVENUE, BATON ROUGE, LA, 70809
Community Home Health of Acadiana, LLC 5750 Johnston Street, Ste 210, LAFAYETTE, LA, 70503	ROSALYN COLLINS	Phone: 3372940404 Email: ddugas@chp.care Fax: 3378069186	License: 2203784677 State ID: HH0012652 Originally licensed: 2019-09-20 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: PO BOX 670, MAURICE, LA, 70555
Complete Home Health, Inc. 1753 Bertrand Drive, LAFAYETTE, LA, 70506	KATE FRANCIOL	Phone: 3372330079 Email: ashley@completehh.com Fax: 3372337414	License: 1074 State ID: HH0001387 Originally licensed: 1992-06-12 Effective: 2025-12-01 License issued: 2025-10-27 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 1753 BERTRAND DRIVE, LAFAYETTE, LA, 70506
First Option Home Health, Inc 4906 Ambassador Cffry	MR Kenneth Kingston	Phone: 3372359741 Email: msimion@firstoptionhcs.com Fax: 3372341294	License: 452 State ID: HH0001385 Originally licensed: 1992-06-16 Effective: 2026-07-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Pkwy Bldg A Suite 100, LAFAYETTE, LA, 70508			License issued: 2026-06-24 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: 4906 AMBASSADOR CFFRY PKWY BLDG A SUITE 100, LAFAYETTE, LA, 70508
Grace Home Health 1602 Pinhook Rd, Ste 301, LAFAYETTE, LA, 70508	Alicia Manning	Phone: 3378895950 Email: amanning@gracehh.net Fax: 3379883300	License: 2203785010 State ID: HH0001273 Originally licensed: 1986-08-05 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: 1212 CORPORATE DRIVE, SUITE 125, IRVING, TX, 75038
Home Health Care 2000-Lafayette 1304 Bertrand Drive,Suite A2 and A3, LAFAYETTE, LA, 70506	DAYNESSES CLUSE	Phone: 3375931198 Email: dpreed@hhc2000.com Fax: 3375931197	License: 2203782859 State ID: HH0001384 Originally licensed: 1992-06-11 Effective: 2025-08-01 License issued: 2025-07-28 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: 1304 BERTRAND DRIVE,SUITE A2 AND A3, LAFAYETTE, LA, 70506 Already listed elsewhere in this region; license details supplied here
Lourdes Home Health 901 Hugh Wallis Road South, Suite B103, LAFAYETTE, LA, 70508	KAYLA SONNIER	Phone: 3374062539 Email: lra@lhcgroup.com Fax: 3374068414	License: 2203786948 State ID: HH0001204 Originally licensed: 1979-02-19 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505 Already listed elsewhere in this region; license details supplied here
Nursing Specialties 1025 Camellia Blvd., LAFAYETTE, LA, 70508	LACEY CARRIGEE	Phone: 3372669996 Email: lacey@nursingspecialties.com Fax: 3372669998	License: 1073 State ID: HH0001333 Originally licensed: 1991-03-15 Effective: 2025-12-01 License issued: 2025-10-28 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: PO BOX 52178, LAFAYETTE, LA, 70508 Already listed elsewhere in this region; license details supplied here
VitalCaring Group 221 Rue De Jean STE 214, LAFAYETTE, LA, 70501	CYNTHIA REAVILL	Phone: 3372899688 Email: licensing@vitalcaring.com Fax: 3372891903	License: 2203786563 State ID: HH0001485 Originally licensed: 1993-01-19 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 8150 NORTH CENTRAL EXPWY SUITE 1800, DALLAS, TX, 75206
Allegiance Home Health of South Louisiana 233 West Laurel Avenue, Suite B, EUNICE, LA, 70535	Sonnie Fuselier	Phone: 3375762978 Email: katie.bennett@ahhmgt.com Fax: 3375762979	License: 2203786198 State ID: HH0001559 Originally licensed: 1996-04-01 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: 3800 VIKING DR., BOSSIER CITY, LA, 71111
Elara Caring 1310 S Union St. Ste 4, OPELOUSAS, LA, 70570	SALLY ROBERTS	Phone: 3379425367 Email: regulatory@elara.com Fax: 3379424623	License: 2203785137 State ID: HH0001208 Originally licensed: 1980-08-08

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ST. LANDRY Mailing address: 3010 LYNDON B JOHNSON FREEWAY SUITE 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here
Eunice Community Home Health 3581 Highway 190, EUNICE, LA, 70535	Coralie Vidrine	Phone: 3375500002 Email: LRA@lhcgroup.com Fax: 3375500004	License: 2203782694 State ID: HH0001392 Originally licensed: 1992-07-08 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: ST. LANDRY Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
St Landry HomeCare 426 Heather Drive, OPELOUSAS, LA, 70570	AMY COURVILLE	Phone: 3379488988 Email: lra@lhcgroup.com Fax: 3379480177	License: 2203781778 State ID: HH0001245 Originally licensed: 1984-03-29 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ST. LANDRY Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505 Already listed elsewhere in this region; license details supplied here
Lakeshore Home Health 1724 Herman Dupuis Road, BREAUX BRIDGE, LA, 70517	JIMMY BENOIT	Phone: 3372281045 Email: lmartinez@carpenterhealth.net Fax: 3372281099	License: 2203782777 State ID: HH0011213 Originally licensed: 1993-06-25 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ST. MARTIN Mailing address: 10615 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70809 Already listed elsewhere in this region; license details supplied here
Unity Home Health 111 1/2 Main St, BREAUX BRIDGE, LA, 70517	Marcel Whitman	Phone: 3374146037 Email: Marcel@apexhh.com Fax: 3375453001	License: 2203785777 State ID: HH0012369 Originally licensed: 2017-05-12 Effective: 2026-04-01 License issued: 2026-03-17 Expires: 2027-03-31 Parish: ST. MARTIN Mailing address: 111 1/2 MAIN STREET, BREAUX BRIDGE, LA, 70517
Acadian HomeCare / Abbeville 105 Odea Street, ABBEVILLE, LA, 70510	Jessica Hebert	Phone: 3378920805 Email: lra@lhcgroup.com Fax: 3378920909	License: 2203785262 State ID: HH0001548 Originally licensed: 1995-09-01 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: VERMILION Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Lamm Family Care Hospice 210 W. Mill Street, CROWLEY, LA, 70526	JESSICA ISTRE	Phone: 3377040237 Email: kerrib@lamm.care Fax: 3377042442	License: 2203785174 State ID: HP0010719 Originally licensed: 2012-06-07 Effective: 2025-09-01 License issued: 2025-08-26 Expires: 2026-08-31 Parish: ACADIA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 210 W. MILL STREET, CROWLEY, LA, 70526
Amedisys Hospice 4021-B Ambassador Caffery Parkway, Suite 101, LAFAYETTE, LA, 70503	Allison Delphin	Phone: 3379889778 Email: 1284@amedisys.com Fax: 3379889782	License: 2203782436 State ID: HP0010560 Originally licensed: 2011-03-10 Effective: 2025-08-01 License issued: 2025-07-15 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: 4021-B AMBASSADOR CAFFERY PARKWAY, SUITE 101, LAFAYETTE, LA, 70503
Audubon Hospice of Lafayette, Inc 221 Rue De Jean, Ste 205, LAFAYETTE, LA, 70508	Raymond Banker	Phone: 3375411000 Email: dtroxclair@audubonhomehealth.com Fax: 3372366603	License: 2203785674 State ID: HP0008003 Originally licensed: 2009-05-27 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 221 RUE DE JEAN, STE 205, LAFAYETTE, LA, 70508
Bridgeway Healthcare and Hospice of Acadiana 2014 W. Pinhook Drive, Suite 604, LAFAYETTE, LA, 70508	Dana Mcbride	Phone: 3372325925 Email: dmcbride@bridgewayhospice.net Fax: 3372325930	License: 2203782213 State ID: HP0007401 Originally licensed: 2007-10-19 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 13702 COURSEY BLVD., SUITE 5B, BATON ROUGE, LA, 70817
Community Hospice of Lafayette 5750 Johnston St. Suite 204, LAFAYETTE, LA, 70503	MS Dawn L Dugas	Phone: 3378069190 Email: ddugas@chp.care Fax: 3378069186	License: 2203784153 State ID: HP0006839 Originally licensed: 2006-08-24 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 5750 JOHNSTON ST. STE 204, LAFAYETTE, LA, 70503
Heart of Hospice, LLC 901 Hugh Wallis Road South, Suite B104, LAFAYETTE, LA, 70508	CRYSTAL TRAHAN	Phone: 3372328159 Email: LRA@LHCGROUP.com Fax: 3372328160	License: 2203786731 State ID: HP0007144 Originally licensed: 2007-04-12 Effective: 2026-07-01 License issued: 2026-06-25 Expires: 2027-06-30 Parish: LAFAYETTE Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
Hope Healthcare and Hospice, LLC 301 EAST KALISTE SALOOM RD. STE 201, LAFAYETTE, LA, 70508	MICHELLE RILEY	Phone: 3377034674 Email: donna.martin@hope-hospice.com Fax: 3374564589	License: 2203784636 State ID: HP0001746 Originally licensed: 1998-12-22 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 301 EAST KALISTE SALOOM RD. STE 201, LAFAYETTE, LA, 70508
Hospice Compassus - Lafayette 1018 Harding Street, Ste 207, LAFAYETTE, LA, 70503	BERYL DORE	Phone: 3372358690 Email: licensure@compassus.com Fax: 3372358789	License: 2203784872 State ID: HP0007226 Originally licensed: 2007-10-26 Effective: 2025-12-01 License issued: 2025-12-02 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 1018 HARDING STREET, STE 207, LAFAYETTE, LA, 70503
Hospice of Acadiana, Inc. 2600 Johnston St., Suite	STACY MISTRIC	Phone: 3372321234 Email: smistric@hospiceacadiana.co	License: 4 State ID: HP0001748 Originally licensed: 1989-07-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
200, LAFAYETTE, LA, 70503		m Fax: 3373458149	Effective: 2026-03-01 License issued: 2026-02-11 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 2600 JOHNSTON ST., SUITE 200, LAFAYETTE, LA, 70503
NSI Hospice, LLC 1009 Camelia Blvd, LAFAYETTE, LA, 70508	Stacey Frederick	Phone: 3373478826 Email: stacey@nsihospice.com Fax: 3374561202	License: 2203785012 State ID: HP0004863 Originally licensed: 2005-04-22 Effective: 2026-05-01 License issued: 2026-04-23 Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: P.O. BOX 52178, LAFAYETTE, LA, 70505
St. Joseph Hospice of Acadiana, LLC 923 West Pinhook Road, LAFAYETTE, LA, 70503	TRACY ALLETAG	Phone: 3375416464 Email: lmartinez@carpenterhealth.net Fax: 3372333338	License: 2203782631 State ID: HP0007353 Originally licensed: 2007-10-31 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: LAFAYETTE Mailing address: 10615 JEFFERSON HWY., BATON ROUGE, LA, 70809
Traditions Health 217 Rue Louis XIV, Suite 100, LAFAYETTE, LA, 70508	AMBER MONTET	Phone: 3379489004 Email: regulatory@traditionshealth.com Fax: 3379489200	License: 2203784967 State ID: HP0007330 Originally licensed: 2007-09-28 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 150 4TH AVENUE NORTH SUITE 2300, NASHVILLE, TN, 37219
Allegiance Healthcare 233 West Laurel Avenue, Suite A, EUNICE, LA, 70535	MANDY BENOIT	Phone: 3375762975 Email: cindy.frazier@ahmgt.com Fax: 3375762976	License: 2203786306 State ID: HP0013309 Originally licensed: 2024-08-13 Effective: 2025-08-01 License issued: 2025-07-17 Expires: 2026-07-31 Parish: ST. LANDRY Mailing address: 3800 VIKING DRIVE, BOSSIER CITY, LA, 71111
Louisiana Hospice and Palliative Care 426 Heather Drive, OPELOUSAS, LA, 70570	Teresa Babineaux	Phone: 3379488835 Email: lra@lhcgroup.com Fax: 3379427225	License: 2203781779 State ID: HP0001781 Originally licensed: 1996-08-17 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ST. LANDRY Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Southern Grace Hospice 1442 B E. Bridge St., BREAUX BRIDGE, LA, 70517	Ashley Hillman	Phone: 3373668505 Email: ahillman@southerngracehpc.com Fax: 3373668565	License: 2203786551 State ID: HP0004769 Originally licensed: 2004-10-11 Effective: 2025-12-01 License issued: 2025-11-07 Expires: 2026-11-30 Parish: ST. MARTIN Mailing address: 458 A HEYMANN BLVD., LAFAYETTE, LA, 70503

Nurse Staffing Agencies — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
First Choice Medical Staffing 131 Court St, VILLE PLATTE, LA, 70586	Brett McElwee	Phone: 3373636780 Email: brett@fcmedstaffing.com Fax: 3373636783	License: 2203786001 State ID: NS0013114 Originally licensed: 2024-01-05 Effective: 2026-01-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-01-16 Expires: 2027-12-31 Parish: EVANGELINE Mailing address: P.O. BOX 597, VILLE PLATTE, LA, 70586
Bayou Healthcare Staffing Services LLC 345 East Academy Avenue, JENNINGS, LA, 70546	Lillian Richard	Phone: 3377177446 Email: lrichard@bayouhealthcarestaffingservices.com Fax: 3377177446	License: 2203787105 State ID: NS0013610 Originally licensed: 2026-07-01 Effective: 2026-07-01 License issued: 2026-07-01 Expires: 2028-06-30 Parish: JEFFERSON DAVIS Mailing address: P.O.BOX 39 345 EAST ACADEMY AVENUE, JENNINGS, LA, 70546
Acadian Federal Resources 2916 N. University Ave., LAFAYETTE, LA, 70507	Courtney Juneau	Phone: 3375213400 Email: Cjuneau@acadian.com Fax: 3372912283	License: 2203786616 State ID: NS0013458 Originally licensed: 2025-06-15 Effective: 2025-06-15 License issued: 2025-06-15 Expires: 2027-05-30 Parish: LAFAYETTE Mailing address: P.O. BOX 98000, LAFAYETTE, LA, 70508
Direct Medical Staffing, LLC 109 S. College Rd. Suite 104, LAFAYETTE, LA, 70503	Abby Domingue	Phone: 3374464160 Email: abby@dmstaffing.us Fax: 3377699069	License: 2203786004 State ID: NS0013116 Originally licensed: 2024-01-05 Effective: 2026-01-01 License issued: 2026-02-03 Expires: 2027-12-31 Parish: LAFAYETTE Mailing address: 109 S. COLLEGE RD. SUITE 104, LAFAYETTE, LA, 70503
JDM Associates 141 Ridgeway Dr STE 210, LAFAYETTE, LA, 70503	Danny Coleman	Phone: 2255775762 Email: lkastner@jdm-vet.com Fax: 2255775762	License: 2203786900 State ID: NS0013177 Originally licensed: 2024-02-01 Effective: 2026-02-09 License issued: 2026-02-09 Expires: 2028-01-31 Parish: LAFAYETTE Mailing address: 141 RIDGEWAY DR STE 210, LAFAYETTE, LA, 70503
Local Med Staffing LLC 315 1/2 Jefferson St Ste 2C, LAFAYETTE, LA, 70501	Shavanda Polite	Phone: 3374411317 Email: shavandapolite@gmail.com Fax: 3374411316	License: 2203786406 State ID: NS0013345 Originally licensed: 2024-11-15 Effective: 2024-11-15 License issued: 2024-11-18 Expires: 2026-10-31 Parish: LAFAYETTE Mailing address: 315 1/2 JEFFERSON ST. STE 2C, LAFAYETTE, LA, 70501
Nurses Direct, LLC 201 Rue Iberville, Ste 700, LAFAYETTE, LA, 70508	Mindy Darby	Phone: 3373624004 Email: owners@nursesdirect.us Fax: 3376001995	License: 2203785935 State ID: NS0013070 Originally licensed: 2023-11-13 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2027-10-31 Parish: LAFAYETTE Mailing address: 201 RUE IBERVILLE, STE 700, LAFAYETTE, LA, 70508
Platinum Healthcare Staffing of Louisiana, LLC 200 Beaullieu Rd. Bldg 5, LAFAYETTE, LA, 70508	Stacey Singleton	Phone: 3379841096 Email: sesingleton@skbaa.com Fax: 3379841632	License: 2203786546 State ID: NS0013156 Originally licensed: 2024-01-22 Effective: 2025-04-30 License issued: 2025-04-30 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 200 BEAULLIEU RD. BLDG 5, LAFAYETTE, LA, 70508

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Pulse Medical Staffing of Louisiana 3419 NW Evangeline Thruway Suite ADM-3, CARENCRO, LA, 70520	Jaime Fusilier	Phone: 3375652155 Email: jaime@pulsestaffingofla.com Fax: 3375652157	License: 2203786129 State ID: NS0013201 Originally licensed: 2024-02-27 Effective: 2026-02-01 License issued: 2025-12-19 Expires: 2028-01-31 Parish: LAFAYETTE Mailing address: 3419 NW EVANGELINE THRUWAY SUITE ADM-3, CARENCRO, LA, 70520
Solvet Services, LLC 345 Doucet Rd. #230, LAFAYETTE, LA, 70503	Jared Sere	Phone: 3375348156 Email: JSere@solvet.com Fax: 3375348155	License: 2203786174 State ID: NS0013236 Originally licensed: 2024-04-09 Effective: 2026-04-01 License issued: 2026-03-20 Expires: 2028-03-31 Parish: LAFAYETTE Mailing address: 345 DOUCET RD. #230, LAFAYETTE, LA, 70503
The Amity Group, Inc 210 Magnate Drive, Suite 201, LAFAYETTE, LA, 70508	Shelley Henry	Phone: 3378069013 Email: shenry@amitystaffing.com Fax: 8558857604	License: 2203786277 State ID: NS0013295 Originally licensed: 2024-07-03 Effective: 2026-07-01 License issued: 2026-06-09 Expires: 2028-06-30 Parish: LAFAYETTE Mailing address: 210 MAGNATE DRIVE, SUITE 201, LAFAYETTE, LA, 70508
The GNR Group 400 E. Kaliste Saloom Rd. Ste 4300, LAFAYETTE, LA, 70508	Jeremy Hicks	Phone: 3375348156 Email: JHicks@thegnrgroup.net Fax: 3375348156	License: 2203786973 State ID: NS0013580 Originally licensed: 2026-04-20 Effective: 2026-04-20 License issued: 2026-04-20 Expires: 2028-03-31 Parish: LAFAYETTE Mailing address: 400 E. KALISTE SALOOM RD. STE 4300, LAFAYETTE, LA, 70508
United Medical Staffing, Inc. 109 South College Rd. Suite 102, LAFAYETTE, LA, 70503	Kaitlyn Arnaud	Phone: 3372332096 Email: kaitlyn@umstaffing.com Fax: 3372332095	License: 2203786011 State ID: NS0013125 Originally licensed: 2023-12-31 Effective: 2025-12-01 License issued: 2025-10-29 Expires: 2027-11-30 Parish: LAFAYETTE Mailing address: 109 SOUTH COLLEGE RD. SUITE 102, LAFAYETTE, LA, 70503
VieMed Healthcare Staffing 625 E. Kaliste Saloom Road, LAFAYETTE, LA, 70508	Travis Schugg	Phone: 3377033887 Email: TSchugg@viemedstaffing.com Fax: 3377033887	License: 2203786034 State ID: NS0013144 Originally licensed: 2024-01-18 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2027-12-31 Parish: LAFAYETTE Mailing address: 625 E. KALISTE SALOOM ROAD, LAFAYETTE, LA, 70508

Hospital

Organization / Provider	Contact Person	Phone / Email	Services Provided
Ochsner Acadia General Hospital	Caroline MarceauxAdministrator	337-783-3222	A physician-led team of clinical specialists in emergency, hospital, and critical care medicine, supporting local clinical practices with national resources to ...
Evangeline Family Medicine Center	Administrator	337-363-0604	Immunizations and Vaccinations

Organization / Provider	Contact Person	Phone / Email	Services Provided
Acadia St. Landry Hospital	MICHAEL J. LEJEUNE	337-684-5435	From thorough evaluation to advanced treatments, our team is here to guide you every step of the way toward healing. Whether you're dealing with chronic wounds, …
Acadian Medical Center	Kevin Frank	337-780-7500	Acadian Medical Center has a total of 49 licensed beds All private rooms with private baths. We offer a 24 hour physician-staffed Emergency Room.
Abbeville General Hospital	Michael Bertrand	337-893-5466	Health System of Choice for Vermilion Parish, Abbeville General provides access to quality healthcare, close to home to the residents of our community.
Iberia Medical Center	DIONNE E. VIATOR	337-364-0441	The mission of Iberia Medical Center is to improve the health and quality of life in our community. Our vision is to be the premier healthcare delivery …
OCHSNER ABROM KAPLAN MEMORIAL HOSPITAL	Jennifer GerardAdministrator	337-643-8300	Ochsner Abrom Kaplan Memorial Hospital delivers expert, compassionate care with 24/7 emergency services and advanced treatments for Kaplan and surrounding …
OCHSNER LAFAYETTE GENERAL MEDICAL CENTER	AL PATIN, CEO	337-289-7991	We serve, heal, lead, educate and innovate.

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acadia St. Landry Hospital 810 South Broadway St, CHURCH POINT, LA, 70525	MICHAEL J LEJEUNE	Phone: 3376845435 Email: mjl@aslh.org Fax: 3376845035	License: 106 State ID: HO0001626 Originally licensed: 1995-11-01 Effective: 2025-11-01 License issued: 2025-08-19 Expires: 2026-10-31 Parish: ACADIA Mailing address: 810 SOUTH BROADWAY, CHURCH POINT, LA, 70525 Already listed elsewhere in this region; license details supplied here
Ochsner Acadia General Hospital 1305 Crowley Rayne Highway, CROWLEY, LA, 70526	Caroline G Marceaux	Phone: 3377833222 Email: caroline.marceaux@ochsner.org Fax: 3377886413	License: 2203782184 State ID: HO0001598 Originally licensed: 1965-11-30 Effective: 2025-06-24 License issued: 2026-05-07 Expires: 2027-05-31 Parish: ACADIA Mailing address: 1305 CROWLEY RAYNE HIGHWAY, CROWLEY, LA, 70526 Already listed elsewhere in this region; license details supplied here
Mercy Regional Medical Center 800 East Main Street, VILLE PLATTE, LA, 70586	Kevin Ardoin	Phone: 3373635684 Email: kevin.ardoin@ahmgt.com Fax: 3373639488	License: 2203784130 State ID: HO0001660 Originally licensed: 1974-02-09 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: EVANGELINE Mailing address: 800 EAST MAIN STREET, VILLE PLATTE, LA, 70586

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Savoy Medical Center 801 Poinciana Avenue 1/, MAMOU, LA, 70554	Brian Denton	Phone: 3374685261 Email: brian.denton@savoymedical.net Fax: 3374683342	License: 673 State ID: HO0001587 Originally licensed: 1963-10-25 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: EVANGELINE Mailing address: 801 POINCIANA AVENUE, MAMOU, LA, 70554
Iberia Medical Center 2315 East Main Street, NEW IBERIA, LA, 70562	DIONNE VIATOR	Phone: 3373640441 Email: dviator@iberiamedicalcenter.com Fax: 3373747641	License: 115 State ID: HO0001604 Originally licensed: 1963-08-05 Effective: 2026-03-01 License issued: 2026-01-22 Expires: 2027-02-28 Parish: IBERIA Mailing address: P.O. BOX 13338, NEW IBERIA, LA, 70562 Already listed elsewhere in this region; license details supplied here
Acadiana Rehabilitation 314 Youngsville Hwy, LAFAYETTE, LA, 70508	Doug Miller	Phone: 3373646923 Email: dmiller@iberiarehab.net Fax: 3376080361	License: 2203785667 State ID: HO0004919 Originally licensed: 2005-06-13 Effective: 2025-12-01 License issued: 2025-11-12 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 314 YOUNGSVILLE HWY, LAFAYETTE, LA, 70508
Compass Behavioral Center of Lafayette 312 Youngsville Hwy, LAFAYETTE, LA, 70508	ANDRE ROBICHAUX	Phone: 3375344655 Email: andre@compasshealthcare.com Fax: 3375344761	License: 2203782963 State ID: HO0006730 Originally licensed: 2006-01-30 Effective: 2025-11-01 License issued: 2025-10-27 Expires: 2026-10-31 Parish: LAFAYETTE Mailing address: 312 YOUNGSVILLE HWY, LAFAYETTE, LA, 70508
Lafayette - AMG Specialty Hospital 4811 Ambassador Caffery Parkway, 4th Floor, LAFAYETTE, LA, 70506	APRIL EBELING	Phone: 3378399880 Email: aebeling@amgihm.com Fax: 3375348296	License: 2203782920 State ID: HO0001716 Originally licensed: 1993-12-16 Effective: 2025-09-01 License issued: 2025-07-28 Expires: 2026-08-31 Parish: LAFAYETTE Mailing address: 101 LARUE FRANCE, SUITE 100, LAFAYETTE, LA, 70508
Lafayette Surgical Specialty Hospital 1101 Kaliste Saloom Road, LAFAYETTE, LA, 70508	Jonathon Koob	Phone: 3377694100 Email: jkoob@lafayettesurgical.com Fax: 3377694209	License: 524 State ID: HO0004662 Originally licensed: 2004-03-15 Effective: 2026-03-01 License issued: 2026-01-21 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 1101 KALISTE SALOOM ROAD, LAFAYETTE, LA, 70508
Lafayette-AMG Physical Rehabilitation Hospital 111 Republic Avenue, LAFAYETTE, LA, 70508	KEVIN M ROMERO	Phone: 3373141111 Email: Kevin.Romero@amgihm.com Fax: 3373141113	License: 2203786875 State ID: HO0006757 Originally licensed: 2006-02-09 Effective: 2026-01-11 License issued: 2026-01-12 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 101 LA RUE FRANCE, STE. 500, LAFAYETTE, LA, 70508
Louisiana Extended Care Hospital of Lafayette 2810 Ambassador Caffery Parkway, 6th Floor, LAFAYETTE, LA, 70506	Meryl Haynes	Phone: 3372898180 Email: mhaynes@laltac.com Fax: 3372103017	License: 2203783963 State ID: HO0004035 Originally licensed: 2001-01-18 Effective: 2026-05-01 License issued: 2026-03-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Ochsner Behavioral Health Acadiana-Lafayette 310 Youngsville Hwy, LAFAYETTE, LA, 70508	Amy Dysart	Phone: 3378399008 Email: adysart@oceanshealthcare.com Fax: 3378399099	License: 2203787102 State ID: HO0004827 Originally licensed: 2004-12-06 Effective: 2026-06-30 License issued: 2026-06-30 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 3905 HEDGCOXE ROAD, UNIT 250249, PLANO, TX, 75025
Ochsner Lafayette General Medical Center 1214 Coolidge Avenue, LAFAYETTE, LA, 70503	AL PATIN	Phone: 3372897991 Email: al.patin@ochsner.org Fax: 3372898671	License: 207 State ID: HO0001570 Originally licensed: 1963-03-18 Effective: 2025-12-09 License issued: 2025-12-15 Expires: 2026-07-31 Parish: LAFAYETTE Mailing address: P. O. BOX 52009, LAFAYETTE, LA, 70505 Already listed elsewhere in this region; license details supplied here
Ochsner University Hospital And Clinics 2390 West Congress St., LAFAYETTE, LA, 70506	Glenn E Dailey	Phone: 3372616000 Email: glenn.dailey@ochsner.org Fax: 3372616003	License: 2203781830 State ID: HO0001574 Originally licensed: 1966-07-01 Effective: 2026-06-01 License issued: 2026-05-06 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 2390 WEST CONGRESS ST., LAFAYETTE, LA, 70506
Our Lady of Lourdes Regional Medical Center, Inc. 4801 Ambassador Caffery Parkway, LAFAYETTE, LA, 70508	STEPHANIE MANSON	Phone: 3374702100 Email: Stephanie.Manson@fmolhs.org Fax: 3374702574	License: 697 State ID: HO0001622 Originally licensed: 1963-03-11 Effective: 2026-05-14 License issued: 2026-06-03 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: P.O. BOX 4027, LAFAYETTE, LA, 70502
Park Place Surgical Hospital 4811 Ambassador Caffery Parkway, LAFAYETTE, LA, 70508	JBrandon Moore	Phone: 3372378119 Email: bmoore@parkplacesurgery.com Fax: 3372674182	License: 2203782024 State ID: HO0004516 Originally licensed: 2003-08-13 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 4811 AMBASSADOR CAFFERY PARKWAY, LAFAYETTE, LA, 70508
Sage Specialty and Rehabilitation Center of Lafayette 204 Energy Pkwy, Suite B, LAFAYETTE, LA, 70508	Leah Formby	Phone: 3374464300 Email: lformby@sageltac.com;lmartinez@stjosephholdings.com Fax: 3372105047	License: 2203785414 State ID: HO0012893 Originally licensed: 2022-05-17 Effective: 2026-04-01 License issued: 2026-04-01 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
Vermilion Behavioral Health Systems 2520 North University Avenue, LAFAYETTE, LA, 70507	Nicole Hale	Phone: 3372345614 Email: nicole.hale@acadiavermilion.com Fax: 3372101161	License: 2203783724 State ID: HO0001738 Originally licensed: 1983-04-12 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 2520 NORTH

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			UNIVERSITY AVENUE, LAFAYETTE, LA, 70507
Acadian Medical Center 3501 Highway 190 East, EUNICE, LA, 70535	David Ingram	Phone: 3375807500 Email: david.ingram@ahmgt.com Fax: 3375807501	License: 2203784587 State ID: HO0012597 Originally licensed: 2020-03-17 Effective: 2026-03-01 License issued: 2026-02-02 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: 3501 HIGHWAY 190 EAST, EUNICE, LA, 70535 Already listed elsewhere in this region; license details supplied here
Oceans Behavioral Hospital of Opelousas 1310 Heather Drive, OPELOUSAS, LA, 70570	Cayle Guillory	Phone: 3379488820 Email: CAYLE.GUILLORY@oceanshealthcare.com Fax: 3379488821	License: 2203781788 State ID: HO0007647 Originally licensed: 2008-04-16 Effective: 2025-12-01 License issued: 2025-10-09 Expires: 2026-11-30 Parish: ST. LANDRY Mailing address: 3905 HEDGCOXE RD., UNIT 250249, PLANO, TX, 75025
Opelousas General Health System 539 E. Prudhomme St., OPELOUSAS, LA, 70570	LANCE ARMENTOR	Phone: 3379483011 Email: lancearmentor@opelousasgeneral.com Fax: 3379485126	License: 125 State ID: HO0001583 Originally licensed: 1963-05-23 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: P. O. BOX 1389, OPELOUSAS, LA, 70571
Genesis Behavioral Hospital 606 Latiolais Drive, BREAUX BRIDGE, LA, 70517	William Arledge	Phone: 3374426254 Email: warledge@genesisbh.com Fax: 3374146483	License: 612 State ID: HO0007079 Originally licensed: 2007-01-31 Effective: 2026-01-01 License issued: 2025-12-29 Expires: 2026-12-31 Parish: ST. MARTIN Mailing address: P.O. BOX 159, BREAUX BRIDGE, LA, 70517
Ochsner St. Martin Hospital 210 Champagne Boulevard, BREAUX BRIDGE, LA, 70517	Jennifer Vicknair	Phone: 3373322178 Email: jennifer.vicknair@ochsner.org Fax: 3373325092	License: 672 State ID: HO0001643 Originally licensed: 1969-10-13 Effective: 2026-06-17 License issued: 2026-06-26 Expires: 2026-07-31 Parish: ST. MARTIN Mailing address: PO BOX 335, BREAUX BRIDGE, LA, 70517
Abbeville General Hospital 118 N. Hospital Drive, ABBEVILLE, LA, 70510	Michael Bertrand	Phone: 3378935466 Email: michael.bertrand@abbevillegeneral.com Fax: 3378932801	License: 160 State ID: HO0001591 Originally licensed: 1966-03-15 Effective: 2026-06-01 License issued: 2026-04-30 Expires: 2027-05-31 Parish: VERMILION Mailing address: 118 N. HOSPITAL DRIVE, ABBEVILLE, LA, 70510 Already listed elsewhere in this region; license details supplied here
Ochsner Abrom Kaplan Memorial Hospital 1310 West Seventh Street, KAPLAN, LA, 70548	JENNIFER GERARD	Phone: 3376438300 Email: jennifer.gerard@ochsner.org Fax: 3376435233	License: 2203782673 State ID: HO0004953 Originally licensed: 1963-05-08 Effective: 2026-06-01 License issued: 2026-04-30 Expires: 2027-05-31 Parish: VERMILION Mailing address: 1310 WEST SEVENTH STREET, KAPLAN, LA, 70548

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
Acadia Parish	Alan Breaux/Coroner: Mark Dawson, M.D.	337-334-7551	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …
Vermillion Parish	Myriam Hutchinson, M.D.	337-893-2438	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …
St. Landry Parish	Zeb Stearns, MD/ Zstearn@slpgov.net	337-457-1599	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …
Evangeline Parish	Thomas G. Fontenot, M.D.	337-363-7744	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …
St Mary Parish	Eric Melancon, MD	337-332-3500	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …
Iberia Parish	Timothy Viator, MD	337-365-0441	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …
St. Martin	Warren J. Degatur, Jr. M.D.	337-332-3500	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …
Lafayette Parish	Ken Odinet, DDS, M.D.	337-291-7100	The Coroner's Office holds investigations concerning the manner and cause of any deaths that are sudden, unexpected, resulted from violence or accident …

Veterans Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Acadia	Angela Hebert	337-788-7539/angela.herbert3@la.gov	The Louisiana Department of Veterans Affairs is an 850-person strong statewide, cabinet-level department led by Secretary Charlton J. Meginley, Col (Ret), USAF, appointed by Gov. Jeff Landry. Our staff, many veterans themselves, are committed to serving those who served—our nation's heroes—each and every day in cities and towns all across Louisiana.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Evangeline Parish	Michael Jorden	337-363-3862	Relentlessly advocate for Louisiana veterans and their families to ensure they receive superior customer service and support by connecting them to the benefits they have earned in service to our country, while meeting the economic, educational and employment needs of transitioning service members looking to make Louisiana their home
Iberia Parish	MacArthur Lindon	337-373-001/macarthur.lindon@la.gov	Louisiana will be the most veteran-friendly state in the nation! LDVA will help lead the state to better times through new ideas and programs aimed at harnessing the economic, educational and military experiences of veteran
Lafayette Parish	Dean William	337-262-5628/william.dean@la.gov	Louisiana: a veteran-friendly state! We are so proud of what we have to offer veterans, and we hope that this information will showcase our commitment to the veteran community.
St. Landry Parish	Joe Zetty	337-948-0238/joe.zetty@la.gov	The 2025 Federal Benefits Guide provides information on benefits and services currently available by law and regulation, including a complete listing of phone numbers and websites of the U.S. Department of Veterans Affairs' services
St Landry Parish(ITINERANT POINT)	Joe Zetty	337-546-4056/joe.getty@la.gov	The 2025 Federal Benefits Guide provides information on benefits and services currently available by law and regulation, including a complete listing of phone numbers and websites of the U.S. Department of Veterans Affairs' services

Kidney Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
FMC Dialysis Services-Ville Platte	Rene Simon	337-363-1275	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.
BMA Franklin	Kristie Pellerin	337-828-4747	End Stage Renal Disease
Dialysis Clinic, Inc. - Crowley	Kim LeBlanc	337-788-1990	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.
Dialysis Clinic - Jennings	Kim LeBlanc	337-616-8232	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.

Organization / Provider	Contact Person	Phone / Email	Services Provided
FMC Dialysis Services Breaux Bridge	Kristie Pellerin	337-332-6813	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.
FMC Dialysis Services Sunset	Rene Simon	337-662-3702	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.
Fresenius Kidney Care Broussard	Kristie Pellerin	337-210-9960	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.
Fresenius Kidney Care Calcasieu Parish Dialysis	Rene Simon	337-625-6777	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.
Fresenius Kidney Care East Lake Charles	Rene Simon	337-478-4846	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.
Fresenius Kidney Care Leesville	David Powe	337-392-5122	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.
Fresenius Kidney Care Veterans Memorial Dialysis Center	Kristie Pellerin	337-898-1932	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Dialysis Clinic, Inc. - Crowley 1325 Wright Avenue, CROWLEY, LA, 70526	Kristy Parker	Phone: 3377881990 Email: kristy.parker@dciinc.org Fax: 3377881967	License: 027 State ID: ES0004404 Originally licensed: 2003-05-05 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ACADIA Mailing address: 1325 WRIGHT AVENUE, CROWLEY, LA, 70526 Already listed elsewhere in this region; license details supplied here
FMC Dialysis Services-Ville Platte 616 Jack Miller Road, VILLE PLATTE, LA, 70586	Kristen Pellerin	Phone: 3373631275 Email: clinic2160@fmc-na.com Fax: 3373631329	License: 050 State ID: ES0003760 Originally licensed: 2003-06-18 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: EVANGELINE Mailing address: 616 JACK MILLER ROAD, VILLE PLATTE, LA, 70586 Already listed elsewhere in this region; license details supplied here
BMA New Iberia 609 Rue de Brille, NEW IBERIA, LA, 70563	Kristie L Pellerin	Phone: 3373641185 Email: kristie.pellerin@freseniusmedicalcare.com Fax: 3373641187	License: 047 State ID: ES0001096 Originally licensed: 2003-05-30 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: IBERIA Mailing address: 609 RUE DE BRILLE, NEW IBERIA, LA, 70563
Dialysis Clinic Inc. 2708 E. Main Street, NEW IBERIA, LA, 70560	Kim LEBLANC	Phone: 3373699552 Email: kim.leblanc@dciinc.org Fax: 3373699553	License: 2203783551 State ID: ES0012057 Originally licensed: 2017-10-03 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: IBERIA Mailing address: 2708 E. MAIN STREET, NEW IBERIA, LA, 70560
Dialysis Clinic, Inc. 222 Saint Nazaire Rd, BROUSSARD, LA, 70518	Kim Leblanc	Phone: 3378390469 Email: Kim.leblanc@dciinc.org Fax: 3378390470	License: 2203784451 State ID: ES0012555 Originally licensed: 2019-10-28 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 222 SAINT NAZAIRE RD., BROUSSARD, LA, 70518
FMC Dialysis Services West Lafayette 2804 Ambassador Caffery Parkway, LAFAYETTE, LA, 70506	Rene Simon	Phone: 3379847299 Email: Clinic2647@fmc-na.com Fax: 3379845772	License: 001 State ID: ES0001084 Originally licensed: 2002-12-13 Effective: 2025-12-01 License issued: 2025-11-10 Expires: 2026-11-30 Parish: LAFAYETTE Mailing address: 2804 AMBASSADOR CAFFERY PARKWAY, LAFAYETTE, LA, 70506
Fresenius Kidney Care Broussard 138 Youngsville Highway, LAFAYETTE, LA, 70508	Rene Simon	Phone: 3372109960 Email: kristie.pellerin@freseniusmedicalcare.com Fax: 3372310605	License: 2203784980 State ID: ES0012760 Originally licensed: 2021-06-22 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: LAFAYETTE Mailing address: 138 YOUNGSVILLE HIGHWAY, LAFAYETTE, LA, 70508 Already listed elsewhere in this region; license details supplied here
Fresenius Medical Care of East Lafayette 1340 Surrey Street , Suite 101, LAFAYETTE, LA, 70501	Kristie Pellerin	Phone: 3372641265 Email: Rene.Simon@fmc-na.com Fax: 3372349370	License: 161 State ID: ES0007119 Originally licensed: 2007-01-22 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 1340 SURREY STREET , SUITE 101, LAFAYETTE, LA, 70501
Kidney Treatment Options Center of Lafayette 301 Alcide Dominique Drive, LAFAYETTE, LA, 70506	KIM LEBLANC	Phone: 3374567400 Email: kim.leblanc@dciinc.org Fax: 3374567439	License: 183 State ID: ES0007964 Originally licensed: 2009-03-18 Effective: 2026-03-01 License issued: 2026-02-04 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 301 ALCIDE DOMIQUE DRIVE, LAFAYETTE, LA, 70506
FMC Dialysis Services Sunset 115 Acorn Drive, SUNSET, LA, 70584	Rene Simon	Phone: 3376623702 Email: Kristie.Pellerin@freseniusmedicalcare.com Fax: 3376623779	License: 052 State ID: ES0004132 Originally licensed: 2003-06-18 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: ST. LANDRY Mailing address: 115 ACORN DRIVE, SUNSET, LA, 70584

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
FMC Eunice 1101 Nile Street, EUNICE, LA, 70535	Anthony Dommert	Phone: 3375506585 Email: Clinic2000@fmc-na.Com Fax: 3375507516	License: 069 State ID: ES0001130 Originally licensed: 2003-07-15 Effective: 2026-07-01 License issued: 2026-06-22 Expires: 2027-06-30 Parish: ST. LANDRY Mailing address: 1101 NILE STREET, EUNICE, LA, 70535
Fresenius Kidney Care Opelousas St. Landry 1620 Commerce Blvd. STE A, OPELOUSAS, LA, 70570	Fresenius Kidney Care Opelousas St. Landry	Phone: 3375946625 Email: clinic101310@fmc-na.com Fax: 3372834644	License: 2203785984 State ID: ES0013078 Originally licensed: 2023-12-18 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: ST. LANDRY Mailing address: 1620 COMMERCE BLVD. SUITE A, OPELOUSAS, LA, 70570
Kidney Treatment Options Center of Opelousas 927 East Prudhomme, OPELOUSAS, LA, 70570	KIM LEBLANC	Phone: 3375948535 Email: kim.leblanc@dciinc.org Fax: 3375948534	License: 166 State ID: ES0004695 Originally licensed: 2004-03-31 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: ST. LANDRY Mailing address: 927 EAST PRUDHOMME, OPELOUSAS, LA, 70570
FMC Dialysis Services Breaux Bridge 100 Champagne Boulevard, Building A, BREAUX BRIDGE, LA, 70517	Kristen Pellerin	Phone: 3373326813 Email: clinic2663@fmc-na.com Fax: 3373326779	License: 073 State ID: ES0004054 Originally licensed: 2003-07-25 Effective: 2026-07-01 License issued: 2026-06-22 Expires: 2027-06-30 Parish: ST. MARTIN Mailing address: 100 CHAMPAGNE BOULEVARD, BUILDING A, BREAUX BRIDGE, LA, 70517 Already listed elsewhere in this region; license details supplied here
Fresenius Kidney Care Veterans Memorial Dialysis Center 1820 Veterans Memorial Drive, ABBEVILLE, LA, 70510	Kristie Pellerin	Phone: 3378981932 Email: Clinic100526@fmc-na.com Fax: 3378981933	License: 2203784014 State ID: ES0012341 Originally licensed: 2018-07-26 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: VERMILION Mailing address: 1820 VETERANS MEMORIAL DRIVE, ABBEVILLE, LA, 70510 Already listed elsewhere in this region; license details supplied here

Nursing Homes

Organization / Provider	Contact Person	Phone / Email	Services Provided
Southwind Healthcare & Rehabilitation	Case Manager	337-783-2740	Southwind Healthcare and Rehabilitation offers innovative care within a charming, southern community to fit the lifestyle of the modern senior.
Encore Healthcare & Rehabilitation	Angelique Credeur	337-257-1328	If you're getting ready for long-term living, we make the transition from home to our community as seamless and comfortable as possible. If you've just had a stroke, fall, or other medical condition, our customized

Organization / Provider	Contact Person	Phone / Email	Services Provided
			rehab program, Fast-Track to Your Comeback, helps you recover quickly so you can get back home and functioning at your highest level. With any situation, our compassionate and attentive caregivers offer a completely personalized care experience for each resident.
Christian Villa Nursing Home	Case Manager	3367-783-5523	Nursing Facility/Intermediate Care Facility An institution (or a distinct part of an institution) which- (1) is primarily engaged in providing to residents- (A) skilled nursing care and related services for residents who require medical or nursing care, (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases; (2) has in effect a transfer agreement with one or more hospitals.
Amelia Manor Nursing Home	Case Manager	337-234-7331	Amelia Manor Nursing Home is family owned and operated since 1974. We are one of the only nursing homes in Lafayette with consistent management and ownership since construction.
Eastridge Assisted Living	Case Manager	337-898-1944	Adult Residential Care
Heritage Manor of Opelousas	PAIGE MCLEAN	337-942-7588	Creating a Place of Healing, Heart and Home ,Heritage Manor of Opelousas is a health care community offering individuals a place to recover, rehabilitate and/or reside, depending on their specific needs. For individuals who need short-term care after a surgery or hospital stay, we provide the skilled nursing services that help speed recovery and get you back home safely. For those who have had joint replacement surgery or a medical event such as a heart attack or stroke, our rehabilitation therapies help increase your mobility, strength, and ability to function. If you've reached a point where you need regular medical monitoring, we also provide long-term care in a homelike environment with plenty of activities to help nurture the body, mind and spirit. Whatever your healthcare needs, our staff is here to welcome you and help ensure you receive the care you need to reach your optimum level of health and well-being.
Heritage Manor of Ville Platte	Mr Sidney " Trey" Prudhomme, I I I	337-363-5532	Creating a Place of Healing, Heart and Home Heritage Manor of Ville Platte is a health care community offering individuals a place to recover, rehabilitate and/or reside, depending on their specific needs.
Acadia St. Landry Nursing & Rehabilitation Center	Craig Robert Hensgens	337-684-6316	Daily activities include tasks such as: bathing, grooming, dressing, eating, toileting, bed mobility and moving from bed to chair. Flu & pneumonia prevention ...

Organization / Provider	Contact Person	Phone / Email	Services Provided
Amelia Manor Nursing Home	ALISHA BABIN	337-234-7331	Why Choose Amelia Manor Nursing Home? Important decisions are made locally and are not submitted to a corporation not involved with the residents or staff on a daily basis. In our 50-year history, only three people have served as administrators. A low turnover of administrative staff is important to the overall success of our facility and reputation in the community. A high priority is placed on meeting the resident's physical, emotional and spiritual needs. Family involvement is welcome and encouraged

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acadia St. Landry Nursing & Rehabilitation Center 830 S. Broadway St., CHURCH POINT, LA, 70525	CRAIG R HENSGENS	Phone: 3376846316 Email: bob@aslgh.com Fax: 3376846315	License: 2203785440 State ID: NH0002559 Originally licensed: 1978-05-01 Effective: 2026-07-01 License issued: 2026-06-15 Expires: 2027-06-30 Parish: ACADIA Mailing address: 830 S. BROADWAY ST., CHURCH POINT, LA, 70525 Already listed elsewhere in this region; license details supplied here
Ellington (The) 308 Amelia Street, RAYNE, LA, 70578	DAVID LALANDE	Phone: 3373345111 Email: DLalande@theellingtonofrayne.com Fax: 3373348869	License: 256 State ID: NH0002842 Originally licensed: 1966-08-31 Effective: 2026-03-01 License issued: 2026-02-23 Expires: 2027-02-28 Parish: ACADIA Mailing address: 308 AMELIA STREET, RAYNE, LA, 70578
Encore Healthcare And Rehabilitation Center (The) 19110 Crowley-Eunice Hwy, CROWLEY, LA, 70526	MR Cory D Gatte	Phone: 3377835533 Email: ecadmin@elderoutreach.com Fax: 3377831970	License: 2203781792 State ID: NH0002814 Originally licensed: 1974-11-01 Effective: 2025-09-01 License issued: 2025-08-18 Expires: 2026-08-31 Parish: ACADIA Mailing address: 19110 CROWLEY-EUNICE HWY, CROWLEY, LA, 70526
Landmark of Rayne 2021 Crowley Rayne Highway, RAYNE, LA, 70578	Steven Lancon	Phone: 3377838101 Email: slancon@asimgt.com Fax: 3377870619	License: 2203785115 State ID: NH0002561 Originally licensed: 1981-01-01 Effective: 2025-10-01 License issued: 2025-07-31 Expires: 2026-09-30 Parish: ACADIA Mailing address: 2021 CROWLEY RAYNE HIGHWAY, RAYNE, LA, 70578
Southwind Nursing & Rehab Center 804 Crowley - Rayne Hwy., CROWLEY, LA, 70526	Jared Langley	Phone: 3377832740 Email: jlangley@elderoutreach.com Fax: 3377833058	License: 982 State ID: NH0002628 Originally licensed: 1994-03-31 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: ACADIA Mailing address: 804 CROWLEY - RAYNE HWY., CROWLEY, LA, 70526

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Heritage Manor of Ville Platte 2020 W. Main Street, VILLE PLATTE, LA, 70586	MR Sidney " Trey" Prudhomme, I I I	Phone: 3373635532 Email: tprudhomme@asimgt.com Fax: 3373636275	License: 2203782907 State ID: NH0002612 Originally licensed: 1965-06-18 Effective: 2025-09-01 License issued: 2025-08-13 Expires: 2026-08-31 Parish: EVANGELINE Mailing address: 2020 W. MAIN STREET, VILLE PLATTE, LA, 70586 Already listed elsewhere in this region; license details supplied here
Maison D""Acadiens Care Center 2907 E. Schambers, BASILE, LA, 70515	DWIGHT ARCENEAUX	Phone: 3374326663 Email: darceneaux@maisondacadiens.com Fax: 3374326664	License: 2203785927 State ID: NH0002560 Originally licensed: 1978-09-15 Effective: 2025-10-01 License issued: 2025-08-14 Expires: 2026-09-30 Parish: EVANGELINE Mailing address: 2907 E. SCHAMBERS, BASILE, LA, 70515
Prairie Manor Nursing Home 1050 Edwin Elliott Drive, PINE PRAIRIE, LA, 70576	LORETTA L CRAWFORD	Phone: 3375992031 Email: lcrawford@prairiemanor.org Fax: 3375993277	License: 452 State ID: NH0002621 Originally licensed: 1986-09-17 Effective: 2025-10-01 License issued: 2025-07-17 Expires: 2026-09-30 Parish: EVANGELINE Mailing address: P.O. BOX 500, PINE PRAIRIE, LA, 70576
Savoy Care Center 906 Cherry Street, MAMOU, LA, 70554	HEIDI VIDRINE	Phone: 3374680347 Email: sccadmin@paramounthcla.com Fax: 3374683389	License: 2203785363 State ID: NH0002569 Originally licensed: 1982-09-15 Effective: 2026-01-01 License issued: 2025-11-19 Expires: 2026-12-31 Parish: EVANGELINE Mailing address: P. O. BOX 515, MAMOU, LA, 70554
Belle Teche Nursing & Rehab Center 1306 W. Admiral Doyle Dr., NEW IBERIA, LA, 70560	Craig Romero	Phone: 3373645472 Email: belletecheadmin@centralmanagement.com Fax: 3373658932	License: 314 State ID: NH0002839 Originally licensed: 1973-12-27 Effective: 2026-07-01 License issued: 2026-06-22 Expires: 2027-06-30 Parish: IBERIA Mailing address: P.O. BOX 9766, NEW IBERIA, LA, 70562
Consolata Rehab and Wellness Center on the Teche 2319 E. Main Street, NEW IBERIA, LA, 70560	Cindy Walters	Phone: 3373658226 Email: crwadmin@paramounthcla.com Fax: 3373658626	License: 2203785426 State ID: NH0002565 Originally licensed: 1960-11-14 Effective: 2026-07-01 License issued: 2026-05-13 Expires: 2027-06-30 Parish: IBERIA Mailing address: 2001 N 7TH STREET, WEST MONROE, LA, 71291
Maison Teche Nursing Center 7307 Old Spanish Trail, JEANERETTE, LA, 70544	Hayley R Boutte	Phone: 3372764514 Email: hayley@maisonteche.com Fax: 3372763920	License: 464 State ID: NH0002579 Originally licensed: 1988-06-06 Effective: 2026-07-01 License issued: 2026-05-29 Expires: 2027-06-30 Parish: IBERIA Mailing address: 7307 OLD SPANISH TRAIL, JEANERETTE, LA, 70544
New Iberia Manor North 1803 Jane Street, NEW IBERIA, LA, 70563	Kyla Pecoraro	Phone: 3373652466 Email: newiberianorth.adm@nexion-health.com Fax: 3183652460	License: 817 State ID: NH0002737 Originally licensed: 1965-09-13 Effective: 2025-11-01 License issued: 2025-09-19

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-10-31 Parish: IBERIA Mailing address: 1803 JANE STREET, NEW IBERIA, LA, 70563
New Iberia Manor South 600 Bayard Street, NEW IBERIA, LA, 70560	YIESHA JANUARY	Phone: 3373653441 Email: NewIberiasouth.adm@nexion-health.com Fax: 3183650879	License: 818 State ID: NH0002735 Originally licensed: 1966-12-31 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: IBERIA Mailing address: P.O. BOX 9984, NEW IBERIA, LA, 70562
Amelia Manor Nursing Home 903 Center Street, LAFAYETTE, LA, 70501	ALISHA BABIN	Phone: 3372347331 Email: administrator@ameliamanor.com Fax: 3372359734	License: 331 State ID: NH0002847 Originally licensed: 1974-12-19 Effective: 2026-01-01 License issued: 2025-11-19 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 903 CENTER STREET, LAFAYETTE, LA, 70501 Already listed elsewhere in this region; license details supplied here
Camelot Rehabilitation At Magnolia Park 1511 Dulles Dr., LAFAYETTE, LA, 70506	Sean Johnson	Phone: 3372160950 Email: SJohnson@themagnoliahc.com Fax: 3372160994	License: 2203785301 State ID: NH0002843 Originally licensed: 1996-08-16 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 1511 DULLES DR., LAFAYETTE, LA, 70506
Camelot of Broussard 418 Albertson Parkway, BROUSSARD, LA, 70518	James "Lan" Richardson, II	Phone: 3378399005 Email: JRichardson@broussardhc.com Fax: 3378392671	License: 2203785249 State ID: NH0002815 Originally licensed: 1970-01-31 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: LAFAYETTE Mailing address: 418 ALBERTSON PARKWAY, BROUSSARD, LA, 70518
Cornerstone at the Ranch 103 West Martial Ave, LAFAYETTE, LA, 70508	Jaylen Dauphin	Phone: 3379815335 Email: csradmin@paramounthcla.com Fax: 3379816391	License: 2203784592 State ID: NH0002595 Originally licensed: 1983-06-01 Effective: 2026-04-01 License issued: 2026-02-18 Expires: 2027-03-31 Parish: LAFAYETTE Mailing address: 103 WEST MARTIAL AVE, LAFAYETTE, LA, 70508
Courtyard Manor Nurse Care Ctr & Assisted Living 306 Sidney Martin Rd., LAFAYETTE, LA, 70507	Lauren McCraine	Phone: 3372373940 Email: administrator@courtyardmanorncc.com Fax: 3377691113	License: 936 State ID: NH0002846 Originally licensed: 1971-05-28 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: 306 SIDNEY MARTIN RD., LAFAYETTE, LA, 70507
Evangeline Oaks Guest House 240 Arceneaux Road, CARENCRO, LA, 70520	ANGELLA LAFLEUR - LEGER	Phone: 3378969227 Email: aleger@evangelineoaks.com Fax: 3378960801	License: 390 State ID: NH0002572 Originally licensed: 1984-02-21 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: LAFAYETTE Mailing address: 240 ARCENEAUX ROAD, CARENCRO, LA, 70520

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Lady of the Oaks Retirement Manor 1005 Eraste Landry Road, LAFAYETTE, LA, 70506	KEVIN DOERR	Phone: 3372326370 Email: loadministrator@plantationmgt.com Fax: 3372662071	License: 994 State ID: NH0010654 Originally licensed: 1964-08-05 Effective: 2026-05-01 License issued: 2026-03-11 Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
Louisiana Extended Care Hospital of Lafayette (SNF) 2810 Ambassador Caffery Parkway, 5th Floor, LAFAYETTE, LA, 70506	Meryl Haynes	Phone: 3372898180 Email: mhaynes@laltac.com Fax: 3372103016	License: 2203784343 State ID: NH0012426 Originally licensed: 2019-07-11 Effective: 2019-07-11 License issued: 2019-07-11 Expires: 2050-06-30 Parish: LAFAYETTE Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70506
Maison de Lafayette 2707 Kaliste Saloom Road, LAFAYETTE, LA, 70508	Theresa Viscardis	Phone: 3379812258 Email: tviscardis@maisondelafayette.com Fax: 3379883807	License: 2203785075 State ID: NH0002767 Originally licensed: 1996-05-16 Effective: 2025-10-01 License issued: 2025-08-13 Expires: 2026-09-30 Parish: LAFAYETTE Mailing address: 2707 KALISTE SALOOM ROAD, LAFAYETTE, LA, 70508
River Oaks Retirement Manor 2500 E. Simcoe Street, LAFAYETTE, LA, 70501	KAINEN LOUVIERE	Phone: 3372337115 Email: administrator@riveroaksretirementmanor.com Fax: 3372339125	License: 840 State ID: NH0002794 Originally licensed: 1974-10-10 Effective: 2026-05-01 License issued: 2026-04-28 Expires: 2027-04-30 Parish: LAFAYETTE Mailing address: 2500 E. SIMCOE STREET, LAFAYETTE, LA, 70501
Eunice Manor 3859 Hwy. 190, EUNICE, LA, 70535	Danielle Prejean Toups	Phone: 3374572681 Email: ntoups@eunicemanor.com Fax: 3374570728	License: 929 State ID: NH0002536 Originally licensed: 1969-03-03 Effective: 2026-01-01 License issued: 2025-11-12 Expires: 2026-12-31 Parish: ST. LANDRY Mailing address: 3859 HWY. 190, EUNICE, LA, 70535
Heritage Manor of Opelousas 7941 I-49 South Service Road, OPELOUSAS, LA, 70570	PAIGE MCLEAN	Phone: 3379427588 Email: PMcLean@asimgt.com Fax: 3379427393	License: 977 State ID: NH0002731 Originally licensed: 1965-02-17 Effective: 2025-09-01 License issued: 2025-08-13 Expires: 2026-08-31 Parish: ST. LANDRY Mailing address: 7941 I-49 S. SERVICE ROAD, OPELOUSAS, LA, 70570 Already listed elsewhere in this region; license details supplied here
J. Michael Morrow Memorial Nursing Home 883 Main Street, ARNAUDVILLE, LA, 70512	Harriet M Lofton	Phone: 3377547703 Email: hlofton@jmmmnh.com Fax: 3377547702	License: 397 State ID: NH0002780 Originally licensed: 1984-08-30 Effective: 2025-09-01 License issued: 2025-08-13 Expires: 2026-08-31 Parish: ST. LANDRY Mailing address: P. O. BOX 679, ARNAUDVILLE, LA, 70512
Oak Lane Wellness & Rehabilitative Center 1400 W. Magnolia, EUNICE, LA, 70535	Chris Delrie	Phone: 3375507200 Email: administrator@oaklanewellness.com Fax: 3375501143	License: 838 State ID: NH0004381 Originally licensed: 2003-05-12 Effective: 2026-05-01 License issued: 2026-03-03

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-04-30 Parish: ST. LANDRY Mailing address: 1400 WEST MAGNOLIA, EUNICE, LA, 70535
Our Lady of Prompt Succor Nursing Facility 954 E. Prudhomme St., OPELOUSAS, LA, 70570	BRANDIE PERRY	Phone: 3379483634 Email: psadmin@rightcarehs.com Fax: 3379428279	License: 2203785557 State ID: NH0002769 Originally licensed: 1965-07-09 Effective: 2025-11-01 License issued: 2025-09-04 Expires: 2026-10-31 Parish: ST. LANDRY Mailing address: 954 E. PRUDHOMME ST., OPELOUSAS, LA, 70570
Senior Village Nursing and Rehabilitation Center 315 Harry Guilbeau Road, OPELOUSAS, LA, 70570	MR Dale T Hewitt	Phone: 3379484486 Email: dhewitt@asimgt.com Fax: 3379484524	License: 965 State ID: NH0002729 Originally licensed: 1977-01-17 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ST. LANDRY Mailing address: 315 HARRY GUILBEAU ROAD, OPELOUSAS, LA, 70570
Tri-Community Nursing Center 7014 Hwy. 71, PALMETTO, LA, 71358	Jonathan Reed	Phone: 3376234227 Email: tricomadmin@lacourhealthcare.com Fax: 3376235602	License: 444 State ID: NH0002576 Originally licensed: 1986-02-03 Effective: 2026-03-01 License issued: 2026-01-15 Expires: 2027-02-28 Parish: ST. LANDRY Mailing address: P.O. BOX 112, PALMETTO, LA, 71358
Landmark of Acadiana 1710 Smede Hwy, SAINT MARTINVILLE, LA, 70582	MR Jason Smith	Phone: 3376087636 Email: jlsmith@asimgt.com Fax: 3375608337	License: 2203782453 State ID: NH0002609 Originally licensed: 1978-08-23 Effective: 2025-09-01 License issued: 2025-07-16 Expires: 2026-08-31 Parish: ST. MARTIN Mailing address: 1710 SMEDE HWY, SAINT MARTINVILLE, LA, 70582
St Agnes Healthcare and Rehab Ctr. 606 Latiolais Road, BREAUX BRIDGE, LA, 70517	Terry Gros	Phone: 3373324808 Email: terry@stagneshc.com Fax: 3373322897	License: 423 State ID: NH0002725 Originally licensed: 1984-12-17 Effective: 2026-01-01 License issued: 2025-12-11 Expires: 2026-12-31 Parish: ST. MARTIN Mailing address: P.O. BOX 10, BREAUX BRIDGE, LA, 70517
Eastridge Nursing Center 2305 Richard St., ABBEVILLE, LA, 70510	ANDREW MIDDLETON	Phone: 3378929800 Email: amiddleton@elderoutreach.com Fax: 3378929875	License: 985 State ID: NH0003831 Originally licensed: 1999-12-23 Effective: 2026-01-01 License issued: 2025-12-12 Expires: 2026-12-31 Parish: VERMILION Mailing address: 2305 RICHARD ST., ABBEVILLE, LA, 70510
Gueydan Memorial Guest Home 1201 3rd Street, GUEYDAN, LA, 70542	TREVOR HAIR	Phone: 3375366584 Email: thair@gmghla.com Fax: 3375369611	License: 476 State ID: NH0002837 Originally licensed: 1991-01-03 Effective: 2025-12-01 License issued: 2025-10-30 Expires: 2026-11-30 Parish: VERMILION Mailing address: P.O. BOX 510, GUEYDAN, LA, 70542
Kaplan Healthcare Center 1300 W. 8th Street, KAPLAN, LA, 70548	MS Tania Lemaire	Phone: 3372706131 Email: kaplan.adm@nexion-	License: 814 State ID: NH0002727 Originally licensed: 1985-01-03

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		health.com Fax: 3186434579	Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: VERMILION Mailing address: 1300 W. 8TH STREET, KAPLAN, LA, 70548
Maison du Monde 4000 Rodeo Road, ABBEVILLE, LA, 70510	William Cassidy	Phone: 3378922332 Email: adm.mdm@dhcompanies.com Fax: 3378935438	License: 891 State ID: NH0002770 Originally licensed: 1977-05-25 Effective: 2026-03-01 License issued: 2026-01-22 Expires: 2027-02-28 Parish: VERMILION Mailing address: 4000 RODEO ROAD, ABBEVILLE, LA, 70510
Pelican Pointe Healthcare and Rehabilitation 405 Milton Road, MAURICE, LA, 70555	MR Todd Cole	Phone: 3378934449 Email: tcole@elderoutreach.com Fax: 3378938617	License: 1011 State ID: NH0002748 Originally licensed: 1998-04-08 Effective: 2025-11-01 License issued: 2025-10-08 Expires: 2026-10-31 Parish: VERMILION Mailing address: 405 MILTON ROAD, MAURICE, LA, 70555
Vermilion Health Care Center 14008 Cheneau Road, KAPLAN, LA, 70548	MIRANDA HENRY	Phone: 3376431949 Email: mandyhenry@kaplantel.net Fax: 3376433656	License: 386 State ID: NH0002824 Originally licensed: 1983-05-25 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2027-05-31 Parish: VERMILION Mailing address: 14008 CHENEAU RD., KAPLAN, LA, 70548

Adult Day Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
A&L Adult Day Health Care	Deathra S Howard	337-364-7411	Adult day care service centers are community-based facility to provide seniors with special activities therapeutic activities, transportation personal care
Active Adult Day Healthcare	Ms. Alice Mwakitawa(St Landry)	337-948-6067	Provides a supportive and engaging environment for adults with physical or cognitive needs as well as seniors seeking social interaction and activity
Agape Adult Day Healthcare	Rose M Walls(St Landry)	337-942-5570	It is a healthy daily program for the elderly and disabled adults with hands-on activities outings experiences and many more
Hansberry Adult Day Healthcare	Mary Hansberry(St Landry)	337-484-3221	Offer a range of service that include day health care, transportation, meal preparation and medication management
Maison de Williams	Cheryl Williams (St. Landry)	337-332-5329	They provide senior care that offers residents a variety of services allowing participants to achieve a sense of mastery, self-worth and connected with others, supervised care nutritious meal and snacks.
Mary Lee House of Love AADHC	Briana Rene (St Landry)	337-662-3081	The center enable seniors to socialize and enjoy planned activates in a group p setting, while still receiving needed health services
Pace Adult Healthcare	Wendy Taylor	337-470-4500	Provides all physical, emotional, social and medical support needed for

REGION 5

Primary Care and Specialty Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Daniel Beckles, MD	Office Manager	337-513-0100	We offer personalized and comprehensive care to enhance your health and longevity. Our team is academically affiliated with Ochsner Health to provide evidence-based, state-of-the-art care to SWLA and beyond.

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Cardiovascular Outpatient Surgery Center of Southw 401 Dr. Michael Debakey Drive, Suite 310, LAKE CHARLES, LA, 70601	JAMES D WALTERS	Phone: 3376029991 Email: derick.walters@scasurgery.com Fax: 7133353378	License: 2203782980 State ID: AS0011802 Originally licensed: 2016-11-15 Effective: 2026-01-28 License issued: 2026-01-29 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 401 DR. MICHAEL DEBAKEY DRIVE, SUITE 310, LAKE CHARLES, LA, 70601
Christus Imperial Calcasieu Surgical Center 1757 Imperial Boulevard, LAKE CHARLES, LA, 70605	Julie Wookcock	Phone: 3373102832 Email: Julie.Woodcock@Christushealth.org Fax: 3373101426	License: 167 State ID: AS0008145 Originally licensed: 2009-08-11 Effective: 2026-08-01 License issued: 2026-06-29 Expires: 2027-07-31 Parish: CALCASIEU Mailing address: 1757 IMPERIAL BOULEVARD, LAKE CHARLES, LA, 70605
Imperial Health Endoscopy Surgical Center 501 Dr. Michael DeBakey Drive, LAKE CHARLES, LA, 70601	KAREN GUILLORY	Phone: 3374335813 Email: Kguillory@imperialhealth.com Fax: 3374337350	License: 53 State ID: AS0001042 Originally licensed: 1992-10-06 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 501 DR. MICHAEL DEBAKEY DRIVE, LAKE CHARLES, LA, 70601
Joint Replacement Center of Louisiana 5150 Robotics Lane, LAKE CHARLES, LA, 70605	Jenny Bono	Phone: 3372142900 Email: admin@jrcola.com Fax: 3372142966	License: 2203785573 State ID: AS0012941 Originally licensed: 2023-01-11 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 5150 ROBOTICS LANE, LAKE CHARLES, LA, 70605
Selim Surgery Center 215 W. Prien Lake Road, LAKE CHARLES, LA, 70601	Naima K Beldjilali	Phone: 3375028706 Email: naimab73@gmail.com Fax: 3372101271	License: 2203784668 State ID: AS0012607 Originally licensed: 2020-07-31 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 215 W. PRIEN LAKE ROAD, LAKE CHARLES, LA, 70601

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Surgicare of Lake Charles 2100 Lake Street, LAKE CHARLES, LA, 70601	Dina Langley	Phone: 3374366941 Email: Dina.langley@surgicarelakecharles.com Fax: 3373770414	License: 2203783971 State ID: AS0001009 Originally licensed: 1980-03-27 Effective: 2025-09-01 License issued: 2025-08-22 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 2100 LAKE STREET, LAKE CHARLES, LA, 70601

Rural Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Allen Parish Community Healthcare Reeves Rural Hea 139 McFatter St, REEVES, LA, 70658	Jacqueline Reviel	Phone: 3377389495 Email: jreviel@allenhealth.net Fax: 3377389449	License: 205RHC-2 State ID: RH0013422 Originally licensed: 2025-04-25 Effective: 2025-04-25 License issued: 2025-05-05 Expires: 2025-07-31 Parish: ALLEN Mailing address: 108 6TH AVENUE, KINDER, LA, 70648
Allen Parish Hospital Rural Health Clinic 108 6th Avenue, Building B, KINDER, LA, 70648	JACKIE REVIEL	Phone: 3377389494 Email: jreviel@allenhealth.net Fax: 3377385305	License: 205RHC-1 State ID: RH0006926 Originally licensed: 2006-02-13 Effective: 2011-08-01 License issued: 2011-12-15 Expires: 2012-07-31 Parish: ALLEN Mailing address: 108 6TH AVENUE, KINDER, LA, 70648
Elizabeth Family Clinic 4855 Highway 10 W, Suite C, ELIZABETH, LA, 70638	Alec Jeansonne	Phone: 3183066055 Email: alec@collectivehcs.com Fax: 3183066054	License: 2203785641 State ID: RH0011795 Originally licensed: 2016-11-22 Effective: 2026-03-01 License issued: 2026-02-14 Expires: 2027-02-28 Parish: ALLEN Mailing address: 912 BRYAN STREET, COTTONPORT, LA, 71327
Elizabeth Family Health Clinic 504 Main Street, ELIZABETH, LA, 70638	GENE AMOS	Phone: 3186345475 Email: kmccollough@ahmgt.com	License: 2203783354RHC-2 State ID: RH0006854 Originally licensed: 2005-12-09 Effective: 2016-09-01 License issued: 2017-06-19 Expires: 2017-08-31 Parish: ALLEN Mailing address: P. O. BOX 629, OAKDALE, LA, 71463
Family Medicine Associates of Oakdale 105 Hospital Drive, OAKDALE, LA, 71463	Darren Williams	Phone: 3183354320 Email: dwilliams@ahmgt.com Fax: 3183354908	License: 2203783354RHC-6 State ID: RH0012802 Originally licensed: 2021-10-04 Effective: 2021-10-04 License issued: 2021-10-04 Expires: 2022-09-30 Parish: ALLEN Mailing address: 105 HOSPITAL DR., OAKDALE, LA, 71463
Heinen Medical Kinder 325 N 8th St, KINDER, LA, 70648	Jade N Heinen	Phone: 3379988151 Email: jadeheinen@heinenmedical.com Fax: 3376711263	License: 2203785666 State ID: RH0012961 Originally licensed: 2023-03-07 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: ALLEN Mailing address: 151 LEON AVENUE, STE B, EUNICE, LA, 70535

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Newman Family Clinic 502 Hospital Drive, OAKDALE, LA, 71463	Brandy Robles	Phone: 3183352000 Email: brandyrobles0290@yahoo.com Fax: 3183351004	License: 2203786184 State ID: RH0011419 Originally licensed: 2015-10-26 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: ALLEN Mailing address: 502 HOSPITAL DRIVE, OAKDALE, LA, 71463
Oakdale Childrens Clinic 211 North 16th Street, OAKDALE, LA, 71463	Anil Danivas	Phone: 3188171064 Email: anildanivas@yahoo.com Fax: 3188171065	License: 2203785995 State ID: RH0013066 Originally licensed: 2023-12-27 Effective: 2025-12-01 License issued: 2025-11-25 Expires: 2026-11-30 Parish: ALLEN Mailing address: 211 4TH ST. BOX 30140, ALEXANDRIA, LA, 71301
Oakdale Express Care 1884 HIGHWAY 165 SOUTH, OAKDALE, LA, 71463	KAITLYN MCCOLLOUGH	Phone: 3183353501 Email: kmccollough@ahmgt.com Fax: 3182153223	License: 2203783354RHC-8 State ID: RH0012434 Originally licensed: 2018-11-29 Effective: 2024-04-15 License issued: 2024-04-03 Expires: 2024-08-31 Parish: ALLEN Mailing address: P.O. BOX 629, OAKDALE, LA, 71463
Oberlin Express Care 317 W. 6th Avenue, OBERLIN, LA, 70655	Kevin Ardoin	Phone: 3376392060 Email: kevin.ardoin@ahmgt.com Fax: 3376392181	License: 2203783354RHC-7 State ID: RH0013193 Originally licensed: 2024-02-20 Effective: 2024-02-20 License issued: 2024-02-20 Expires: 2024-08-31 Parish: ALLEN Mailing address: 317 W. 6TH AVENUE, OBERLIN, LA, 70655
Womens Clinic of Oakdale, LLC 119 N. Hospital Drive, OAKDALE, LA, 71463	Medha Kulkarni	Phone: 3183350260 Email: medhapaikulkarni@gmail.com Fax: 3374682702	License: 152 State ID: RH0008327 Originally licensed: 2010-06-16 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: ALLEN Mailing address: 119 N. HOSPITAL DRIVE, OAKDALE, LA, 71463
Beauregard Family Medical Center 501 S Pine Street, DERIDDER, LA, 70634	Bud Barrow	Phone: 3374627106 Email: T.Thibodeaux@beauregard.org Fax: 3374627479	License: 155RHC-2 State ID: RH0012111 Originally licensed: 2017-05-05 Effective: 2017-05-05 License issued: 2017-07-10 Expires: 2018-04-30 Parish: BEAUREGARD Mailing address: 501 S PINE STREET, DERIDDER, LA, 70634
Beauregard Internal Medicine Center 495 West 8th Street, DERIDDER, LA, 70634	Bud Barrow	Phone: 3374627106 Email: T.Thibodeaux@beauregard.org Fax: 3374627479	License: 155RHC-3 State ID: RH0012120 Originally licensed: 2017-05-05 Effective: 2017-05-05 License issued: 2017-07-18 Expires: 2018-04-30 Parish: BEAUREGARD Mailing address: 495 WEST 8TH STREET, DERIDDER, LA, 70634
Beauregard Medical and Surgical Center 301 South Washington Avenue, Suite B, DERIDDER, LA, 70634	Bud Barrow	Phone: 3374627106 Email: T.Thibodeaux@beauregard.org Fax: 3374627479	License: 155RHC-4 State ID: RH0012127 Originally licensed: 2017-05-05 Effective: 2017-05-05 License issued: 2017-07-24 Expires: 2018-04-30 Parish: BEAUREGARD

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 301 SOUTH WASHINGTON AVENUE, SUITE B, DERIDDER, LA, 70634
Beauregard Women"""""s Health Center 206 West 5th Street, DERIDDER, LA, 70634	Bud Barrow	Phone: 3374627106 Email: T.Thibodeaux@beauregard.org Fax: 3184627479	License: 155RHC-1 State ID: RH0012101 Originally licensed: 2017-05-05 Effective: 2017-05-05 License issued: 2017-07-07 Expires: 2018-04-30 Parish: BEAUREGARD Mailing address: 206 WEST 5TH STREET, DERIDDER, LA, 70634
West Louisiana Family Practice-Deridder 412 S. Pine Street, DERIDDER, LA, 70634	Kevin Quinn	Phone: 3374625700 Email: kquinn@ahmgt.com Fax: 3374626256	License: 2203784075RHC-4 State ID: RH0012528 Originally licensed: 2019-08-02 Effective: 2019-08-02 License issued: 2019-08-02 Expires: 2020-05-31 Parish: BEAUREGARD Mailing address: 412 S. PINE STREET, DERIDDER, LA, 70634
Allegiance Medical Clinic of Dequincy 601 W. 4th Street, DEQUINCY, LA, 70633	Krystal Keel	Phone: 3377866161 Email: robyn.avant@ahmgt.com Fax: 3377867999	License: 2203785810 State ID: RH0013001 Originally licensed: 2023-07-11 Effective: 2026-07-01 License issued: 2026-06-25 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 601 W. 4TH STREET, DEQUINCY, LA, 70633
Chadha Medical Clinic 140 West Fourth Street, DEQUINCY, LA, 70633	DR J S Chadha	Phone: 3377865007 Email: Chadhaclinic@aol.com Fax: 3377865009	License: 113 State ID: RH0007037 Originally licensed: 2006-10-18 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: CALCASIEU Mailing address: 140 WEST FOURTH STREET, DEQUINCY, LA, 70633
Iowa Health Center of Lake Charles Memorial Hospital 203 E. Miller Rd, Suite B, IOWA, LA, 70647	Larry Graham	Phone: 3374807475 Email: BCourmier@LCMH.COM Fax: 3374807476	License: 048 State ID: RH0003325 Originally licensed: 2000-10-16 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: CALCASIEU Mailing address: 203 E. MILLER RD, SUITE B, IOWA, LA, 70647
Vinton Medical Clinic 1611 Hampton Street, VINTON, LA, 70668	Janie Fruge , CEO	Phone: 3375895951 Email: tbrunson@wcch.com Fax: 3375894013	License: 097 State ID: RH0004682 Originally licensed: 2005-06-28 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: CALCASIEU Mailing address: 1611 HAMPTON STREET, VINTON, LA, 70668
Hackberry Rural Health Clinic 1020 Main Street, HACKBERRY, LA, 70645	Janie Fruge	Phone: 3377623762 Email: tbrunson@wcch.com Fax: 3377623838	License: 001 State ID: RH0003375 Originally licensed: 2000-02-11 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: CAMERON Mailing address: 1020 MAIN STREET, HACKBERRY, LA, 70645
Johnson Bayou Rural Health Clinic 6240 Gulf Beach Hwy.,	Janie Fruge	Phone: 3375692245 Email: tbrunson@wcch.com Fax: 3375692275	License: 144 State ID: RH0008016 Originally licensed: 2009-05-18 Effective: 2026-05-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
JOHNSONS BAYOU, LA, 70631			License issued: 2026-04-20 Expires: 2027-04-30 Parish: CAMERON Mailing address: 6240 GULF BEACH HWY, JOHNSONS BAYOU, LA, 70631
Edwards Family Medicine 1322 Elton Road Suite P, JENNINGS, LA, 70546	Richard Edwards	Phone: 3378242282 Email: admin@edwardsfamilymedicine.com Fax: 3378240058	License: 2203785624 State ID: RH0012924 Originally licensed: 2023-02-10 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: JEFFERSON DAVIS Mailing address: 1322 ELTON ROAD SUITE P, JENNINGS, LA, 70546
Elton Rural Health Clinic 907 Main Street, ELTON, LA, 70532	Brian Denton	Phone: 3375842237 Email: brian.denton@savoymedical.net Fax: 3375842148	License: 149 State ID: RH0003366 Originally licensed: 2000-03-20 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: JEFFERSON DAVIS Mailing address: 907 MAIN STREET, ELTON, LA, 70532
Fast Pace Health 1750 Elton Road, JENNINGS, LA, 70546	Randy Overton	Phone: 3373296565 Email: randy.overton@fastpacehealth.com Fax: 3373296575	License: 2203787007 State ID: RH0013433 Originally licensed: 2026-01-26 Effective: 2026-01-26 License issued: 2026-05-04 Expires: 2026-12-31 Parish: JEFFERSON DAVIS Mailing address: 1750 ELTON ROAD, JENNINGS, LA, 70546
Jennings Family Healthcare 1914 Johnson Street, JENNINGS, LA, 70546	Nicole Doucet	Phone: 3372463210 Email: iotafamilyhc@yahoo.com Fax: 3372463106	License: 2203786363 State ID: RH0013305 Originally licensed: 2024-09-25 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: JEFFERSON DAVIS Mailing address: 1914 JOHNSON STREET, JENNINGS, LA, 70546
Ochsner Health Center-Jennings 1322 Elton Road, Suite F, JENNINGS, LA, 70546	Brooke Hornsby	Phone: 3378248868 Email: brooke.hornsby@ochsner.org Fax: 3378248892	License: 2203785368RHC-3 State ID: RH0011859 Originally licensed: 2016-11-15 Effective: 2022-04-01 License issued: 2022-06-27 Expires: 2023-03-31 Parish: JEFFERSON DAVIS Mailing address: 1322 ELTON ROAD, SUITE F, JENNINGS, LA, 70546
Ochsner Health Center-Lake Arthur 328 Kellogg Street, LAKE ARTHUR, LA, 70549	Brooke Hornsby	Phone: 3377740100 Email: brooke.hornsby@ochsner.org Fax: 3377740111	License: 2203785368RHC-2 State ID: RH0011827 Originally licensed: 2016-10-19 Effective: 2022-04-01 License issued: 2022-06-27 Expires: 2023-03-31 Parish: JEFFERSON DAVIS Mailing address: 328 KELLOGG STREET, LAKE ARTHUR, LA, 70549
Ochsner Health Center-N. State St. 805 N. State Street, JENNINGS, LA, 70546	Brooke Hornsby	Phone: 3378246150 Email: brooke.hornsby@ochsner.org Fax: 3378243143	License: 2203785368RHC-1 State ID: RH0011512 Originally licensed: 2015-09-23 Effective: 2022-04-01 License issued: 2022-06-27 Expires: 2023-03-31 Parish: JEFFERSON DAVIS Mailing address: 805 N. STATE STREET, JENNINGS, LA, 70546

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Eric Spencer Rachal	Office Manager	337-545-2214	"My passion is helping clients with bipolar disorder, anxiety, depression, ADHD, and insomnia through effective medication management and supportive and individualized strategies. My goal is to empower each person to reach their mental health and personal life goals- building stability, resilience, and stronger connections with themselves, their families, in their careers, and communities. I offer care that is evidence based, holistic, and compassionate in a safe nonjudgmental environment.
KDH Counseling	Office Manager	337-607-6155	Monique Cohen APRN, PMHNP, BC specializes in diagnosing, treating, and managing mental health conditions through psychiatric evaluations, medication management, and personalized treatment plans tailored to your needs. She also provides ongoing support and thoughtful medication adjustments as your needs evolve.
Michelle Dyer	Office Manager	337-358-8205	With over a decade of experience as a psychiatric nurse practitioner, I am dedicated to offering compassionate, personalized care. I work with clients of all ages to address challenges like depression, anxiety, and more complex mental health conditions. My goal is to create a safe space where you feel understood and empowered on your path to wellness. At Dyer Psychiatric Services, we're committed to helping you achieve a healthier, balanced life with tailored treatments designed for meaningful progress.
Natalie Blanchard	Office Manager	337-374-2060	I am available to assist with the evaluation and treatment of psychiatric disorders. My specialty is medication management. My approach includes creating a partnership, understanding problem areas, identifying meaningful goals and improving quality of life. In addition, I have a network of therapists available to assist with counseling services.

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Acadian Holistic Services 500 Broad Street #213, LAKE CHARLES, LA, 70601	Michael Johnson	Phone: 3374295105 Email: johnson.m.ahs@gmail.com Fax: 3378889853	License: 2203786146 State ID: BH0012269 Originally licensed: 2017-11-30 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 500 BROAD STREET #213, LAKE CHARLES, LA, 70601
Applegate Recovery of Lake Charles 751 Bayou Pines E, suite P, LAKE CHARLES, LA, 70601	Kim Mouton	Phone: 3375646737 Email: shannafoley@applegaterecovery.com Fax: 2144817740	License: 2203786133 State ID: BH0013057 Originally licensed: 2024-03-04 Effective: 2026-03-01 License issued: 2026-02-19

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 1720 LAKEPOINTE DRIVE, SUITE 117, LEWISVILLE, TX, 75057
BHG Lake Charles Treatment Center 115 W. McNeese Street, Suite 115, LAKE CHARLES, LA, 70605	Jemece Gasaway	Phone: 3374338281 Email: licensingteam@bhgrecovery.com Fax: 3374337938	License: 2203785808 State ID: BH0003414 Originally licensed: 2016-02-01 Effective: 2026-07-01 License issued: 2026-06-10 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 5001 SPRING VALLEY ROAD, SUITE 600 EAST, DALLAS, TX, 75244 Already listed elsewhere in this region; license details supplied here
Disney and Associates 133 Jefferson Drive, LAKE CHARLES, LA, 70605	Randy North	Phone: 3374317194 Email: disneyassoc@att.net Fax: 2792053136	License: 2203785650 State ID: BH0012283 Originally licensed: 2017-12-01 Effective: 2026-02-01 License issued: 2026-02-02 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: 133 JEFERSON DR., LAKE CHARLES, LA, 70605
Family & Youth Counseling Agency, Inc 220 Louie Street, LAKE CHARLES, LA, 70601	Julio Galan	Phone: 3374369533 Email: admin@fyca.org Fax: 3374399941	License: 2203782846 State ID: BH0003433 Originally licensed: 2016-08-01 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: CALCASIEU Mailing address: 220 LOUIE STREET, LAKE CHARLES, LA, 70601
Imperial Calcasieu HSA Behavioral Health Lake Charles 4105 Kirkman Street, LAKE CHARLES, LA, 70607	Tanya McGee	Phone: 3374758200 Email: tanya.mcgee@imcalhsa.org Fax: 3374758054	License: 2203782515 State ID: BH0003502 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-10-28 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 4105 KIRKMAN STREET, LAKE CHARLES, LA, 70607
Kingdom Expressions, LLC 1614 Highway 14, LAKE CHARLES, LA, 70601	Shakera Mckenzie	Phone: 3376026391 Email: kingdomexpressions@yahoo.com Fax: 2252174381	License: 2203783030 State ID: BH0011828 Originally licensed: 2017-01-20 Effective: 2026-01-01 License issued: 2026-01-08 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 1614 HIGHWAY 14, LAKE CHARLES, LA, 70601
Lake Charles Addiction and Wellness Center 2507 Hodges Street, LAKE CHARLES, LA, 70601	Stephanie Boyd	Phone: 3375136121 Email: info@addictionandwellness.com Fax: 8777940365	License: 2203786812 State ID: BH0012841 Originally licensed: 2022-03-24 Effective: 2025-11-12 License issued: 2025-11-19 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 2789 CROWN LANE, LAKE CHARLES, LA, 70601 Already listed elsewhere in this region; license details supplied here
Lake Wellness Center-Lake Charles 2800 1st Avenue, Suite D, LAKE CHARLES, LA, 70601	Scotty Higgonbotham	Phone: 8884885253 Email: kguidry@contactlake.com Fax: 8885235253	License: 2203786876 State ID: BH0013502 Originally licensed: 2025-11-26 Effective: 2025-11-26 License issued: 2026-01-16 Expires: 2026-10-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: CALCASIEU Mailing address: P.O. BOX 53038, LAFAYETTE, LA, 70501
Merakey Pennsylvania-Lake Charles 2110 Oak Park Blvd, LAKE CHARLES, LA, 70601	CATHLEEN HYDE	Phone: 3374750324 Email: Winford.amos@merakey.org Fax: 3374758917	License: 2203783123 State ID: BH0011873 Originally licensed: 2017-03-10 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 620 E. GERMANTOWN PIKE, LAFAYETTE HILL, PA, 19444
Odyssey House Louisiana, Inc-Briscoe 4012 Avenue H, LAKE CHARLES, LA, 70615	Ed Carlson	Phone: 5049218211 Email: bwade@ohlinc.org Fax: 5042181424	License: 2203784326 State ID: BH0011350 Originally licensed: 2016-08-01 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 4012 AVENUE H, NEW ORLEANS, LA, 70119
Peaceful Pathways Behavioral Health 2529 Lake Street, LAKE CHARLES, LA, 70601	Natalia Butler	Phone: 3379129758 Email: peacefullpathways1@gmail.com Fax: 3377359760	License: 2203786821 State ID: BH0013478 Originally licensed: 2025-11-13 Effective: 2025-11-13 License issued: 2025-11-24 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 1934 THIBODEAUX ROAD, LAKE CHARLES, LA, 70601
Preventive Measures Program, Inc- Lake Charles 125 Jamestown Unit J, LAKE CHARLES, LA, 70605	Carla Holmes, LPC-S,CCS	Phone: 3375082313 Email: cybholmes@yahoo.com Fax: 3378244455	License: 2203786678 State ID: BH0013403 Originally licensed: 2025-08-12 Effective: 2025-08-12 License issued: 2025-08-14 Expires: 2026-07-31 Parish: CALCASIEU Mailing address: P.O. BOX 9177, MONROE, LA, 71211
Rehabilitation Services of SW La - Lake Charles 751 Bayou Pines East, Suite C, LAKE CHARLES, LA, 70601	KYLE JACOB	Phone: 3374333292 Email: kjacob@rehabservicesla.com Fax: 3374333293	License: 2203783098 State ID: BH0011883 Originally licensed: 2017-02-27 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 1000 CHINABERRY DRIVE, SUITE 900, BOSSIER CITY, LA, 71111
Resolutions Counseling Services, LLC 1925 Enterprise Blvd, LAKE CHARLES, LA, 70601	Quintessa Porter	Phone: 3374295129 Email: resolutionscounselingservices@gmail.com Fax: 3372142077	License: 2203785259 State ID: BH0012187 Originally licensed: 2017-10-26 Effective: 2026-03-01 License issued: 2026-02-16 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 1925 ENTERPRISE BLVD, LAKE CHARLES, LA, 70601
Resource Management Services, Inc of SWLA 184 Williamsburg Street, LAKE CHARLES, LA, 70605	Monica Blanchard	Phone: 3374374014 Email: angie.fontenot@rmslouisiana.com Fax: 3374378283	License: 2203786568 State ID: BH0012264 Originally licensed: 2017-11-30 Effective: 2026-05-01 License issued: 2026-04-16 Expires: 2027-04-30 Parish: CALCASIEU Mailing address: 184 WILLIAMSBURG STREET, LAKE CHARLES, LA, 70606
Steps Recovery Solutions-Lake Charles	Scotty Higginnbotham	Phone: 8884885253 Email: scotty.higginbotham@stepsre	License: 2203786639 State ID: BH0013446 Originally licensed: 2025-07-10

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
145 Victoria Drive, LAKE CHARLES, LA, 70611		coverysolutions.com Fax: 3377030707	Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 145 VICTORIA DRIVE, LAKE CHARLES, LA, 70611
Sun Behavioral Louisiana-Lake Charles 1202 Kirkman Street Suite C, LAKE CHARLES, LA, 70601	Rachnee Warren	Phone: 3379905305 Email: rwarren@seasidehc.com Fax: 3379905306	License: 2203783761 State ID: BH0012126 Originally licensed: 2017-08-02 Effective: 2026-06-23 License issued: 2026-06-23 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: 1216 STUBBS AVENUE, MONROE, LA, 71201
Sanctuary Louisiana L.L.C 21089 South Frontage Road, LACASSINE, LA, 70650	CHRISTOPHER MCMORRIS	Phone: 3373915055 Email: chiefoperatingofficer@sanctuarylouisiana.com Fax: 3372104183	License: 2203783320 State ID: BH0011989 Originally licensed: 2017-05-19 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: JEFFERSON DAVIS Mailing address: PO BOX 1967, IOWA, LA, 70647

Psychiatric Residential Treatment Facilities — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Methodist Children's Home of Southwest Louisi 3029 North Beglis Parkway, SULPHUR, LA, 70663	Steven Franks	Phone: 3375275056 Email: steven.franks@LMCH.org Fax: 3375275375	License: 001 State ID: PT0000002 Originally licensed: 2012-10-04 Effective: 2025-10-01 License issued: 2025-08-20 Expires: 2026-09-30 Parish: CALCASIEU Mailing address: 3029 NORTH BEGLIS PARKWAY, SULPHUR, LA, 70663

Substance Use Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Longbranch Recovery	Social Worker	504-399-0895	At Longbranch Recovery, we understand that seeking help for addiction can be a challenging decision. We ensure that each interaction with our compassionate admissions specialists is treated with understanding, respect and strict adherence to confidentiality. Our admissions team is here to listen empathetically to your situation and guide you through the required steps to join our program or refer you to another appropriate facility.
Beacon Recovery Center	Social Worker	866-584-7023	Our dedicated staff is ready to answer your questions about drug addiction, detox, and recovery. We want to help you or your loved one get the help they need to start on the road to recovery.
Inpatient Alcohol & Drug Rehab	Social Worker	866-705-4767	If your loved one is struggling with substance abuse, you are in the right place. Our addiction experts are on standby 24/7 to guide you in getting them the care they need.

Organization / Provider	Contact Person	Phone / Email	Services Provided
			Call us to talk with a rehab admissions specialist today!
Lake Charles Addiction and Wellness Center	Social Worker	337-513-6121	We help patients and their families find recovery. Working on the basic building blocks of addiction recovery, as well as issues like forgiveness, love for self, healthy boundaries, understanding causes of self-defeating behavior patterns and how to stop doing them, and building individualized recovery plans, just a few ways we help patients live productive lives again. By providing education, support, and a non-judgmental setting, we help patients change their lives.
BHG Lake Charles Treatment Center	Social Worker	337-423-8281	Wherever you find recovering people, you'll find recovering families and communities. At BHG, patients are placed in the safe and trusted hands of local doctors, nurses, counselors, and support staff who understand their community and are here to help patients on their journey to recovery. We're partnering with this community and its leaders to educate the public about addiction and improve access to medication-assisted recovery.
AppleGate Recovery Lake Charles	Social Worker	337-513-4844	We offer individual counseling sessions to support your journey to recovery. Our counselors will help you understand the root causes of addiction and develop strategies to navigate challenging situations without turning to substance use, reducing the risk of relapse. They also provide guidance to process past trauma, rebuild meaningful relationships, and set personalized goals for a healthier future tailored to your unique recovery needs.
Amethyst Recovery Center	Social Worker	888-788-8150	We believe that inpatient rehab should always be personalized, compassionate, and grounded in evidence-based practices—all in a secure and confidential environment.

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Msgr Debkabe-Daughter of Mary Mother Mercy Joy	Sr. Probidential Igboelusi	337-496-6575	Furnishes only nonmedical nursing items and services to patients who choose to rely solely upon a religious method of healing and for whom the acceptance of medical services would be inconsistent with their religious beliefs Caring services such as nursing supervision, medication management, and recreational activities.
Mt. Carmel Adult Day Care, LLC	Charles Matthews	337-276-9581	Our center provide care and companionship for seniors who need assistance or supervision during the day. Designed to provide social and health services.

Organization / Provider	Contact Person	Phone / Email	Services Provided
I Care Home Care LLC	Office Manager	337-363-4663	Home and community-based services (HCBS) provide opportunities for Medicaid/Medicare beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

Adult Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Msgr. Deblanc-Daughters of Mary Mother of Mercy Jo 425 7th Street, LAKE CHARLES, LA, 70601	Providential Igboelusi	Phone: 3374966575 Email: joy.care.center.msgrdeblanc@gmail.com	License: 2203786283 State ID: WA0013109 Originally licensed: 2024-07-17 Effective: 2026-07-01 License issued: 2026-05-11 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 425 7TH STREET, LAKE CHARLES, LA, 70601

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
PediaTrust Lake Charles, LLC 2504 Ryan St.,, LAKE CHARLES, LA, 70601	Casie Kellogg	Phone: 2256656555 Email: lcraig@pediatrustla.com Fax: 2256638303	License: 2203785994 State ID: PD0011351 Originally licensed: 2015-02-18 Effective: 2025-12-01 License issued: 2025-11-10 Expires: 2026-11-30 Parish: CALCASIEU Mailing address: 6700 JEFFERSON HIGHWAY BUILDING 12 SUITE B, BATON ROUGE, LA, 70806

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
United Way	Manager	703-683-7872	United Way mobilizes communities to action so all can thrive. We help neighbors strengthen their resilience by advancing health, youth opportunities and financial security.
Senir Assistance	Manager	senior--assistance.org	We’re an independent private company with 0 bias and 1 goal – to help you accomplish your tasks by providing you useful information. This whole company started when one of our founders wished they had gotten some help while trying to submit an application to the government. Now we’re here to help YOU achieve your goals with free information.
Affordable Housing Heroes	Manager	afforablehouisingheroes.om	Section 8 Vouchers Government Housing Rental Assistance and more

Food Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Calcasieu Office of Family Support / Food Stamp benefits	Rose Greene	337-491-2200	Assist individuals, children and families in meeting their basic human need for economic support and to promote self-sufficiency in accordance with state and federal laws and regulations.

Transportation Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Calcasieu Council on Aging	Supervisor	337-474-2583	Our goal is to provide transportation services to as many community members as possible. As proud recipients of a 5317 grant through the Louisiana Department of Transportation and Development, we now have two 12-passenger handicap-accessible buses. Each bus has wheelchair lifts and two wheelchair spaces.
Cameron Parish Public Transit t	Supervisor	337-775-5718	Cameron Parish Public Transit through the Cameron Council on Aging operates 5 days per week 8 am to 4 pm. For longer hours, please call us at 905-6000 to work out details. The vehicles utilized are handicapped equipped and the drivers are trained to handle special needs.
Jefferson Davis Council On Aging: Senior Transportation	Supervisor	337-824-5504	Provides rides for only the following purposes: medical appointments. Also, you must meet at least one of these criteria: you are 60+ years old. No membership is required. The Senior Transportation program offers convenient and reliable transportation services for older adults.
Beauregard Public Transportation	Allison Habchey	337-463-4389	Beauregard Parish Transit is an Equal Opportunity Transit Service. No one will be discriminated against for race, nationality or special need.
Allen Parish Council on Aging: Senior Transportation	Supervisor	318-335-3195	Provides rides for any purpose, as long as you meet one of the following criteria: you are 60+ years old. The Transportation Benefit program is available to older adults in the community who are Medicaid recipients. The program offers a convenient way for older adults to access transportation services to various destinations, with pricing that is tailored to each specific trip. Riders can schedule their rides in advance, ensuring that their transportation needs are met on time.

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Louisiana Vocational(LRS)	Medical/disability resource	lawork.net 985-857-3652	Career development program for individuals with disability
Office for Citizens with Developmental Disabilities	Medical/disability resource	aahsd.org 337-262-5610	Eligibility/needs assessments family supports and service, wavier services
Social Security Benefit	Disability/financial	800-772-1213	Financial support

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Brookdale Lake Charles - Level 3 2420 Country Club Road, LAKE CHARLES, LA, 70605	Cheri Courts	Phone: 3374784030 Email: splunkettwuerger@brookdale.com Fax: 3374787854	License: 10658 State ID: AC0010355 Originally licensed: 2003-11-30 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: CALCASIEU Mailing address: 2420 COUNTRY CLUB ROAD, LAKE CHARLES, LA, 70605
Carriage House At The Verandah - Level 3 5847 Gray Market Drive, LAKE CHARLES, LA, 70605	Tammy Friesen	Phone: 3374780859 Email: tammy.friesen@sunshineret.com Fax: 3374788842	License: 2203781985 State ID: AC0011120 Originally licensed: 2013-05-23 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 1080 SW MT BACHELOR DRIVE, SUITE 200, BEND, OR, 97702
Sage Oak AL & Memory Care Of Lake Charles House 1 5650 Weaver Road, LAKE CHARLES, LA, 70605	Ashlee Guidry	Phone: 3375630073 Email: ashlee.guidry@thesageoak.com Fax: 3372707013	License: 2203785013 State ID: AC0012755 Originally licensed: 2021-07-27 Effective: 2026-07-01 License issued: 2026-06-03 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 5650 WEAVER ROAD, LAKE CHARLES, LA, 70605
Sage Oak AL & Memory Care Of Lake Charles House 2 5650 Weaver Road, LAKE CHARLES, LA, 70605	Mary Hebert-Daley	Phone: 3375630073 Email: ashlee.guidry@thesageoak.com Fax: 3372707013	License: 2203785043 State ID: AC0012756 Originally licensed: 2021-09-02 Effective: 2025-09-01 License issued: 2025-08-21 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 5650 WEAVER ROAD, LAKE CHARLES, LA, 70605
Sage Oak AL & Memory Care Of Lake Charles House 4 5650 Weaver Road, LAKE CHARLES, LA, 70605	Stephinie Cross	Phone: 3375630073 Email: ashlee.guidry@thesageoak.com Fax: 3372707013	License: 2203785132 State ID: AC0012794 Originally licensed: 2021-11-18 Effective: 2025-11-01 License issued: 2025-10-17 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 5650 WEAVER ROAD, LAKE CHARLES, LA, 70605
Sage Oak AL & Memory Care of Lake Charles House 3 5650 Weaver Road, LAKE CHARLES, LA, 70605	Ashlee Guidry	Phone: 3375630073 Email: brian.manuel@thesageoak.com Fax: 3372707013	License: 2203785083 State ID: AC0012791 Originally licensed: 2021-10-07 Effective: 2025-10-01 License issued: 2025-09-30 Expires: 2026-09-30 Parish: CALCASIEU

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 5650 WEAVER ROAD, LAKE CHARLES, LA, 70605
Sage Oak AL & Memory Care of Lake Charles House 6 5650 Weaver Road, LAKE CHARLES, LA, 70605	Mary Hebert	Phone: 3374268755 Email: ashlee.guidry@thesageoak.com Fax: 3372707013	License: 2203785228 State ID: AC0012840 Originally licensed: 2022-02-24 Effective: 2026-02-01 License issued: 2026-01-14 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: 5650 WEAVER ROAD, LAKE CHARLES, LA, 70605
Stonebridge Place 1511 South Huntington Street, SULPHUR, LA, 70663	Erica Moore	Phone: 3375274433 Email: executivedir@stonebridgeplace.org Fax: 3375279921	License: 2203786870 State ID: AC0010388 Originally licensed: 2013-01-01 Effective: 2026-01-01 License issued: 2026-01-07 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 1511 SOUTH HUNTINGTON STREET, SULPHUR, LA, 70663
The Gardens and Guardian - Level 3 1401 Country Club Rd., LAKE CHARLES, LA, 70605	JIMMY JOUBERT	Phone: 3374801550 Email: JOUBERTMANAGE@YAHOO.COM Fax: 3374801341	License: 2203784078 State ID: AC0010329 Originally licensed: 2000-06-09 Effective: 2025-09-01 License issued: 2025-09-19 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 1401 COUNTRY CLUB ROAD, LAKE CHARLES, LA, 70605
Villa Maria Retirement Center-Level 3 3905 Kingston Place, LAKE CHARLES, LA, 70605	Rebecca See	Phone: 3374784780 Email: Becky.see@lcdiocese.org Fax: 3374748822	License: 2197 State ID: AC0010301 Originally licensed: 1994-09-26 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: CALCASIEU Mailing address: 3905 KINGSTON PLACE, LAKE CHARLES, LA, 70605

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
B3 Community Alliance 6027 Candace Lane, LAKE CHARLES, LA, 70615	Theresa Hardy	Phone: 3374041729 Email: b3communityalliance@gmail.com Fax: 3374342333	License: 2203785272 State ID: CM0012846 Originally licensed: 2022-03-18 Effective: 2026-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 6027 CANDACE LANE, LAKE CHARLES, LA, 70615
Inventive Social Methods 3007 Enterprise Boulevard Suite C, LAKE CHARLES, LA, 70601	Matthew Jackson	Phone: 3378069893 Email: matt@inventivesm.com Fax: 8446911151	License: 2203786215 State ID: CM0013266 Originally licensed: 2024-05-01 Effective: 2026-05-01 License issued: 2026-04-10 Expires: 2027-04-30 Parish: CALCASIEU Mailing address: 315 S. COLLEGE RD. STE 210, LAFAYETTE, LA, 70503
Medical Resources & Guidance, Region 5, Inc. 700 E. Miller Street, IOWA, LA, 70647	Tammy Fontenot	Phone: 3374801118 Email: tammy.fontenot@medres4.com Fax: 3374801137	License: 2203785625 State ID: CM0006488 Effective: 2026-03-01 License issued: 2026-01-15 Expires: 2027-02-28 Parish: CALCASIEU

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 221 N. THOMPSON STREET, VILLE PLATTE, LA, 70586
Share Care USA 408 East Hale Street Bldg 1, LAKE CHARLES, LA, 70601	Emily Vrtis	Phone: 3374911008 Email: emiller@sharecareusa.com/aauzenne@sharecareusa.com Fax: 3374911068	License: 27030 State ID: CM0008206 Originally licensed: 2010-01-28 Effective: 2026-02-01 License issued: 2025-12-29 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: P. O. BOX 51887, LAFAYETTE, LA, 70505

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Truth Faith 3, LLC 205 East 5th Ave Suite B, OAKDALE, LA, 71463	Faith Sampson	Phone: 3182158006 Email: truthfaith3@yahoo.com Fax: 3182158066	License: 2203785106 State ID: HC0012796 Originally licensed: 2021-10-15 Effective: 2025-10-01 License issued: 2025-09-29 Expires: 2026-09-30 Parish: ALLEN Mailing address: 205 EAST 5TH AVE SUITE B, OAKDALE, LA, 71463
A First Name Basis Home Care 1808 HWY 190 WEST, SUITE G, DERIDDER, LA, 70634	Kacie Case	Phone: 3374633595 Email: admin@afirstnamebasis.com Fax: 3374633919	License: 2203785912 State ID: HC0005716 Originally licensed: 2005-03-09 Effective: 2025-10-01 License issued: 2025-07-29 Expires: 2026-09-30 Parish: BEAUREGARD Mailing address: P. O. BOX 60366, LAFAYETTE, LA, 70596
Beauregard ARC, East 221 Mahlon Street, DERIDDER, LA, 70634	CAROLYN HUGHES	Phone: 3372021908 Email: beauregardarc@suddenlinkmail.com Fax: 3372021904	License: 8490 State ID: HC0008490 Originally licensed: 2010-05-31 Effective: 2026-06-01 License issued: 2026-05-05 Expires: 2027-05-31 Parish: BEAUREGARD Mailing address: P.O. BOX 13, DERIDDER, LA, 70634
Companion Care Of Swla 1877-B Hwy 190 West, DERIDDER, LA, 70634	Emily Hudson	Phone: 3374633550 Email: emilyhdsn@yahoo.com Fax: 3374638012	License: 2203784070 State ID: HC0008175 Originally licensed: 2009-09-18 Effective: 2025-09-01 License issued: 2025-07-14 Expires: 2026-08-31 Parish: BEAUREGARD Mailing address: 1877-B HWY 190 WEST, DERIDDER, LA, 70634
@Southwest Louisiana Independence Center, Inc 4320 LAKE STREET, LAKE CHARLES, LA, 70605	CHRISTINA DARTEZ	Phone: 3374777194 Email: Carolyn@slic-la.org Fax: 3374777198	License: 2203782425 State ID: HC0005255 Originally licensed: 2004-03-29 Effective: 2026-07-01 License issued: 2026-05-21 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 4320 LAKE STREET, LAKE CHARLES, LA, 70605
A First Name Basis Home Care 803 West Bayou Pines Suite C, LAKE CHARLES, LA, 70601	LaRonda Celestine	Phone: 3379900300 Email: admin@afirstnamebasis.com Fax: 3379900302	License: 2203785350 State ID: HC0011195 Originally licensed: 2014-04-11 Effective: 2026-05-01 License issued: 2026-03-11 Expires: 2027-04-30 Parish: CALCASIEU

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596
Above and Beyond Home Care, LLC 3516 Kirkman Street Suite 2, LAKE CHARLES, LA, 70607	Gwendolyn Levings	Phone: 3375645341 Email: glevings@abovehc.com Fax: 3375645361	License: 2203783920 State ID: HC0011387 Originally licensed: 2015-06-10 Effective: 2026-03-01 License issued: 2026-01-16 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 3516 KIRKMAN STREET SUITE 2, LAKE CHARLES, LA, 70607
Adored Homecare, LLC 1410 Oak Park Blvd., LAKE CHARLES, LA, 70601	Shena White	Phone: 3374809757 Email: rcharlot@moorecig.com Fax: 3374804243	License: 2203785549 State ID: HC0006866 Originally licensed: 2006-06-16 Effective: 2025-12-01 License issued: 2025-12-01 Expires: 2026-11-30 Parish: CALCASIEU Mailing address: 1410 OAK PARK BLVD., LAKE CHARLES, LA, 70601
Advanced Personal Care, LLC 726 Ryan Street Suite B, LAKE CHARLES, LA, 70601	MS. Geraldine Harrell	Phone: 3374336611 Email: gharrell@advancedpersonalcare.com Fax: 3377218080	License: 15343 State ID: HC0006895 Originally licensed: 2006-06-05 Effective: 2026-02-01 License issued: 2025-11-25 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: 726 RYAN STREET SUITE B, LAKE CHARLES, LA, 70601
Ageless Healthcare 403 W. 18th St., LAKE CHARLES, LA, 70601	YOLANDA PATTON	Phone: 3377227777 Email: rcaillier@myagelesscare.com Fax: 3372408558	License: 2203785675 State ID: HC0011594 Originally licensed: 2016-06-08 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: 1353 SURREY STREET, LAFAYETTE, LA, 70501
All About You Home Healthcare Inc. 606 East Prien Lake Suite B, LAKE CHARLES, LA, 70601	Satrica Williams	Phone: 3374742493 Email: satphyar@aol.com Fax: 3374742591	License: 15075 State ID: HC0007693 Originally licensed: 2008-06-11 Effective: 2026-07-01 License issued: 2026-05-27 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 606 EAST PRIEN LAKE SUITE B, LAKE CHARLES, LA, 70601 Already listed elsewhere in this region; license details supplied here
Alliance Healthcare Staffing, LLC 1731 Moeling Street, LAKE CHARLES, LA, 70601	LaShawna E Edwards	Phone: 3375646302 Email: ahcs@alliancehealthcareahc.com Fax: 3375646308	License: 2203784187 State ID: HC0012435 Originally licensed: 2019-01-28 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 1731 MOELING STREET, LAKE CHARLES, LA, 70601
At Home Compassionate Care 4835 IHLES ROAD, SUITE A, LAKE CHARLES, LA, 70605	Callie Thomas	Phone: 3374777083 Email: cthomas@athomecompassionatecare.org Fax: 3374784414	License: 2203784480 State ID: HC0006986 Originally licensed: 2007-04-04 Effective: 2025-10-01 License issued: 2025-08-22 Expires: 2026-09-30 Parish: CALCASIEU Mailing address: 4835 IHLES ROAD, SUITE A, LAKE CHARLES, LA, 70605
CARC, Inc. 4100 Sen. J. B. Johnston	Elizabeth Leone	Phone: 3374333620 Email: lleone@carc.us Fax: 3374391891	License: 2203784645 State ID: HC0005992 Originally licensed: 1995-07-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Avenue, LAKE CHARLES, LA, 70615			Effective: 2026-05-01 License issued: 2026-03-23 Expires: 2027-04-30 Parish: CALCASIEU Mailing address: 4100 SEN. J. B. JOHNSTON AVENUE, LAKE CHARLES, LA, 70615
Caring Hands LLC 189 Williamsburg St., LAKE CHARLES, LA, 70605	Leslie Jacobs	Phone: 3375646164 Email: leslie.mouton@yahoo.com Fax: 3375646331	License: 2203786572 State ID: HC0012520 Originally licensed: 2019-08-13 Effective: 2026-05-01 License issued: 2026-03-05 Expires: 2027-04-30 Parish: CALCASIEU Mailing address: 189 WILLIAMSBURG ST., LAKE CHARLES, LA, 70605
Compassionate Covenant Adult Day Health Care, Inc. 1323 Oak Park Blvd., LAKE CHARLES, LA, 70601	Tracie Poullard	Phone: 3374742878 Email: compassionatecare824@gmail.com Fax: 3374746164	License: 2203785950 State ID: HC0005835 Originally licensed: 2005-10-01 Effective: 2025-11-01 License issued: 2025-08-28 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 1323 OAK PARK, LAKE CHARLES, LA, 70601
Comprehensive Health Systems, Inc. 308 Orrin Street, LAKE CHARLES, LA, 70601	ETHEL HODGES	Phone: 3374787727 Email: bralfred@yahoo.com Fax: 3374774253	License: 2203785900 State ID: HC0006731 Originally licensed: 2006-01-18 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: CALCASIEU Mailing address: 308 ORRIN STREET, LAKE CHARLES, LA, 70601
DDMS of Louisiana No. 2, LLC 643 Petro Point Drive, LAKE CHARLES, LA, 70607	Kleta Jackson	Phone: 3372792120 Email: jennifer.vath@rescare.com Fax: 3372792123	License: 2203787077 State ID: HC0006105 Originally licensed: 1998-10-01 Effective: 2026-03-30 License issued: 2026-06-10 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Direct Care, Inc. 3006 Common Street, LAKE CHARLES, LA, 70601	Melissa Griffin	Phone: 3374365001 Email: info@directcareinc.com Fax: 3374365002	License: 15394 State ID: HC0005668 Originally licensed: 2005-07-21 Effective: 2026-06-01 License issued: 2026-04-20 Expires: 2027-05-31 Parish: CALCASIEU Mailing address: 3006 COMMON STREET, LAKE CHARLES, LA, 70601
Evergreen Community Services - Swla/Personal Care Attendant 1146 Hodges Street, LAKE CHARLES, LA, 70601	MR. Keith W Stevenson	Phone: 3374339495 Email: ebony.mallard@evergreenls.org Fax: 3374339496	License: 3327 State ID: HC0005983 Originally licensed: 1994-12-02 Effective: 2025-11-01 License issued: 2025-11-04 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 1146 HODGES STREET, LAKE CHARLES, LA, 70601
Gulf Coast Social Services 700 Pujo Street, Suite A, LAKE CHARLES, LA, 70601	Lasharn Guillory-King	Phone: 3374366622 Email: lasharn_guilloryking@gcssla.org Fax: 3374364403	License: 2203782925 State ID: HC0005440 Originally licensed: 1997-03-03 Effective: 2025-09-01 License issued: 2025-08-13 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 700 PUJO STREET, SUITE A, LAKE CHARLES, LA, 70601

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Heaven On Earth Network, Inc. 3200 Second Avenue, LAKE CHARLES, LA, 70601	DR. Mack Guillory, Jr	Phone: 3375621373 Email: rguillory@hoenetwork.com Fax: 3375621374	License: 10734 State ID: HC0005149 Originally licensed: 2003-10-27 Effective: 2025-11-01 License issued: 2025-08-22 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 3200 SECOND AVENUE, LAKE CHARLES, LA, 70601
Home Instead Senior Care 622 East College Street, LAKE CHARLES, LA, 70607	George Cestia	Phone: 3374800023 Email: george.cestia@homeinstead.com Fax: 3374800060	License: 2203781013 State ID: HC0010613 Originally licensed: 2011-11-01 Effective: 2025-11-01 License issued: 2025-08-22 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 622 EAST COLLEGE STREET, LAKE CHARLES, LA, 70607
L & D Community Care, Inc. 430 Alamo Street, Suite #200, LAKE CHARLES, LA, 70601	Sara Pierce	Phone: 3374330242 Email: spierce@ldccinc.com Fax: 3374336878	License: 2203786643 State ID: HC0005822 Originally licensed: 2005-08-05 Effective: 2026-07-01 License issued: 2026-05-06 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 430 ALAMO STREET, SUITE #200, LAKE CHARLES, LA, 70601
Leading Home Care 3461 5th Avenue, LAKE CHARLES, LA, 70607	Leah Hamilton	Phone: 3374940004 Email: info@lhcla.com Fax: 3374940769	License: 2203784058 State ID: HC0005157 Originally licensed: 2005-10-01 Effective: 2025-09-01 License issued: 2025-07-22 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 206 LA RUE FRANCE, LAFAYETTE, LA, 70508
Personal Care Services 2000 1835 Oak Park Blvd., Suite 102, LAKE CHARLES, LA, 70601	ERICA WILLIAMS	Phone: 3374300245 Email: dpreed@hhc2000.com Fax: 3379900068	License: 2203782454 State ID: HC0005450 Originally licensed: 2004-04-20 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 1835 OAK PARK BLVD., SUITE 102, LAKE CHARLES, LA, 70601
Preventive Measures Programs, Inc 125 Jamestown Suite 2 Unit J, LAKE CHARLES, LA, 70605	Carla Holmes	Phone: 3375082313 Email: cybholmes@yahoo.com Fax: 3375082671	License: 2203786667 State ID: HC0013421 Originally licensed: 2025-07-16 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: P.O. BOX 9177, MONROE, LA, 71211
Right At Home 421 Alamo Street, LAKE CHARLES, LA, 70601	Julie Isenburg	Phone: 3378069171 Email: julie@acadianacare.com Fax: 3375348076	License: 2203787094 State ID: HC0013575 Originally licensed: 2026-05-12 Effective: 2026-05-12 License issued: 2026-06-23 Expires: 2027-04-30 Parish: CALCASIEU Mailing address: 321 TRAVIS STREET, LAFAYETTE, LA, 70503
Share Care Usa, LLC 408 E. Hale Street, Building #2, LAKE CHARLES, LA, 70601	Emily Vrtis	Phone: 3374911008 Email: lakecharles@sharecareusa.com Fax: 3374911068	License: 15092 State ID: HC0007767 Originally licensed: 2008-08-12 Effective: 2025-09-01 License issued: 2025-08-25 Expires: 2026-08-31 Parish: CALCASIEU

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P O BOX 51887, LAFAYETTE, LA, 70505
All Ways Caring HomeCare 203 E Nezpique Street, Suite 103, JENNINGS, LA, 70546	LASHONE HALEY	Phone: 3378242926 Email: licenses@brightspringhealth.com Fax: 3378242928	License: 2203784931 State ID: HC0012443 Originally licensed: 2018-12-19 Effective: 2026-05-01 License issued: 2026-03-19 Expires: 2027-04-30 Parish: JEFFERSON DAVIS Mailing address: 203 E NEZPIQUE STREET, SUITE 103, JENNINGS, LA, 70546
Anchor of Hope 1011 N Lake Arthur Avenue Unit B, JENNINGS, LA, 70546	Kristie Babineaux	Phone: 3372463931 Email: terril.boudreaux66@gmail.com Fax: 3372463933	License: 2203784366 State ID: HC0012500 Originally licensed: 2019-08-13 Effective: 2026-08-01 License issued: 2026-06-17 Expires: 2027-07-31 Parish: JEFFERSON DAVIS Mailing address: 1011 N LAKE ARTHUR AVENUE UNIT B, JENNINGS, LA, 70546
Anchor of Hope Homecare Agency, LLC 107 S Lake Arthur Ave, Suite 6, JENNINGS, LA, 70546	Erica M Dantley	Phone: 3372463375 Email: anchorhope19@gmail.com Fax: 3372463573	License: 2203784465 State ID: HC0012515 Originally licensed: 2019-10-09 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: JEFFERSON DAVIS Mailing address: 1817 N LINCOLN STREET, LAKE CHARLES, LA, 70601
Preferred Living, Inc. 804 East Russell Avenue, WELSH, LA, 70591	JANISA L JACKSON	Phone: 3377344043 Email: leann@preferredliving.org Fax: 3377342857	License: 6310 State ID: HC0006102 Originally licensed: 1998-11-10 Effective: 2025-11-01 License issued: 2025-10-30 Expires: 2026-10-31 Parish: JEFFERSON DAVIS Mailing address: P. O. BOX 370, WELSH, LA, 70591
Service Care, LLC 203 East Academy Avenue Suite A, JENNINGS, LA, 70546	Brent Montou	Phone: 3372463416 Email: bmontou@jdlcllc.com Fax: 3378243183	License: 15226 State ID: HC0005036 Originally licensed: 2005-03-21 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: JEFFERSON DAVIS Mailing address: P.O. BOX 504, JENNINGS, LA, 70546

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
East Fifth Avenue Community Home 1240 East Fifth Avenue, OAKDALE, LA, 71463	Janisa L Jackson	Phone: 3183351321 Email: leann@preferredliving.org Fax: 3183351321	License: 567 State ID: MR0003093 Originally licensed: 1989-06-08 Effective: 2026-06-01 License issued: 2026-05-18 Expires: 2027-05-31 Parish: ALLEN Mailing address: P. O. BOX 370, WELSH, LA, 70591
Thirteenth Street Community Home 121 S. Thirteenth Street, OBERLIN, LA, 70655	Janisa L Jackson	Phone: 3376392368 Email: leann@preferredliving.org Fax: 3377342857	License: 279000067 State ID: MR0003125 Originally licensed: 1989-09-25 Effective: 2026-06-01 License issued: 2026-05-18 Expires: 2027-05-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ALLEN Mailing address: P. O. BOX 370, WELSH, LA, 70591
Lee Nichols Group Home 672 Lee Nichols, DERIDDER, LA, 70634	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787006 State ID: MR0003072 Originally licensed: 1988-09-21 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: BEAUREGARD Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Beech Street Group Home 89 Beech Street, SULPHUR, LA, 70663	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203786991 State ID: MR0003000 Originally licensed: 1986-06-12 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503
Division Road Group Home 2108 Division Street, SULPHUR, LA, 70663	KEITH STEVENSON	Phone: 3373133350 Email: kstevenson@evergreenls.org Fax: 3373133350	License: 2203781928 State ID: MR0011200 Originally licensed: 2014-01-27 Effective: 2026-02-01 License issued: 2025-11-19 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: 958 BEGLIS PARKWAY, SULPHUR, LA, 70663
Fancher Street Home 1223 Fancher Street, VINTON, LA, 70668	KEITH STEVENSON	Phone: 3375894866 Email: kstevenson@evergreenls.org Fax: 3375894866	License: 2203781165 State ID: MR0003259 Originally licensed: 1994-05-05 Effective: 2025-11-01 License issued: 2025-09-04 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 484 SOUTH POST OAK ROAD, SULPHUR, LA, 70663
Julius Street Community Home 505 Julius Street, LAKE CHARLES, LA, 70601	Keith W Stevenson	Phone: 3375621999 Email: swla.265@evergreenls.org Fax: 3374339496	License: 2203784734 State ID: MR0003157 Originally licensed: 1990-08-06 Effective: 2025-08-01 License issued: 2025-07-16 Expires: 2026-07-31 Parish: CALCASIEU Mailing address: 1146 HODGES STREET, LAKE CHARLES, LA, 70601
La Estima 4029 Avenue G, LAKE CHARLES, LA, 70615	Rachael Leonards	Phone: 3374363838 Email: rachael@grexalliance.com	License: 2203785537 State ID: MR0002857 Originally licensed: 1983-07-01 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: CALCASIEU Mailing address: 100 AVENUE J, LAKE CHARLES, LA, 70615
Mill Street Home 1710 Mill Street, VINTON, LA, 70668	KEITH STEVENSON	Phone: 3375893725 Email: kstevenson@evergreenls.org Fax: 3375893725	License: 2203781162 State ID: MR0003224 Originally licensed: 1992-04-03 Effective: 2025-11-01 License issued: 2025-09-04 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: P. O. BOX 3208, SULPHUR, LA, 70663
Norben Drive Group Home 2300 Norben Drive, LAKE CHARLES, LA, 70601	MR Keith Stevenson	Phone: 3374339495 Email: swla.267@evergreenls.org Fax: 3374339496	License: 644 State ID: MR0003167 Originally licensed: 1990-10-31 Effective: 2025-11-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-11-04 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: PO BOX 3208, SULPHUR, LA, 70663
Olene Drive Home 1909 Olene Drive, SULPHUR, LA, 70663	KEITH STEVENSON	Phone: 3374160073 Email: kstevenson@evergreenls.org Fax: 3373133359	License: 2203781953 State ID: MR0011201 Originally licensed: 2014-02-28 Effective: 2026-03-01 License issued: 2026-01-29 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: PO BOX 3208, SULPHUR, LA, 70663
Orleans Street Group Home 4904 Orleans Street, LAKE CHARLES, LA, 70605	MR Keith Stevenson	Phone: 3374770019 Email: swla.262@evergreenls.org Fax: 3374339496	License: 2203784732 State ID: MR0003134 Originally licensed: 1990-01-16 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 1146 HODGES STREET, LAKE CHARLES, LA, 70601
Penny Drive Community Home 1805 Penny Drive, VINTON, LA, 70668	KEITH STEVENSON	Phone: 3374160073 Email: Kstevenson@evergreenls.org Fax: 3374090478	License: 2203785394 State ID: MR0002900 Originally licensed: 1982-11-30 Effective: 2026-07-01 License issued: 2026-06-04 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: P. O. BOX 3208, SULPHUR, LA, 70663
Reigel Street Community Home 708 Reigel Street, LAKE CHARLES, LA, 70607	Elizabeth L Leone	Phone: 3374743370 Email: rvizia@carc.us Fax: 3374391886	License: 2203784723 State ID: MR0002921 Originally licensed: 1983-02-08 Effective: 2026-07-01 License issued: 2026-04-14 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 4100 J. BENNETT JOHNSTON AVENUE, LAKE CHARLES, LA, 70615
Rosteet Community Home 2412 Third Street, LAKE CHARLES, LA, 70601	Elizabeth L Leone	Phone: 3374941788 Email: rvizia@carc.us Fax: 3374391886	License: 2203784808 State ID: MR0002951 Originally licensed: 1984-06-26 Effective: 2026-07-01 License issued: 2026-04-14 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 4100 J. BENNETT JOHNSTON AVENUE, LAKE CHARLES, LA, 70601
Sale Road Community Home 623 West Sale Road, LAKE CHARLES, LA, 70605	Elizabeth L Leone	Phone: 3374787857 Email: rvizia@carc.us Fax: 3374391886	License: 2203784806 State ID: MR0002890 Originally licensed: 1982-06-25 Effective: 2026-07-01 License issued: 2026-04-14 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 4100 J. BENNETT JOHNSTON AVENUE, LAKE CHARLES, LA, 70601
Salene Community Home 3642 Salene Rd, LAKE CHARLES, LA, 70605	Elizabeth L Leone	Phone: 9853276550 Email: rvizia@carc.us Fax: 9853276552	License: 2203785859 State ID: MR0002920 Originally licensed: 1983-10-31 Effective: 2025-09-01 License issued: 2025-07-07 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 4100 J. BENNETT

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			JOHNSTON AVE, LAKE CHARLES, LA, 70615
Second Avenue Community Home 2410 2nd Avenue, LAKE CHARLES, LA, 70601	MR Keith Stevenson	Phone: 3374971141 Email: swla.261@evergreenls.org Fax: 3374339496	License: 2203784731 State ID: MR0003133 Originally licensed: 1990-01-16 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 1146 HODGES STREET, LAKE CHARLES, LA, 70601
South Street Home 1213 South Street, VINTON, LA, 70668	KEITH STEVENSON	Phone: 3374092203 Email: kstevenson@evergreenls.org Fax: 3374092203	License: 2203781904 State ID: MR0011196 Originally licensed: 2013-12-20 Effective: 2026-01-01 License issued: 2025-10-15 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: PO BOX 3208, SULPHUR, LA, 70663
Twenty-Third Street Community Home 1701 23rd Street, LAKE CHARLES, LA, 70601	MR Keith Stevenson	Phone: 3374747252 Email: swla.271@evergreenls.org Fax: 3374339496	License: 2203784736 State ID: MR0003251 Originally licensed: 1994-02-10 Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: 1146 HODGES STREET, LAKE CHARLES, LA, 70601
University Drive Community Home 510 University Drive, LAKE CHARLES, LA, 70605	MR Keith Stevenson	Phone: 3374742041 Email: swla.264@evergreenls.org Fax: 3374339496	License: 2203784735 State ID: MR0003144 Originally licensed: 1990-04-19 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 1146 HODGES STREET, LAKE CHARLES, LA, 70601
Wedgewood Community Home 1416 Wedgewood Street, LAKE CHARLES, LA, 70605	Nancy Golden	Phone: 3375646617 Email: rvizia@carc.us Fax: 3374391886	License: 2203784805 State ID: MR0002943 Originally licensed: 1984-03-20 Effective: 2025-12-01 License issued: 2025-09-19 Expires: 2026-11-30 Parish: CALCASIEU Mailing address: 4100 J BENNETT JOHNSTON AVE, LAKE CHARLES, LA, 70615
Weil Drive Community Home 3014 Weil Drive, SULPHUR, LA, 70663	KEITH STEVENSON	Phone: 3374160073 Email: kstevenson@evergreenls.org Fax: 3373133358	License: 2203781946 State ID: MR0011199 Originally licensed: 2014-02-18 Effective: 2026-03-01 License issued: 2026-01-29 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: PO BOX 3208, SULPHUR, LA, 70663
Willowick Group Home 2008 Willowick Street, LAKE CHARLES, LA, 70607	MR Keith Stevenson	Phone: 3374746837 Email: swla.268@evergreenls.org Fax: 3374339496	License: 643 State ID: MR0003166 Originally licensed: 1990-10-31 Effective: 2025-11-01 License issued: 2025-11-04 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 1146 HODGES ST., LAKE CHARLES, LA, 70601
Winnie Street Group Home 2119 Winnie Street, LAKE CHARLES, LA, 70601	MR Keith Stevenson	Phone: 3374361716 Email: swla.263@evergreenls.org Fax: 3374339496	License: 2203784733 State ID: MR0003145 Originally licensed: 1990-04-19 Effective: 2026-01-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-12-30 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 1146 HODGES STREET, LAKE CHARLES, LA, 70601
Astor Community Home 610 Magnolia Drive, JENNINGS, LA, 70546	SHANICKA DRAKE	Phone: 3378244291 Email: sdrake@dungarvin.com Fax: 3378248395	License: 2203787038 State ID: MR0003235 Originally licensed: 1993-09-08 Effective: 2026-04-01 License issued: 2026-05-05 Expires: 2027-03-31 Parish: JEFFERSON DAVIS Mailing address: 1444 NORTHLAND DRIVE, SUITE 200, MENDOTA HEIGHTS, MN, 55120
East Nichols Street Community Home 301 East Nichols Street, WELSH, LA, 70591	Janisa L Jackson	Phone: 3377344043 Email: leann@preferredliving.org Fax: 3377344337	License: 573 State ID: MR0003098 Originally licensed: 1989-07-17 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: JEFFERSON DAVIS Mailing address: P. O. BOX 370, WELSH, LA, 70591
Magnolia Drive Community Home 1618 Magnolia Drive, JENNINGS, LA, 70546	Janisa L Jackson	Phone: 3378244942 Email: leann@preferredliving.org Fax: 3377342857	License: 695 State ID: MR0003200 Originally licensed: 1991-04-19 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: JEFFERSON DAVIS Mailing address: P. O. BOX 370, WELSH, LA, 70591
Southwest Community Home 610 E Academy Drive, JENNINGS, LA, 70546	Jennifer Simon	Phone: 3372332731 Email: Jennifer.simon@sevitahealth.com Fax: 3372355273	License: 2203787032 State ID: MR0003279 Originally licensed: 1994-12-16 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: JEFFERSON DAVIS Mailing address: 103 EXCHANGE PLACE, SUITE 100, LAFAYETTE, LA, 70503

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Disability Rights LA	Legal services, advocacy, outreach	disabilityrightsla.org/800-960-7705	Physical/medical disability

Volunteer and Faith-Based Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
OAAS	Supervisor	866-758-4035	OAAS has programs that help people currently in an institutional care setting move or "transition" into the community to receive long term care services if that is their choice.

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
All About You Home Healthcare Inc.	Satrica Williams	337-+474-2493	Home & Community Based Providers
Allegiance Home Health of East Central Louisiana	Natalie Piligree	318-269-5353	Of our patients and offer exceptional customer service. We are proud leaders in various specialty medical fields, which allows us to offer a range of medical facilities and services to our customers,
Centerwell Home Health/Coushatta	Sheila Veuleman	318-932-4442	Home health care includes services delivered by skilled professionals like nurses and therapists to meet specific medical needs. Provides professional medical services, like skilled nursing, physical therapy, and occupational therapy, in a person's home for recovery from an illness, injury, or to manage a chronic condition. It's often
Home Health Care 2000 Inc/lake Charles	Daynesses Cluse	337-439-5444	Home & Community Based Providers
Allen Parish Home Health	Elizabeth Cormier	337-738-5627	Home Health Care is a wide range of health care services provided in the home for an illness or injury. These services can include Skilled Nursing as well as …
I Care Home Care LLC	Office Manager	337-363-4663	Home and community-based services (HCBS) provide opportunities for Medicaid/Medicare beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.
Home Health Agency of Lake Charles Memorial Hospital	Monica Victorian	337-494-6444	Lake Charles Memorial Hospital Home Health can coordinate a full range of specialized home care services in southwest Louisiana. Memorial Home Health will …

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Allen Parish Home Health 532 N 8th Street, KINDER, LA, 70648	ELIZABETH CORMIER	Phone: 3377385627 Email: ecormier@allenhealth.net Fax: 3377384007	License: 2203784134 State ID: HH0001556 Originally licensed: 1995-11-01 Effective: 2025-08-01 License issued: 2025-07-09 Expires: 2026-07-31 Parish: ALLEN Mailing address: P.O. BOX 1670, KINDER, LA, 70648 Already listed elsewhere in this region; license details supplied here
Home Health Care 2000-Oakdale 114 North 11th Street, OAKDALE, LA, 71463	SHELLY GUILLORY	Phone: 3183350973 Email: dpreed@hhc2000.com Fax: 3183350976	License: 2203782860 State ID: HH0001552 Originally licensed: 1995-10-01 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: ALLEN

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 114 NORTH 11TH STREET, OAKDALE, LA, 71463
STAT Home Health of Southwest Louisiana, LLC 1011 3rd Ave, KINDER, LA, 70648	KATELYN KELEMEN	Phone: 3377382108 Email: lmartinez@stjosephholdings.com Fax: 3377382515	License: 2203782373 State ID: HH0001303 Originally licensed: 1989-09-11 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: ALLEN Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
Allegiance Home Health of Southwest Louisiana, LLC 108 W. Third Street, DERIDDER, LA, 70634	JEFF FORD	Phone: 3374623747 Email: cindy.frazier@ahmgt.com Fax: 3374623790	License: 2203785064 State ID: HH0001429 Originally licensed: 1993-03-03 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: BEAUREGARD Mailing address: 108 W THIRD STREET, DERIDDER, LA, 70634
Beauregard Home Health 1877 Highway 190W, Bldg A, DERIDDER, LA, 70634	REBECCA WINGATE	Phone: 3374627188 Email: lra@lhcgroup.com Fax: 3374627455	License: 2203784657 State ID: HH0001264 Originally licensed: 1985-01-11 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: BEAUREGARD Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Amedisys Home Health 4015 Common Street, LAKE CHARLES, LA, 70607	Laurie Lejeune	Phone: 3374779820 Email: 1298@amedisys.com Fax: 3374775175	License: 2203781684 State ID: HH0001378 Originally licensed: 1992-04-06 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 4015 COMMON STREET, LAKE CHARLES, LA, 70607
CHRISTUS Homecare St. Patrick 1130 Pithon Street, Suite 102, LAKE CHARLES, LA, 70601	Laurie H Guillory, RN	Phone: 3373955600 Email: lra@lhcgroup.com Fax: 3373955780	License: 2203784358 State ID: HH0001185 Originally licensed: 1980-08-20 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30 Parish: CALCASIEU Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Home Health Agency of Lake Charles Memorial Hospital 2010 Oak Park Blvd., LAKE CHARLES, LA, 70601	Monica Victorian	Phone: 3374946444 Email: HHADMIN@LCMH.com Fax: 3374946451	License: 2203783735 State ID: HH0001183 Originally licensed: 1973-02-05 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 2010 OAK PARK BLVD., LAKE CHARLES, LA, 70601 Already listed elsewhere in this region; license details supplied here
Home Health Care 2000-Lake Charles 1835 Oak Park Blvd., Ste 101, LAKE CHARLES, LA, 70601	TRICIA SMITH	Phone: 3374395444 Email: dpreed@hhc2000.com Fax: 3374364715	License: 2203786359 State ID: HH0001309 Originally licensed: 1990-02-22 Effective: 2026-05-01 License issued: 2026-04-17 Expires: 2027-04-30 Parish: CALCASIEU Mailing address: 1835 OAK PARK BLVD., STE 101, LAKE CHARLES, LA, 70601
Southern Home Health 3417 Patrick Street, LAKE CHARLES, LA, 70605	Stephanie Hyatt	Phone: 3374792233 Email: LRA@lhcgroup.com Fax: 3374792244	License: 1003 State ID: HH0003759 Originally licensed: 1993-10-20

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
West Calcasieu Cameron Hospital HHA 1327 Stelly Lane, Suite 1, SULPHUR, LA, 70663	ANNE W Broussard	Phone: 3375274362 Email: abroussard@wcch.com Fax: 3375274181	License: 2203781104 State ID: HH0001261 Originally licensed: 1985-01-25 Effective: 2026-05-01 License issued: 2026-03-31 Expires: 2027-04-30 Parish: CALCASIEU Mailing address: P.O.BOX 2509, SULPHUR, LA, 70664
CENTERWELL HOME HEALTH 422 Kade Street, Suite 3, JENNINGS, LA, 70546	ASHLEE MOORE	Phone: 3376163077 Email: facilitylicensure@centerwellhomehealth.com Fax: 3376163936	License: 1159 State ID: HH0001337 Originally licensed: 1983-09-28 Effective: 2026-01-01 License issued: 2026-01-06 Expires: 2026-12-31 Parish: JEFFERSON DAVIS Mailing address: 6330 SPRINT PARKWAY, SUITE 300 , ATTN: LICENSING DEPT., OVERLAND PARK, KS, 66211
Elara Caring 919 North Lake Arthur Ave. Unit H, JENNINGS, LA, 70546	Kristi Racca	Phone: 3378245453 Email: regulatory@elara.com Fax: 3378245529	License: 1209 State ID: HH0001515 Originally licensed: 1995-02-02 Effective: 2025-12-01 License issued: 2025-11-03 Expires: 2026-11-30 Parish: JEFFERSON DAVIS Mailing address: 3010 LYNDON B. JOHNSON FREEWAY STE 1100, DALLAS, TX, 75234
Jeff Davis MD Homecare 1322 Elton Road, Suite B, JENNINGS, LA, 70546	MR Ramona M Comeaux	Phone: 3378241188 Email: LRA@LHCGROUP.COM Fax: 3378247007	License: 2203783265 State ID: HH0001199 Originally licensed: 1973-06-25 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: JEFFERSON DAVIS Mailing address: P.O.BOX 51266, LAFAYETTE, LA, 70505

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Brighton Bridge 213-B N. First Street, OBERLIN, LA, 70655	MS Maureen Eaves	Phone: 3376399200 Email: meaves@brightonbridge.com Fax: 3376393032	License: 300 State ID: HP0004968 Originally licensed: 2006-08-02 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: ALLEN Mailing address: PO BOX 279, OBERLIN, LA, 70655
Harbor Hospice of Oakdale, LLC 209 N. 16th Street, OAKDALE, LA, 71463	MISTY MCCULLOUGH	Phone: 3183355029 Email: kcarter@harborhospice.com Fax: 3183355066	License: 2203782279 State ID: HP0007332 Originally licensed: 2007-10-22 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: ALLEN Mailing address: 3406 COLLEGE STREET, #200, BEAUMONT, TX, 77701

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Amedisys Hospice 4017 Common Street, LAKE CHARLES, LA, 70607	MOLLY HERMAN	Phone: 3375623200 Email: 1212@amedisys.com Fax: 3374789501	License: 2203781671 State ID: HP0001773 Originally licensed: 1995-06-01 Effective: 2025-06-01 License issued: 2025-06-20 Expires: 2026-05-31 Parish: CALCASIEU Mailing address: 4017 COMMON STREET, LAKE CHARLES, LA, 70607
Harbor Hospice of Lake Charles, LP 5210 Lake Street, LAKE CHARLES, LA, 70605	CYNTHIA ALLEN	Phone: 3375628620 Email: KCarter@harborhcs.com Fax: 3379489200	License: 2203782033 State ID: HP0006804 Originally licensed: 2006-06-14 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 3406 COLLEGE STREET, SUITE 200, BEAUMONT, TX, 77701
Heart of Hospice 3101 Lake St., STE 101, LAKE CHARLES, LA, 70601	COURTNEY GUILLORY	Phone: 3378555154 Email: LRA@LHCGROUP.com Fax: 3374339221	License: 2203786961 State ID: HP0007317 Originally licensed: 2007-09-20 Effective: 2026-01-29 License issued: 2026-04-13 Expires: 2026-12-31 Parish: CALCASIEU Mailing address: 3101 LAKE ST., STE 101, LAKE CHARLES, LA, 70601
St. Joseph Hospice of Southwest Louisiana, LLC 2915 Common St., LAKE CHARLES, LA, 70601	TANGELA WILSON	Phone: 3375130731 Email: lmartinez@carpenterhealth.net Fax: 3376026936	License: 2203786157 State ID: HP0011750 Originally licensed: 2016-05-27 Effective: 2025-11-01 License issued: 2025-10-09 Expires: 2026-10-31 Parish: CALCASIEU Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809

Nurse Staffing Agencies — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Healing Touch Staffing Agency, LLC. 2977 Mount Talbot St., LAKE CHARLES, LA, 70615	Brandy Bushnell	Phone: 3375409571 Email: thehealingtouchla@gmail.com Fax: 3375409571	License: 2203787069 State ID: NS0013597 Originally licensed: 2026-06-04 Effective: 2026-06-04 License issued: 2026-06-04 Expires: 2028-05-31 Parish: CALCASIEU Mailing address: 2482 MANCHESTER RD., IOWA, LA, 70647

Hospitals

Organization / Provider	Contact Person	Phone / Email	Services Provided
Lake Charles Memorial Hospital	Manager	337-494-3000	Request for protected information
West Calcasieu Cameron Hospital	Manager	337-527-7034	Request for protected information
CHRISTUS Ochsner Lake Area Hospital	Manager	337-474-6370	Request for protected information
Ochsner American Legion Hospital	Manager	337-616-7000	Request for protected information

Organization / Provider	Contact Person	Phone / Email	Services Provided
West Calcasieu Cameron Hospital: Emergency Room	Manager	337-527-7034	Request for protected information

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Allen Parish Hospital 108 6th Avenue, KINDER, LA, 70648	Jacqueline Reviel	Phone: 3377382527 Email: jreviel@allenparishhospital.com Fax: 3377385305	License: 205 State ID: HO0001641 Originally licensed: 1969-07-23 Effective: 2025-08-01 License issued: 2025-07-02 Expires: 2026-07-31 Parish: ALLEN Mailing address: 108 6TH AVENUE, KINDER, LA, 70648
Oakdale Community Hospital 130 N Hospital Drive, OAKDALE, LA, 71463	KEVIN ARDOIN	Phone: 3182153225 Email: kevin.ardoin@ahmgt.com Fax: 3182153024	License: 2203783354 State ID: HO0001624 Originally licensed: 1961-06-17 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: ALLEN Mailing address: P. O. BOX 629, OAKDALE, LA, 71463
Beauregard Memorial Hospital 600 South Pine Street, DERIDDER, LA, 70634	TRACI THIBODEAUX	Phone: 3374627200 Email: T.THIBODEAUX@BEAUREGARD.ORG Fax: 3374627479	License: 155 State ID: HO0001666 Originally licensed: 1963-05-08 Effective: 2026-05-01 License issued: 2026-04-15 Expires: 2027-04-30 Parish: BEAUREGARD Mailing address: P. O. BOX 730, DERIDDER, LA, 70634
Oceans Behavioral Hospital of DeRidder 1420 Blankenship Drive, DERIDDER, LA, 70634	CHAD ARDOIN	Phone: 3374609472 Email: Chrsity.trammel@oceanshealthcare.com Fax: 3374609473	License: 2203781795 State ID: HO0006547 Originally licensed: 2005-11-09 Effective: 2025-12-01 License issued: 2025-10-09 Expires: 2026-11-30 Parish: BEAUREGARD Mailing address: 3905 HEDGCOXE RD., UNIT 250240, PLANO, TX, 75025
Christus Ochsner Lake Area Hospital 4200 Nelson Road, LAKE CHARLES, LA, 70605	Jim Davidson	Phone: 3374746370 Email: James.Davidson@Christushealth.org Fax: 3374754143	License: 2203784162 State ID: HO0001679 Originally licensed: 1984-10-23 Effective: 2025-09-01 License issued: 2025-07-29 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 4200 NELSON ROAD, LAKE CHARLES, LA, 70605 Already listed elsewhere in this region; license details supplied here
Christus Ochsner St. Patrick Hospital 524 Dr. Michael DeBakey Drive, LAKE CHARLES, LA, 70601	JAMES DAVIDSON	Phone: 3374362511 Email: james.davidson@christushealth.org Fax: 3374917157	License: 2203784163 State ID: HO0001589 Originally licensed: 1963-05-08 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 524 DR. MICHAEL DEBAKEY DRIVE, LAKE CHARLES, LA, 70601

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
DeQuincy Memorial Hospital 110 West Fourth Street, DEQUINCY, LA, 70633	Karen Strickland	Phone: 3377861200 Email: kstrickland@ahmgt.com Fax: 3377861219	License: 2203784311 State ID: HO0001672 Originally licensed: 1981-01-07 Effective: 2026-04-01 License issued: 2026-03-10 Expires: 2027-03-31 Parish: CALCASIEU Mailing address: P O BOX 1116, DEQUINCY, LA, 70633
Freedom Behavioral Hospital of Lake Charles 2837 Ernest Street, Suite A, LAKE CHARLES, LA, 70601	Stevens Waters	Phone: 8178057851 Email: SWaters@freedomhc.com Fax: 3375424110	License: 2203785837 State ID: HO0013024 Originally licensed: 2023-08-10 Effective: 2026-08-01 License issued: 2026-06-11 Expires: 2027-07-31 Parish: CALCASIEU Mailing address: 2837 ERNEST STREET, SUITE A, LAKE CHARLES, LA, 70601
Lake Charles Memorial Hospital 1701 Oak Park Boulevard, LAKE CHARLES, LA, 70601	DEVON HYDE	Phone: 3374943000 Email: dhyde@lcmh.com Fax: 3374943299	License: 112 State ID: HO0001606 Originally licensed: 1963-05-08 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: CALCASIEU Mailing address: 1701 OAK PARK BOULEVARD, LAKE CHARLES, LA, 70601 Already listed elsewhere in this region; license details supplied here
Oceans Behavioral Hospital of Lake Charles 302 W. McNeese St., LAKE CHARLES, LA, 70607	EMILY MCDANIELS	Phone: 3374747581 Email: Misty.Kelly@oceanshealthcare.com Fax: 3372104398	License: 2203784908 State ID: HO0007170 Originally licensed: 2007-03-02 Effective: 2026-04-01 License issued: 2026-03-10 Expires: 2027-03-31 Parish: CALCASIEU Mailing address: 3905 HEDGCOXE RD., UNIT250249, PLANO, TX, 75025
Sage Specialty Hospital of Lake Charles 524 Dr. Michael Debakey Drive, 3rd Floor, LAKE CHARLES, LA, 70601	Luke Moody	Phone: 3373106001 Email: lmoody@sageltac.com Fax: 3374762638	License: 2203786819 State ID: HO0001704 Originally licensed: 1993-11-04 Effective: 2026-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: 524 DR. MICHAEL DEBAKEY DRIVE, 3RD FLOOR, LAKE CHARLES, LA, 70601
West Calcasieu Cameron Hospital 701 Cypress Street, SULPHUR, LA, 70663	Janie Fruge	Phone: 3375277034 Email: jfruge@wcch.com Fax: 3375274163	License: 226 State ID: HO0001580 Originally licensed: 1963-03-05 Effective: 2025-09-01 License issued: 2025-07-15 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: P.O. BOX 2509, SULPHUR, LA, 70663 Already listed elsewhere in this region; license details supplied here
Compass Senior Care Hospital 1 Hospital Drive, Suite 201, JENNINGS, LA, 70546	Erin Leger	Phone: 3378241558 Email: esavoy@compasshealthcare.com Fax: 3378241561	License: 2203782911 State ID: HO0006549 Originally licensed: 2005-11-14 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: JEFFERSON DAVIS Mailing address: 1 HOSPITAL DRIVE, SUITE 201, JENNINGS, LA, 70546
Ochsner American Legion Hospital	Brooke Hornsby	Phone: 3376167000 Email:	License: 2203785368 State ID: HO0001603

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1634 Elton Road, JENNINGS, LA, 70546		brooke.hornsby@ochsner.org Fax: 3376167034	Originally licensed: 1963-05-10 Effective: 2026-06-17 License issued: 2026-06-26 Expires: 2027-03-31 Parish: JEFFERSON DAVIS Mailing address: 1634 ELTON ROAD, JENNINGS, LA, 70546 Already listed elsewhere in this region; license details supplied here
Rehabilitation Hospital of Jennings 1 Hospital Drive, Suite 101, JENNINGS, LA, 70546	DR Michael Holland	Phone: 3378215353 Email: donna@hollandmd.net Fax: 3378215366	License: 2203782783 State ID: HO0004069 Originally licensed: 2001-06-08 Effective: 2026-07-01 License issued: 2026-05-20 Expires: 2027-06-30 Parish: JEFFERSON DAVIS Mailing address: ONE HOSPITAL DRIVE, SUITE 101, JENNINGS, LA, 70546

Law Enforcement

Organization / Provider	Contact Person	Phone / Email	Services Provided
Allen Parish	Sheriff Douglas L. Hebert III	337-639-4353	Parish Sheriff's Office take our role as public servants very seriously. We are here to serve and protect every citizen of Allen Parish. The Evangeline Parish Sheriff's Office is committed to providing the upmost level of professional, efficient, and effective service.
Beauregard Parish	Sheriff Mark Herford	337-463-3281	The Beauregard Parish Sheriff's Office is one team. Together we strive to assist the residents of Beauregard Parish and provide them with the protection, respect and equality they deserve.
Calcasieu Parish	Sheriff Gary "Stitch" Guillory,	337-491-3700	It is the mission of the Calcasieu Parish Sheriff to provide a safe environment and a peaceful community for the citizens of Arcadia as well as the visitors our town welcomes.
Cameron Parish	SHERIFF CHRIS SAVOIE	337-775-5111	As the leaders of our community, we bear the solemn responsibility of safeguarding the people of Vermilion Parish, preserving order, and ensuring that justice prevails.
Jefferson Davis	Sheriff Kyle Miers	337-821-2100	It is the mission of the Jefferson Davis Parish Sheriff's Office to provide the highest level of protection and service to the citizens of Jefferson Davis Parish through dedication, professionalism and cooperation with the community.

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
BEAUREGARD PARISH	Flynn A. Taylor, M.D.	337-462-2659	Coroner determines the cause and manner of sudden, unexpected, or suspicious deaths by conducting investigations, which may include autopsies, collecting evidence, and reviewing medical histories.

Organization / Provider	Contact Person	Phone / Email	Services Provided
ALLEN PARISH	Patrick Savoy, MD	318-215-5760	They provide official findings for death certificates and cooperate with law enforcement or courts, working to bring closure to families and sometimes identify factors that could prevent future deaths. Elderly Protective Services.
CAMERON PARISH	Kevin C. Dupke, MD	337-796-1187	A coroner is a government or judicial official who is empowered to conduct or order an inquest into the manner or cause of death.
CALCASIEU PARISH	Terry Welke, M.D.	337-477-7537	Providing service to the mentally ill and their families by offering services including Orders of Protective Custody and Coroner Emergency Certificates.
JEFFERSON DAVIS PARISH	Charles Deese, D.C., M.D.	337-824-1731	Coroners investigate certain deaths which are deemed to be unnatural, violent, or where the cause is unknown. Perform medico legal examinations and autopsies, conducting preliminary examinations of the body to identify victims, locate signs of trauma, and identify ...

Veterans Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Allen Parish	Michael Jorden/ Charles Trenchard	337-639-7370/michael.jorden@la.gov/charles.trenchard@la.gov	Veterans who have been granted a service-connected rating of at least 50% may be eligible for free parking at Louisiana airports for any length of time. Veterans will need a form certified by one of our veteran assistance counselors, as well as their itinerary to receive this benefit. Requirements may vary by airport.
Beaurgard Parish	Joshua Tolbert	337-463-7305/Joshua.tolbert@la.gov	Relentlessly advocate for Louisiana veterans and their families to ensure they receive superior customer service and support by connecting them to the benefits they have earned in service to our country, while meeting the

Organization / Provider	Contact Person	Phone / Email	Services Provided
			economic, educational and employment needs of transitioning service members looking to make Louisiana their home
Calcasieu	Deborah Gray/Jason Cole	337-491-2312/deborah.gray@la.gov and jason.cole2@la.gov	Louisiana will be the most veteran-friendly state in the nation! LDVA will help lead the state to better times through new ideas and programs aimed at harnessing the economic, educational and military experiences of veterans.
Cameron Parish	Deborah Gray	337-491-2312/deborah.gray@la.gov	It's the backbone of our mission—connecting veterans with the benefits they have earned in service to our country. Our federal VA-accredited veteran's assistance counselors (VACs), all veterans themselves, staff 74 service offices throughout our state to fulfill the mission.
Jefferson Davis Parish	Lloyd Cole	504-731-4580/ lloyd.cole@la.gov	It's the backbone of our mission—connecting veterans with the benefits they have earned in service to our country. Our federal VA-accredited veteran's assistance counselors (VACs), all veterans themselves, staff 74 service offices throughout our state to fulfill the mission.

Kidney Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Kidney Treatment Options Center of Opelousas	Kim Leblanc	337-594-8535	End Stage Renal Disease
Lake Charles Southwest Dialysis	Jennese Brand	337-433-6831	Dialysis is a medical procedure used to remove waste products and excess fluid from the blood when the kidneys are unable to do so.
Fresenius Kidney Care Calcasieu Parish Dialysis	Rene Simon	337-625-6777	End-stage renal disease (ESRD), also known as kidney failure, is a condition where the kidneys have permanently lost their ability to function properly
DaVita Lake Charles Southwest Dialysis	Manager	337-433-6831	End-stage renal disease (ESRD), also known as kidney failure, is a condition where the kidneys have permanently lost their ability to function properly
Fmcna - Central Lake Charles	Manager	337-436-5406	
Kidney Clinic	Manager	337-494-7090	Board certified Kidney and Hypertension doctors. Kidney disease, high blood pressure, electrolyte abnormalities, protein or blood in urine, kidney stones.

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Fresenius Medical Care Beauregard Parish Dialysis 602 W. 1st Street, DERIDDER, LA, 70634	Rene Simon	Phone: 3374013545 Email: anthony.dommert@fresenius medicalcare.com Fax: 3373480342	License: 2203784697 State ID: ES0012632 Originally licensed: 2020-08-25 Effective: 2025-08-01 License issued: 2025-07-28 Expires: 2026-07-31 Parish: BEAUREGARD Mailing address: 602 W 1ST STREET, DERIDDER, LA, 70634
Fresenius Kidney Care Calcasieu Parish Dialysis 1000 Beglis Parkway, SULPHUR, LA, 70663	Rene Simon	Phone: 3376256777 Email: Clinic100260@fmc-na.com Fax: 3376256778	License: 2203784035 State ID: ES0012390 Originally licensed: 2018-08-14 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 1000 BEGLIS PARKWAY, SULPHUR, LA, 70663 Already listed elsewhere in this region; license details supplied here
Fresenius Kidney Care East Lake Charles 3214 Venture Park Drive, LAKE CHARLES, LA, 70615	Rene Simon	Phone: 3374784846 Email: Anthony.dommert@frecenius medicalcare.com Fax: 3374784849	License: 2203784244 State ID: ES0001147 Originally licensed: 2003-12-16 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: CALCASIEU Mailing address: 3214 VENTURE PARK DRIVE, LAKE CHARLES, LA, 70615
Fresenius Kidney Care Lake Charles Home 330 Chavanne Street, LAKE CHARLES, LA, 70601	Robin Martin	Phone: 3379906100 Email: Clinic100966@fmc-na.com Fax: 3379906110	License: 2203784865 State ID: ES0012712 Originally licensed: 2021-02-09 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: CALCASIEU

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 330 CHAVANNE STREET, LAKE CHARLES, LA, 70601
Fresenius Medical Care Central Lake Charles Dialysis 2309 Ryan Street, LAKE CHARLES, LA, 70601	Rene Simon	Phone: 3374365406 Email: anthony.dommert@freseniusmedicalcare.com Fax: 3374365838	License: 192 State ID: ES0008280 Originally licensed: 2010-04-22 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: CALCASIEU Mailing address: 2309 RYAN STREET, LAKE CHARLES, LA, 70601
Lake Charles Southwest Dialysis 300 18th Street, LAKE CHARLES, LA, 70601	Jennese Berard	Phone: 3374336831 Email: Diante.Richard@davita.com Fax: 3374336613	License: 201 State ID: ES0001155 Originally licensed: 2003-06-13 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: CALCASIEU Mailing address: 5200 VIRGINIA WAY L & C DEPT, BRENTWOOD, TN, 37027 Already listed elsewhere in this region; license details supplied here
Dialysis Clinic, Inc. - Jennings 1322 Elton Road Suite C, JENNINGS, LA, 70546	KIM LEBLANC	Phone: 3376168232 Email: Kristy.Parker@dciinc.org Fax: 3376168233	License: 162 State ID: ES0007168 Originally licensed: 2007-03-02 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: JEFFERSON DAVIS Mailing address: 1322 ELTON ROAD SUITE C, JENNINGS, LA, 70546
Jennings Dialysis Center 1906 Johnson Street, JENNINGS, LA, 70546	Rene Simon	Phone: 3378245353 Email: Clinic1868@fmc-na.com Fax: 3378249125	License: 081 State ID: ES0001161 Originally licensed: 2003-08-25 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: JEFFERSON DAVIS Mailing address: 1906 JOHNSON STREET, JENNINGS, LA, 70546

Nursing Homes

Organization / Provider	Contact Person	Phone / Email	Services Provided
Calcasieu Community Care Center	Nicholas Hebert	337-240-9731	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Allen Oaks Nursing and Rehab Center	Ms. Amy D. Tolleson	318-335-9573	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Alpine Skilled Nursing and Rehabilitation	Thomas Little	318-255-6492	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Calcasieu Community Care Center	Nicholas Hebert	337-824-2466	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Camelot Brookside	Robert Johnson	337-824-2466	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Camelot of Broussard	James "Lan" Richardson, II	337-839-9005	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
DeRidder Retirement & Rehab Center	Ryan Greer	337-463-9022	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Grand Cove Nursing & Rehab. Center	Kylie Raines	337-474-6000	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes

Organization / Provider	Contact Person	Phone / Email	Services Provided
Gardens and Guardian (The)	Gary Green	337-480-1550	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Golden Age of Welsh, LLC	Cindy Walters	337-735-2555	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Grand Cove Nursing & Rehab. Center	Kylie Raines	337-474-6000	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Holly Hill House	Nomica Guillory	337-625-5843	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Kinder Retirement & Rehabilitation Ctr.	Ms. Sarah Rand	337-738-5671	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Jeff Davis Living Center, LLC	Mr Brent Montou	337-824-3165	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Lake Charles Care Center	Hugh D. Fellows	337-439-0336	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes
Landmark of Lake Charles	William B Pugh	337-478-2920	Long-term Care Skilled Nursing, Nursing Facilities, Nursing Homes

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Allen Oaks Nursing and Rehab Center 909 E. 6th Avenue, OAKDALE, LA, 71463	MS Amy D Tolleson	Phone: 3183351469 Email: Amytolleson75@gmail.com Fax: 3183359573	License: 1009 State ID: NH0002779 Originally licensed: 1975-06-01 Effective: 2025-10-01 License issued: 2025-07-16 Expires: 2026-09-30 Parish: ALLEN Mailing address: P.O .BOX 683, OAKDALE, LA, 71463 Already listed elsewhere in this region; license details supplied here
Kinder Retirement & Rehabilitation Ctr. 13938 Hwy. 165, KINDER, LA, 70648	Sarah Doolittle	Phone: 3377385671 Email: kinderadmin@rightcarehs.com Fax: 3377383371	License: 360 State ID: NH0002562 Originally licensed: 1978-11-13 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: ALLEN Mailing address: P.O. BOX 1270, KINDER, LA, 70648 Already listed elsewhere in this region; license details supplied here
St Frances Nursing & Rehab. Center 417 Industrial Park Drive, OBERLIN, LA, 70655	Boyd A Sockrider	Phone: 3376392934 Email: stfrancesadmin@rightcarehs.com Fax: 3376394373	License: 734 State ID: NH0002635 Originally licensed: 1986-08-18 Effective: 2026-05-01 License issued: 2026-04-13 Expires: 2027-04-30 Parish: ALLEN Mailing address: 417 INDUSTRIAL DRIVE, OBERLIN, LA, 70655
DeRidder Retirement & Rehab Center 1420 Blankenship Drive, DERIDDER, LA, 70634	Aaron Pollock	Phone: 3374639022 Email: deridderadmin@rightcarehs.com Fax: 3374620719	License: 885 State ID: NH0002599 Originally licensed: 1974-06-25 Effective: 2026-02-01 License issued: 2025-12-29 Expires: 2027-01-31 Parish: BEAUREGARD Mailing address: 1420 BLANKENSHIP DRIVE, DERIDDER, LA, 70634

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
Westwood Manor Nursing Home, Inc. 714 High School Drive, DERIDDER, LA, 70634	Ryan Greer	Phone: 3374636293 Email: westwoodadmin@rightcarehs.com Fax: 3374633234	License: 229 State ID: NH0002553 Originally licensed: 1965-09-01 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: BEAUREGARD Mailing address: P.O. DRAWER 340, DERIDDER, LA, 70634
Calcasieu Community Care Center 4190 Gerstner Memorial Drive, LAKE CHARLES, LA, 70607	Kristopher Cooley	Phone: 3372409730 Email: kcooley@commcare.com Fax: 3372409731	License: 2203785492 State ID: NH0002845 Originally licensed: 1984-07-01 Effective: 2026-09-01 License issued: 2026-07-01 Expires: 2027-08-31 Parish: CALCASIEU Mailing address: 950 WEST CAUSEWAY APPROACH, MANDEVILLE, LA, 70471 Already listed elsewhere in this region; license details supplied here
Care Center of DeQuincy (The) 602 N. Division Street, DEQUINCY, LA, 70633	Rhett Wimberly	Phone: 3377862466 Email: dequincyadmin@rightcarehs.com Fax: 3377862472	License: 857 State ID: NH0002519 Originally licensed: 1971-09-02 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: CALCASIEU Mailing address: P. O. BOX 1219, DEQUINCY, LA, 70633
Gardens and Guardian (The) 1401 Country Club Road, LAKE CHARLES, LA, 70605	Jimmy Joubert	Phone: 3374801550 Email: ggadm@oakhavenmanagement.com Fax: 3374801577	License: 2203784126 State ID: NH0003879 Originally licensed: 2000-04-24 Effective: 2025-09-01 License issued: 2025-06-30 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 1401 COUNTRY CLUB ROAD, LAKE CHARLES, LA, 70605 Already listed elsewhere in this region; license details supplied here
Grand Cove Nursing & Rehab. Center 1525 W. McNeese St., LAKE CHARLES, LA, 70605	Kylie Raines	Phone: 3374746000 Email: KRaines@asimgt.com Fax: 3374787522	License: 2203782405 State ID: NH0002774 Originally licensed: 1990-06-27 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: CALCASIEU Mailing address: 1525 W. MCNEESE ST., LAKE CHARLES, LA, 70605 Already listed elsewhere in this region; license details supplied here
High Hope Care Center 475 High Hope Road, SULPHUR, LA, 70663	AUSTIN BROUSSARD	Phone: 3375278140 Email: austin.broussard@highhopesulphur.com Fax: 3375270098	License: 958 State ID: NH0002831 Originally licensed: 1983-06-22 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: CALCASIEU Mailing address: 475 HIGH HOPE RD., SULPHUR, LA, 70663
Holly Hill House 100 Kingston Road, SULPHUR, LA, 70663	Nomica Guillory	Phone: 3376255843 Email: hollyhill@tutera.com Fax: 8166221316	License: 850 State ID: NH0002817 Originally licensed: 1964-08-01 Effective: 2026-06-01 License issued: 2026-05-18 Expires: 2027-05-31 Parish: CALCASIEU Mailing address: 100 KINGSTON ROAD,

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			SULPHUR, LA, 70663 Already listed elsewhere in this region; license details supplied here
Lake Charles Care Center 2701 Ernest Street, LAKE CHARLES, LA, 70601	Hugh D Fellows	Phone: 3374390336 Email: adm.lccc@dhcompanies.com Fax: 3374940546	License: 799 State ID: NH0002803 Originally licensed: 1994-11-01 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: CALCASIEU Mailing address: 2701 ERNEST STREET, LAKE CHARLES, LA, 70601 Already listed elsewhere in this region; license details supplied here
Landmark of Lake Charles 2335 Oak Park Blvd, LAKE CHARLES, LA, 70601	William B Pugh	Phone: 3374782920 Email: wpugh@asimgt.com Fax: 3374780230	License: 975 State ID: NH0008186 Originally licensed: 2009-09-01 Effective: 2025-09-01 License issued: 2025-08-13 Expires: 2026-08-31 Parish: CALCASIEU Mailing address: 2335 OAK PARK BLVD, LAKE CHARLES, LA, 70601 Already listed elsewhere in this region; license details supplied here
Resthaven Nursing & Rehab Ctr, LLC 1103 McNeese Street, LAKE CHARLES, LA, 70605	Aisma Naeem	Phone: 3374776371 Email: resthavenadmin@centralmanagement.com Fax: 3374777189	License: 149 State ID: NH0002804 Originally licensed: 1961-05-31 Effective: 2026-03-01 License issued: 2025-12-16 Expires: 2027-02-28 Parish: CALCASIEU Mailing address: P.O. BOX 6736, LAKE CHARLES, LA, 70606
Rosewood Nursing Center 534 15th Street, LAKE CHARLES, LA, 70601	Normica Guillory	Phone: 3374398338 Email: rosewood@tutera.com Fax: 3373109031	License: 852 State ID: NH0002810 Originally licensed: 1967-06-01 Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: CALCASIEU Mailing address: 534 15TH STREET, LAKE CHARLES, LA, 70601
Camelot Brookside 3330 Frontage Road, JENNINGS, LA, 70546	Robert-Thomas Johnson	Phone: 3378242466 Email: RJohnson@brookside-hc.com Fax: 3378242465	License: 2203785292 State ID: NH0002526 Originally licensed: 1969-04-01 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: JEFFERSON DAVIS Mailing address: 3330 FRONTAGE ROAD, JENNINGS, LA, 70546 Already listed elsewhere in this region; license details supplied here
Golden Age of Welsh, LLC 410 S. Simmons Street, WELSH, LA, 70591	Rhett Wimberly	Phone: 3377342555 Email: gawadm@oakhavenmanagement.com Fax: 3377342024	License: 733 State ID: NH0002629 Originally licensed: 1972-02-28 Effective: 2026-07-01 License issued: 2026-04-29 Expires: 2027-06-30 Parish: JEFFERSON DAVIS Mailing address: 410 S. SIMMONS STREET, WELSH, LA, 70591 Already listed elsewhere in this region; license details supplied here
Jeff Davis Living Center, LLC 1338 N. Cutting Ave., JENNINGS, LA, 70546	MR Brent Montou	Phone: 3378243165 Email: bmontou@jdlcllc.com Fax: 3378243183	License: 744 State ID: NH0002726 Originally licensed: 1963-11-25 Effective: 2026-03-01 License issued: 2026-02-25

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-02-28 Parish: JEFFERSON DAVIS Mailing address: P.O. BOX 757, JENNINGS, LA, 70546 Already listed elsewhere in this region; license details supplied here
Southwest Louisiana War Veterans Home 1610 Evangeline Road, JENNINGS, LA, 70546	DARLA PRICE	Phone: 3378242829 Email: darla.price@la.gov Fax: 3378242581	License: 00 State ID: NH0004794 Originally licensed: 2004-11-15 Effective: 2049-02-01 License issued: 2050-01-01 Expires: 2050-01-01 Parish: JEFFERSON DAVIS Mailing address: 1610 EVANGELINE ROAD, JENNINGS, LA, 70546

CRISIS HOTLINES & HELPLINES

Organization / Provider	Contact Person	Phone / Email	Services Provided
South Mobiel Crisis	Crisis Intervention	701-364-031-, 24/7	Region 4 youth/adults
Domestic Violence	Crisis Intervention/Hotline	1-888-411-1333	Statewide
VIALINK/211	Crisis counseling	504-985-335 area code 1-800-273-talk	Crisis Counseling

REGION 6

Primary Care and Specialty Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Trinity Health Pace	Office Manager	318-206-1000	Medical Care, Rehabilitation Therapy (includes physical, occupational and speech therapies), Transportation, Recreational Therapy, Social Services, Nutrition planning, social services, Nutritional Planning, In-Home Support, Spiritual Care, Specialty Services (dental, podiatry, optometry, audiology services).
Rapides Primary Health care	Office Manager	318-487-4400 318-561-2327 (Fax)	General Primary Care Family Medicine General Internal Medicine General Pediatrics General Dentistry Pediatric Dentistry General Mental Health Care Podiatry Men's Health Adolescent Health Diabetes Hypertension Migrant Health Care
CHRISTUS Community Clinic - Alexandria	Office Manager	318-448-6800	Behavioral & Mental Health, Ear, Nose and Throat, Internal Medicine, Pediatric Care, Primary Care, Urgent Care, Women's Health
Rapides Community Health Center	Office Manager	318-648-0375	Help protect and promotes health and ensures access to medical , preventive services to all citizens
The Clinics	Office Manager	318-445-9823	Primary Care, Family Care, Gastroenterology, Podiatry, Access2Day Health, Bone Density, Holter Monitors. EKG, Stress Test, Pulmonary Function, Lab work, Cardiac Ultrasound, X-Ray services,
CHRISTUS Trinity Clinic	Office Manager	318-473-1711	CHRISTUS Trinity Clinic is a family medicine practice in Alexandria, LA, offering primary care for patients of all ages."
Rapides Primary Health Care Center-Browns Bend Site	Office Manager	318-487-4400	General Dentistry Pediatric Dentistry General Substance Use Disorder Treatment General Mental Health Care General Pediatrics General Primary Care Family Medicine General Internal Medicine Geriatrics Women's Health
LSU Family Medicine Alexandria	Office Manager	318-445-9331	LSUHS Alexandria is a family medicine residency dedicated to providing skilled physicians to serve in central and rural Louisiana and improve healthcare outcomes throughout our state and region.

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Riverpark Ambulatory Surgery Center 107 Front Street, VIDALIA, LA, 71373	SUMMER BEACH	Phone: 3183362218 Email: sbeach@riverparkmedical.com Fax: 3183366066	License: 128 State ID: AS0004624 Originally licensed: 2004-01-05 Effective: 2025-12-01 License issued: 2025-11-20 Expires: 2026-11-30 Parish: CONCORDIA Mailing address: 107 FRONT STREET, VIDALIA, LA, 71373
Wallace Laser and Surgery Center 4100 Parliament Drive, ALEXANDRIA, LA, 71303	LACYE NORDSTROM	Phone: 3184878342 Email: LNORDSTROM@WALLACEEYESURGERY.COM Fax: 3184879942	License: 89 State ID: AS0001031 Originally licensed: 1989-11-21 Effective: 2026-04-01 License issued: 2026-02-24 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 1A BURTON HILLS BLVD, NASHVILLE, TN, 37215

Rural Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Avoyelles Hospital Rural Health Clinic 4239 Hwy 1192, Suite 300, MARKSVILLE, LA, 71351	Tiim Curry	Phone: 3182530677 Email: tcurry@ahmgt.com Fax: 3182530679	License: 2203783315RHC-5 State ID: RH0012375 Originally licensed: 2018-05-16 Effective: 2023-01-06 License issued: 2023-01-20 Expires: 2023-08-31 Parish: AVOYELLES Mailing address: 4239 HWY 1192, SUITE 300, MARKSVILLE, LA, 71351
Avoyelles Pediatrics 338 Moreau Street, Suite E, MARKSVILLE, LA, 71351	EMILY DAVIS	Phone: 3182537022 Email: ewdavis428@gmail.com Fax: 8339892469	License: 2203782409 State ID: RH0010640 Originally licensed: 2011-08-26 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: AVOYELLES Mailing address: 338 MOREAU ST. SUITE E, MARKSVILLE, LA, 71351
Bunkie General Hospital Family Care Clinic 510 S. Cottonwood Street, BUNKIE, LA, 71322	BRAD TAYLOR	Phone: 3183463339 Email: btaylor01@bunkiegeneral.com Fax: 3183463305	License: 184RHC-2 State ID: RH0004965 Originally licensed: 2005-09-01 Effective: 2013-06-01 License issued: 2005-09-08 Expires: 2014-05-31 Parish: AVOYELLES Mailing address: P.O. BOX 140, BUNKIE, LA, 71322
Bunkie General Hospital Rural Health Clinic 109 North Lexington, BUNKIE, LA, 71322	BRAD TAYLOR	Phone: 3183467283 Email: btaylor01@bunkiegeneral.com Fax: 3183469859	License: 184RHC-1 State ID: RH0003371 Originally licensed: 2000-05-26 Effective: 2020-06-01 License issued: 2004-04-20 Expires: 2021-05-31 Parish: AVOYELLES Mailing address: P. O. BOX 130, BUNKIE, LA, 71322
Community Family Medical Clinic 117 West Magnolia St, Suite 2, BUNKIE, LA, 71322	Kristen Veillon	Phone: 3183462288 Email: CFMCofBunkie@gmail.com Fax: 3183462299	License: 2203785171 State ID: RH0012808 Originally licensed: 2021-12-28 Effective: 2025-12-01 License issued: 2025-11-13 Expires: 2026-11-30 Parish: AVOYELLES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 117 WEST MAGNOLIA ST, SUITE 2, BUNKIE, LA, 71322
Cottonport Family Clinic 1007 Sycamore Street Suite B, COTTONPORT, LA, 71327	Alec Jeansonne	Phone: 8004620742 Email: acrocker@lhcpclinics.com Fax: 3188763211	License: 142 State ID: RH0006837 Originally licensed: 2006-05-25 Effective: 2026-02-01 License issued: 2026-01-27 Expires: 2027-01-31 Parish: AVOYELLES Mailing address: P.O. BOX 1127, COTTONPORT, LA, 71327
Family Medicine Clinic 7406 Hwy 1, Suite 103, MANSURA, LA, 71350	Julie Ducote	Phone: 3187390086 Email: julieducote3@gmail.com Fax: 8555383388	License: 2203785409 State ID: RH0012878 Originally licensed: 2022-07-12 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: AVOYELLES Mailing address: 1102 HWY 107 S, COTTONPORT, LA, 71327
Hessmer Family Care Center 2906 Main Street, HESSMER, LA, 71341	Tim Curry	Phone: 3185631003 Email: tcurry@ahmgt.com Fax: 3185631004	License: 2203783315RHC-3 State ID: RH0012898 Originally licensed: 2022-08-09 Effective: 2022-08-09 License issued: 2022-08-10 Expires: 2023-07-31 Parish: AVOYELLES Mailing address: P.O. BOX 246, MARKSVILLE, LA, 71351
Mansura Family Clinic 6615 St. Phillip Street, MANSURA, LA, 71350	Alec Jeansonne	Phone: 8004620742 Email: administration@lhcpclinics.com Fax: 3189642551	License: 2203783618 State ID: RH0007272 Originally licensed: 2007-07-12 Effective: 2025-11-01 License issued: 2025-10-22 Expires: 2026-10-31 Parish: AVOYELLES Mailing address: 1007 SYCAMORE STREET, SUITE B, COTTONPORT, LA, 71327
Marksville Family Care Center 5541 Highway 1, MARKSVILLE, LA, 71351	Tim Curry	Phone: 3182407240 Email: tcurry@ahmgt.com Fax: 3182407118	License: 2203783315RHC-2 State ID: RH0003351 Originally licensed: 2000-07-26 Effective: 2019-08-01 License issued: 2019-07-25 Expires: 2020-07-31 Parish: AVOYELLES Mailing address: 5541 HIGHWAY 1, MARKSVILLE, LA, 71351
Marksville Family Clinic 457 West Waddil Street, Suite A, MARKSVILLE, LA, 71351	Alec Jeansonne	Phone: 8004620742 Email: administration@lhcpclinics.com Fax: 3187171282	License: 2203783596 State ID: RH0012227 Originally licensed: 2017-11-06 Effective: 2025-11-01 License issued: 2025-10-22 Expires: 2026-10-31 Parish: AVOYELLES Mailing address: 1007 SYCAMORE STREET, SUITE B, COTTONPORT, LA, 71327
Moreauville Family Care Center 10542 Highway 1, MOREAUVILLE, LA, 71355	Timothey Curry	Phone: 3187850102 Email: tcurry@ahmgt.com Fax: 3187850103	License: 2203783315-RHC7 State ID: RH0013246 Originally licensed: 2024-04-17 Effective: 2024-04-17 License issued: 2024-04-17 Expires: 2024-08-31 Parish: AVOYELLES Mailing address: 10542 HIGHWAY 1, MOREAUVILLE, LA, 71355
Premier Pediatrics of Avoyelles	Timothey Curry	Phone: 3184094008 Email: tcurry@ahmgt.com Fax: 3184095009	License: 2203783315RHC-6 State ID: RH0013033 Originally licensed: 2023-08-11

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
110 La Rue Medecine St, MARKSVILLE, LA, 71351			Effective: 2023-08-11 License issued: 2023-08-11 Expires: 2023-08-31 Parish: AVOYELLES Mailing address: P.O. BOX 249, MARKSVILLE, LA, 71351
Simmesport Family Clinic 417 North Martin Luther King Drive, SIMMESPORT, LA, 71369	Herndon Jeansonne	Phone: 3189412336 Email: administration@lhcpclinics.com Fax: 3189412388	License: 137 State ID: RH0006838 Originally licensed: 2006-06-30 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: AVOYELLES Mailing address: 1007 SYCAMORE STREET, SUITE B, COTTONPORT, LA, 71327
Delta Med Clinic 1305 Fourth Street, Suite A, JONESVILLE, LA, 71343	Lauren King	Phone: 3184036080 Email: lking@deltamedclinic.net Fax: 3184036087	License: 2203785921 State ID: RH0013031 Originally licensed: 2023-10-30 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: CATAHOULA Mailing address: 1305 FOURTH STREET, SUITE A, JONESVILLE, LA, 71343
Jonesville Family Healthcare 800 Audubon Drive, JONESVILLE, LA, 71343	Taylor Cottano	Phone: 3186572273 Email: TCOTTANO@SEVALS.NET Fax: 3186250581	License: 2203785971 State ID: RH0013074 Originally licensed: 2023-12-04 Effective: 2025-12-01 License issued: 2025-11-13 Expires: 2026-11-30 Parish: CATAHOULA Mailing address: PO BOX 3843, PINEVILLE, LA, 71361
Kidcare Jonesville 2801 Fourth Street, Suite 2, JONESVILLE, LA, 71343	Susan A Davis	Phone: 3183399901 Email: kidcarela@yahoo.com Fax: 3183399941	License: 2203783351 State ID: RH0012049 Originally licensed: 2017-06-01 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: CATAHOULA Mailing address: 2801 FOURTH STREET, SUITE 2, JONESVILLE, LA, 71343
Pediatric & Adolescent Clinic of Louisiana LLC 1806 Carter Street, VIDALIA, LA, 71373	Dr. David Timm	Phone: 3183367172 Email: natchez.clinic@gmail.com Fax: 3183367176	License: 2203786711 State ID: RH0007289 Originally licensed: 2007-07-30 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: CONCORDIA Mailing address: 308 HIGHLAND BLVD, NATCHEZ, MS, 39120
TRINITY MEDICAL VIDALIA CLINIC 1643 Carter Street, Suite 1, VIDALIA, LA, 71373	William Rucker	Phone: 3183368707 Email: latosha.king@trinitymed.com Fax: 3183368776	License: 2203784831RHC-1 State ID: RH0012297 Originally licensed: 2018-01-09 Effective: 2018-01-09 License issued: 2018-01-09 Expires: 2018-10-31 Parish: CONCORDIA Mailing address: 1643 CARTER STREET, SUITE 1, VIDALIA, LA, 71373
Trinity Medical Ferriday Clinic 204 Serio Blvd, FERRIDAY, LA, 71334	William Rucker	Phone: 3187570210 Email: ksmith@trinitymed.com Fax: 3187577501	License: 2203784831RHC-2 State ID: RH0012489 Originally licensed: 2019-04-11 Effective: 2019-04-11 License issued: 2019-04-11 Expires: 2019-10-31 Parish: CONCORDIA Mailing address: 204 SERIO BLVD, FERRIDAY, LA, 71334

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Chaudhry Clinic 11809 Highway 84 W, JENA, LA, 71342	Riaz Chaudhry	Phone: 3189924133 Email: chaudhryclinic@gmail.com Fax: 3189924134	License: 2203784895 State ID: RH0012726 Originally licensed: 2021-03-24 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: LASALLE Mailing address: P.O. BOX 1470, JENA, LA, 71342
Hardtner Family Clinic 15712 Hwy 165, URANIA, LA, 71480	Paul Matthews	Phone: 3184953131 Email: admin@hardtnermedical.com Fax: 3184950778	License: 178RHC-3 State ID: RH0011330 Originally licensed: 2014-07-01 Effective: 2020-06-09 License issued: 2020-06-19 Expires: 2021-05-31 Parish: LASALLE Mailing address: 1102 NORTH PINE ROAD, OLLA, LA, 71465
Hardtner Medical Clinic 1049-A North Pine Road, OLLA, LA, 71465	MR Paul G Mathews	Phone: 3184953229 Email: admin@hardtnermedical.com	License: 178RHC-1 State ID: RH0004884 Originally licensed: 2004-12-10 Effective: 2004-06-01 License issued: 2004-06-01 Expires: 2005-05-31 Parish: LASALLE Mailing address: 1136-A N. PINE RD., OLLA, LA, 71465
LaSalle Family Medicine Clinic 180 Ninth Street, JENA, LA, 71342	LANA FRANCIS	Phone: 3189924275 Email: lfrancis@lgh-jena.org Fax: 3189929245	License: 231RHC-2 State ID: RH0010491 Effective: 2011-10-01 License issued: 2012-05-31 Expires: 2012-09-30 Parish: LASALLE Mailing address: P. O. BOX 2780, JENA, LA, 71342
CHRISTUS Community Health Clinic 415 St. Clair Road, Suite B, BOYCE, LA, 71409	Nancy Hellyer	Phone: 3189322144 Email: nancy.hellyer@christushealth.org Fax: 3189322143	License: 551RHC-3 State ID: RH0012364 Originally licensed: 2018-04-26 Effective: 2018-04-26 License issued: 2018-05-08 Expires: 2019-03-31 Parish: RAPIDES Mailing address: 415 ST. CLAIR ROAD, SUITE B, BOYCE, LA, 71409
Carlock Family Medical Clinic 2778 Hwy 121, OTIS, LA, 71466	Dr. Victor Carlock	Phone: 3187935070 Email: carlock@carlockclinic.com Fax: 3187935040	License: 2203784253 State ID: RH0012465 Originally licensed: 2019-04-17 Effective: 2026-04-01 License issued: 2026-03-09 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 2778 HWY 121, OTIS, LA, 71466
Chenevert Family Care Clinic 501 Front Street, CHENEYVILLE, LA, 71325	Cora Chenevert	Phone: 3182792300 Email: cora@chenevertfcc.com Fax: 3182792302	License: 2203784679 State ID: RH0011731 Originally licensed: 2016-09-01 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: RAPIDES Mailing address: P.O. BOX 385, CHENEYVILLE, LA, 71325
Healthy Steps Pediatric 192 Stilly Road, PINEVILLE, LA, 71360	Shahid Mansoor, MD	Phone: 3184843401 Email: rweir_rn2001@yahoo.com Fax: 3184843402	License: 128 State ID: RH0007354 Originally licensed: 2007-09-17 Effective: 2025-09-01 License issued: 2025-08-18 Expires: 2026-08-31 Parish: RAPIDES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 192 STILLEY ROAD, PINEVILLE, LA, 71360
Lecompte Family Care Center 1610 Water Street, LECOMPTE, LA, 71346	Tim Curry	Phone: 3184068010 Email: tcurry@ahmgt.com Fax: 3184068011	License: 2203783315RHC-4 State ID: RH0012899 Originally licensed: 2022-08-11 Effective: 2022-08-11 License issued: 2022-08-15 Expires: 2023-08-31 Parish: RAPIDES Mailing address: P.O. BOX 246, MARKSVILLE, LA, 71351
Louisiana Quick Care, LLC 12805 Highway 28 East, Suite B, PINEVILLE, LA, 71360	Louis Crenshaw	Phone: 3184665151 Email: buzzycrenshaw@gmail.com Fax: 3184663535	License: 2203782589 State ID: RH0011049 Originally licensed: 2013-04-22 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 12805 HIGHWAY 28 EAST, SUITE B, PINEVILLE, LA, 71360
Pediatrics Primary Care Clinic 11098 Hwy 165 S., FOREST HILL, LA, 71430	Kelly Collins	Phone: 3183681235 Email: horke65@yahoo.com Fax: 3183681133	License: 2203785751 State ID: RH0012999 Originally licensed: 2023-05-30 Effective: 2026-05-01 License issued: 2026-04-22 Expires: 2027-04-30 Parish: RAPIDES Mailing address: P.O. BOX 457, FOREST HILL, LA, 71430
Allstar Family Medical Clinic 301 W. Fertitta Blvd, LEESVILLE, LA, 71446	Kevin Quinn	Phone: 3372386952 Email: kquinn@ahmgt.com Fax: 3372386956	License: 2203784075RHC-8 State ID: RH0012524 Originally licensed: 2019-07-24 Effective: 2019-07-24 License issued: 2019-07-24 Expires: 2020-05-31 Parish: VERNON Mailing address: 301 W. FERTITTA BLVD, LEESVILLE, LA, 71446
Byrd Medical Clinic 506 S. 6th Street, LEESVILLE, LA, 71446	Kevin Quinn	Phone: 3372390989 Email: kquinn@ahmgt.com Fax: 3372399383	License: 2203784075RHC-1 State ID: RH0012523 Originally licensed: 2019-07-24 Effective: 2019-07-24 License issued: 2019-05-31 Expires: 2020-05-31 Parish: VERNON Mailing address: 506 S. 6TH STREET, LEESVILLE, LA, 71446
Carlock Clinic 1100 Nolan Trace, LEESVILLE, LA, 71446	Victor Carlock	Phone: 3372385180 Email: carlock@carlockclinic.com Fax: 3377590828	License: 2203783360 State ID: RH0011842 Originally licensed: 2017-05-30 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: VERNON Mailing address: 1100 NOLAN TRACE, LEESVILLE, LA, 71446
Fast Pace Health 103 University PKWY, LEESVILLE, LA, 71446	Randy Overton	Phone: 3372392600 Email: randy.overton@fastpacehealth.com Fax: 3372392601	License: 2203787080 State ID: RH0013444 Originally licensed: 2026-02-26 Effective: 2026-02-26 License issued: 2026-02-27 Expires: 2027-01-31 Parish: VERNON Mailing address: 103 UNIVERSITY PKWY, LEESVILLE, LA, 71446
Lubbos Medical Plaza 201 S. Arkansas Street, LEESVILLE, LA, 71446	Kevin Quinn	Phone: 3372397227 Email: kquinn@ahmgt.com Fax: 3372387299	License: 2203784075RHC6 State ID: RH0012958 Originally licensed: 2023-01-24 Effective: 2023-01-24 License issued: 2023-01-25

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2023-05-31 Parish: VERNON Mailing address: 1020 W. FERTITTA BLVD, LEESVILLE, LA, 71446
The Pediatric Center and Sabine Urgent Care of Leesville 919 S. 10th Street, LEESVILLE, LA, 71446	Robert F. Crowe	Phone: 3372392207 Email: chelsea.thompson@lapedscenter.com Fax: 3372392583	License: 2203784589 State ID: RH0012581 Originally licensed: 2020-03-18 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: VERNON Mailing address: P O BOX 130, NEWLLANO, LA, 71461
West LA Obstetrics & Gynecology 927 Verone Terrace, LEESVILLE, LA, 71446	Kevin Quinn	Phone: 3372381049 Email: kquinn@ahmgt.com Fax: 3372384693	License: 2203784075-RHC5 State ID: RH0012838 Originally licensed: 2022-02-02 Effective: 2022-02-02 License issued: 2022-02-03 Expires: 2022-05-30 Parish: VERNON Mailing address: 1020 W. FERTITTA BLVD., LEESVILLE, LA, 71446
West Louisiana Family Practice-Leesville 1201 Fertitta Blvd, LEESVILLE, LA, 71446	Kevin Quinn	Phone: 3373929438 Email: kquinn@ahmgt.com Fax: 3373929440	License: 2203784075RHC-7 State ID: RH0013480 Originally licensed: 2025-06-17 Effective: 2025-06-17 License issued: 2025-07-25 Expires: 2026-05-31 Parish: VERNON Mailing address: 1201 FERTITTA BLVD, LEESVILLE, LA, 71446
West Louisiana Family Practice-Rosepine 18570 Johnny B. Hall Memorial Hwy, US Route 171, ROSEPINE, LA, 70659	Kevin Quinn	Phone: 3374621913 Email: kquinn@ahmgt.com Fax: 3374621898	License: 2203784075RHC-3 State ID: RH0012526 Originally licensed: 2019-07-29 Effective: 2019-07-29 License issued: 2019-07-29 Expires: 2020-05-31 Parish: VERNON Mailing address: 18570 JOHNNY B. HALL MEMORIAL HWY, US ROUTE 171, ROSEPINE, LA, 70659
Winn Rural Health 639 W. Lafayette St, WINNFIELD, LA, 71483	Monica Lewis	Phone: 3186483025 Email: mlewis@ahmgt.com Fax: 3186483044	License: 2203783355RHC-3 State ID: RH0013405 Originally licensed: 2025-04-07 Effective: 2025-04-07 License issued: 2025-04-26 Expires: 2025-08-31 Parish: WINN Mailing address: 639 W. LAFAYETTE ST, WINNFIELD, LA, 71483
Winn Wellness Clinic 301 West Boundary Avenue, Suite B, WINNFIELD, LA, 71483	Bryan Bogle	Phone: 3182094646 Email: bbogle@ahmgt.com Fax: 3182094649	License: 2203783355RHC-2 State ID: RH0012380 Originally licensed: 2018-06-01 Effective: 2018-06-01 License issued: 2022-03-16 Expires: 2022-08-31 Parish: WINN Mailing address: P.O. BOX 152, WINNFIELD, LA, 71483

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Alexandria Behavioral Health Services	Supervisor	318-487-9895	Alexandria Behavioral Health Services is a medical group practice located in Alexandria,

Organization / Provider	Contact Person	Phone / Email	Services Provided
			LA that specializes in Social Work and Psychiatry.

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Community Support Services of Louisiana, Inc 2104 Cleco Street, MANSURA, LA, 71350	Brenda Dawson	Phone: 3189642679 Email: communitysupport@bellsouth.net Fax: 3189642683	License: 2203785716 State ID: BH0012250 Originally licensed: 2017-11-27 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: AVOYELLES Mailing address: P O BOX 450, MANSURA, LA, 71350
Exceptional Counseling Services, LLC 109 Chevy Lane, Suite C, BUNKIE, LA, 71322	Brenda Sampson	Phone: 3183466542 Email: exceptionalcounseling@outlook.com Fax: 3183466543	License: 2203783242 State ID: BH0011998 Originally licensed: 2017-04-05 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: AVOYELLES Mailing address: 109 CHEVY LANE, SUITE C, BUNKIE, LA, 71322
New Orleans Center for Hope and Change 313 North Monroe Street Suite 3, MARKSVILLE, LA, 71351	Chiera Randall	Phone: 3182537888 Email: achcnola@gmail.com Fax: 3182532222	License: 2203783196 State ID: BH0011805 Originally licensed: 2017-03-03 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: AVOYELLES Mailing address: 313 NORTH MONROE STREET SUITE 3, MARKSVILLE, LA, 71351
Restore Outreach Center Marksville 339 Moreau St. Unit C, MARKSVILLE, LA, 71351	Pauletta Thomas	Phone: 2252236968 Email: pthomas@restoreoutreachcenter.com Fax: 2254421936	License: 2203786942 State ID: BH0013471 Originally licensed: 2026-02-25 Effective: 2026-02-25 License issued: 2026-03-23 Expires: 2027-01-31 Parish: AVOYELLES Mailing address: 339 MOREAU ST. UNIT C, MARKSVILLE, LA, 71351
Washington Street Hope Center, Inc. 103 South Main Street, MARKSVILLE, LA, 71351	CHASITY BYRNE	Phone: 3182538705 Email: cbyrne@marksvillehopecenter.com Fax: 3182534177	License: 2203782678 State ID: BH0003473 Originally licensed: 2016-04-01 Effective: 2026-04-01 License issued: 2026-03-20 Expires: 2027-03-31 Parish: AVOYELLES Mailing address: 118 SOUTH WASHINGTON STREET, MARKSVILLE, LA, 71351
All About You Adult and Youth Services LLC 701 EE Wallace Blvd, FERRIDAY, LA, 71334	Jacqueline Garrison	Phone: 3184377096 Email: fellagarrison@gmail.com Fax: 3184377095	License: 2203785563 State ID: BH0012162 Originally licensed: 2017-11-06 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: CONCORDIA Mailing address: 701 EE WALLACE BLVD, FERRIDAY, LA, 71334
Bruce Professional Counseling Services-Vidalia	Tina Bruce	Phone: 3184143065 Email: tina-bruce@att.net Fax: 3184143067	License: 2203785211 State ID: BH0011732 Originally licensed: 2017-02-17

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1109 Carter Street Ste 3, VIDALIA, LA, 71373			Effective: 2026-02-01 License issued: 2026-03-02 Expires: 2027-01-31 Parish: CONCORDIA Mailing address: 1109 CARTER STREET STE 3, VIDALIA, LA, 71373
People United Behavioral Health-Ferriday 128 Louisiana Avenue, FERRIDAY, LA, 71334	Jasmine Schiele	Phone: 3184377157 Email: peopleunitedr8@gmail.com Fax: 3184377158	License: 2203783568 State ID: BH0012211 Originally licensed: 2017-10-17 Effective: 2025-10-01 License issued: 2025-09-09 Expires: 2026-09-30 Parish: CONCORDIA Mailing address: P.O BOX 77053, BATON ROUGE, LA, 70879
Positive Choices Counseling Services Inc 1109 Carter Street Suite 10, VIDALIA, LA, 71373	Edward Brown	Phone: 3183364700 Email: positivechoicesinc@yahoo.com Fax: 3183364777	License: 2203783649 State ID: BH0012257 Originally licensed: 2017-11-29 Effective: 2025-11-01 License issued: 2025-11-04 Expires: 2026-10-31 Parish: CONCORDIA Mailing address: P.O.BOX 614, VIDALIA, LA, 71373
SUN Behavioral Louisiana - Ferriday 615 South E. Wallace Blvd, FERRIDAY, LA, 71334	Jennifer Lyles	Phone: 3187579363 Email: jlyles@seasidehc.com Fax: 3187579364	License: 2203783481 State ID: BH0012172 Originally licensed: 2017-08-24 Effective: 2025-08-01 License issued: 2026-05-08 Expires: 2026-07-31 Parish: CONCORDIA Mailing address: 1216 STUBBS AVENUE, MONROE, LA, 71201
United Hands Counseling Center, LLC 109 Doty Lane, FERRIDAY, LA, 71334	Brady Fields	Phone: 3187580857 Email: unitedhandscounselingcenter@outlook.com Fax: 3187580857	License: 2203786480 State ID: BH0013263 Originally licensed: 2025-02-20 Effective: 2026-02-01 License issued: 2026-03-10 Expires: 2027-01-31 Parish: CONCORDIA Mailing address: 109 DOTY LANE, FERRIDAY, LA, 71334
SUN Behavioral Louisiana - Jena 3683 S. 1st Street, JENA, LA, 71342	Kathi Sellers	Phone: 3189922263 Email: ksellers@seasidehc.com Fax: 3189922267	License: 2203783729 State ID: BH0012150 Originally licensed: 2017-08-10 Effective: 2026-02-01 License issued: 2026-05-11 Expires: 2027-01-31 Parish: LASALLE Mailing address: 1216 STUBBS AVENUE, MONROE, LA, 71201
Assertive Aspirations Behavioral Health Services 1403 Metro Drive, Suite G, ALEXANDRIA, LA, 71301	Brinda Jones	Phone: 3186257467 Email: brindajones@assertiveaspirations.com Fax: 3186257420	License: 2203786286 State ID: BH0012069 Originally licensed: 2017-12-20 Effective: 2026-07-01 License issued: 2026-06-05 Expires: 2027-06-30 Parish: RAPIDES Mailing address: 1403 METRO DRIVE, SUITE G, ALEXANDRIA, LA, 71301
BAART Programs Alexandria 2116 North Bolton Avenue, ALEXANDRIA, LA, 71303	Melissa Hampton	Phone: 3184451250 Email: licensing@baymark.com Fax: 3184451493	License: 2203784783 State ID: BH0003769 Originally licensed: 2016-09-01 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: RAPIDES Mailing address: 1720 LAKEPOINTE DRIVE SUITE 117, LEWISVILLE, TX, 75057

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
CDF Healthcare-Cenla, Incorporated 210 Laurel Street, PINEVILLE, LA, 71360	Roy Viger	Phone: 3186194040 Email: emury@gatewayrecoveryvillage.com Fax: 3186194041	License: 2203786299 State ID: BH0012855 Originally licensed: 2022-05-11 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: RAPIDES Mailing address: P.O. BOX 53038, LAFAYETTE, LA, 70505
Caring Choices Clinic 5411 Coliseum Boulevard, ALEXANDRIA, LA, 71303	Cayce MCDaniel	Phone: 3184846850 Email: ingrid.cannella@clahsd.org Fax: 3182532609	License: 2203785843 State ID: BH0003434 Originally licensed: 2015-10-01 Effective: 2025-09-01 License issued: 2025-08-21 Expires: 2026-08-31 Parish: RAPIDES Mailing address: P.O BOX 7118, ALEXANDRIA, LA, 71306
Edgefield Recovery Center 10627-10631 Highway 71 South, CHENEYVILLE, LA, 71325	Sarah Branton	Phone: 3184434000 Email: ftpwrs@gmail.com Fax: 3184734360	License: 2203782779 State ID: BH0007992 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: RAPIDES Mailing address: 2230 S MACARTHUR DRIVE, ALEXANDRIA, LA, 71301
Gulf Coast Social Services-Alexandria 5615 Bldg. L, Jackson Street Ste. C, ALEXANDRIA, LA, 71301	Hannah Morace	Phone: 3184481801 Email: loren_pinion@gcssla.org Fax: 3184481841	License: 2203786523 State ID: BH0013303 Originally licensed: 2024-09-06 Effective: 2026-04-01 License issued: 2026-04-01 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 5615 BLDG. L, JACKSON STREET STE. C, ALEXANDRIA, LA, 71301
Journey Rehab 217 Brevard Court Ste A, ALEXANDRIA, LA, 71303	Mark A Brown	Phone: 3184459019 Email: journeyrehab@yahoo.com Fax: 3184451098	License: 2203783655 State ID: BH0012260 Originally licensed: 2017-11-29 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: RAPIDES Mailing address: 217 BREVARD COURT STE A, ALEXANDRIA, LA, 71303
Kendalls Rehab Services of Louisiana 1715 Ashley Avenue Suite A, ALEXANDRIA, LA, 71301	Sharon Lair	Phone: 3186257571 Email: sharon.lair@kendallsrehab.com Fax: 8443175579	License: 2203782977 State ID: BH0011709 Originally licensed: 2016-11-23 Effective: 2025-11-01 License issued: 2025-10-24 Expires: 2026-10-31 Parish: RAPIDES Mailing address: 504 CALDERWOOD DRIVE, ALEXANDRIA, LA, 71303
LHRC-Restore Recovery Center 514 Bragg Street, PINEVILLE, LA, 71360	Tameka Blakes	Phone: 3185457757 Email: tmblakes@lahealthandrehab.org Fax: 2252312775	License: 2203786434 State ID: BH0013343 Originally licensed: 2024-12-23 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: RAPIDES Mailing address: 2121 WOODDALE BOULEVARD, PINEVILLE, LA, 71360
Life Changing Solutions, LLC - Alexandria 2002 Gus Kaplan Drive, ALEXANDRIA, LA, 71301	Juanice Moses	Phone: 3182130906 Email: jmoses@lifechangingsolutionsllc.com Fax: 3182130922	License: 2203783811 State ID: BH0011602 Originally licensed: 2016-12-06 Effective: 2026-03-01 License issued: 2026-02-12

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-02-28 Parish: RAPIDES Mailing address: PO BOX 1792, SHREVEPORT, LA, 71166
Merakey Pennsylvania - Alexandria 4606 Lee Street, ALEXANDRIA, LA, 71302	Heidi Bordelon	Phone: 3184411105 Email: heidi.bordelon@merakey.org Fax: 3184412251	License: 2203783126 State ID: BH0011878 Originally licensed: 2017-03-17 Effective: 2026-03-01 License issued: 2026-02-26 Expires: 2027-02-28 Parish: RAPIDES Mailing address: 620 E. GERMANTOWN PIKE, LAFAYETTE HILL, PA, 19444
Palmetto Addiction Recovery Center, Inc-Alexandria 3636 Government St, ALEXANDRIA, LA, 71302	Hollye Rogers	Phone: 3187282970 Email: hrogers@PALMETTOCENTER.COM Fax: 3187282272	License: 2203785853 State ID: BH0012404 Originally licensed: 2018-09-13 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: RAPIDES Mailing address: 3636 GOVERNMENT ST, ALEXANDRIA, LA, 71302
Red River Treatment Facility 5505 Shreveport Hwy, PINEVILLE, LA, 71360	HUNTER PERRET	Phone: 3184415900 Email: info@redriverhealthcare.com Fax: 3184415980	License: 2203784823 State ID: BH0012691 Originally licensed: 2021-01-05 Effective: 2026-01-01 License issued: 2025-12-23 Expires: 2026-12-31 Parish: RAPIDES Mailing address: PO BOX 52466, PINEVILLE, LA, 71360
Rehabilitation Services of CENLA-Alexandria 1450 Peterman Drive, Suite A & C, ALEXANDRIA, LA, 71303	KYLLE JACOB	Phone: 3184734328 Email: kylejacob@outlook.com Fax: 3184734329	License: 2203783103 State ID: BH0011890 Originally licensed: 2017-02-27 Effective: 2026-03-01 License issued: 2026-03-04 Expires: 2027-02-28 Parish: RAPIDES Mailing address: 1000 CHINABERRY DRIVE SUITE 900, SHREVEPORT, LA, 71101
SUN Behavioral Louisiana- Alexandria 710 Versailles Blvd, ALEXANDRIA, LA, 71303	Natalie Oliver	Phone: 3184494474 Email: noliver@seasidehc.com Fax: 3184494472	License: 2203783446 State ID: BH0012120 Originally licensed: 2017-07-25 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: RAPIDES Mailing address: 1216 STUBBS AVENUE, MONROE, LA, 71201
We Care Behavioral Health, LLC 109-A Yorktown Drive, ALEXANDRIA, LA, 71303	Aynsley Doyle	Phone: 3185424288 Email: adoyle@wecarebehavioralhealth.com Fax: 3187046201	License: 2203783979 State ID: BH0011652 Originally licensed: 2016-06-21 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: RAPIDES Mailing address: 109-A YORKTOWN DRIVE, ALEXANDRIA, LA, 71303
Branches of Leesville 1111 South 5th St, Suites D & E, LEESVILLE, LA, 71446	Richard Bennett	Phone: 3374049998 Email: richard.bennett@uhsinc.com Fax: 3187035053	License: 2203786612 State ID: BH0013417 Originally licensed: 2025-06-04 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: VERNON Mailing address: 1006 S. 5TH STREET, SUITE D&E, LEESVILLE, LA, 71446

Therapeutic Group Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Sunshine Therapeutic Group Home LLC 4907 Hwy 84 West, VIDALIA, LA, 71373	Tina Bruce	Phone: 3184143065 Email: tina-bruce@att.net Fax: 3184143067	License: 2203785530 State ID: TG0012918 Originally licensed: 2022-11-21 Effective: 2025-11-01 License issued: 2025-10-27 Expires: 2026-10-31 Parish: CONCORDIA Mailing address: 4907 HWY 84 WEST, VIDALIA, LA, 71373

Substance Use Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
FIRST CHOICE ADDICTION CENTER	Office Manager	318-787-6612	Addiction Treatment Alcohol/Drug Evaluations Trauma DOT SAP Evaluations Anger Management Class Substance Misuse Class Domestic Violence Class"
Caring Choices of Alexandria	Office Manager	318-484-6850	Central Louisiana Human Services District provides outpatient mental health services and addiction services for children and adults directly at our four Caring Choices Clinics in Pineville, Leesville, Marksville, and Jonesville
Palmetto Addiction Recovery Center Alexandria IOP	Office Manager	318-704-6157	Palmetto's Outpatient Program is used as either a primary treatment modality or a transitional treatment modality following a residential stay. The length of the program is based on the patient's individual needs and the assessments from the counselor and the patient's physician
Rapides Drug Court Treatment	Office Manager	318-561-7575	Mission Statement The mission of drug courts is to reduce offender abuse of and/or addiction to alcohol and/or other mood altering chemicals, ...
BAART Programs Alexandria	Office Manager	318-441-0200	"At our BAART Programs treatment center in Alexandria, Louisiana, we offer comprehensive medication-assisted treatment for opioid substance use disorder

Dental Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Alexandria Family Dental Care	Office Manager	318-4456-0667	At Alexandria Family Dental Care our Dentists are dedicated to providing you with a pleasant dental visit & results that you're proud to show off
Lake District Family Dentistry	Office Manager	318-443-7208	Our family dental practice treats patients of all ages from all over the Central Louisiana area, including Pineville.
Alexandria Dental Center - Specializing in Dental Implants	Office Manager	318-445-0667	At Alexandria Family Dental Care our Dentists are dedicated to providing you with a pleasant dental visit & results that you're proud to show off. We strive to provide quality dentistry to our patients in Alexandria,

Organization / Provider	Contact Person	Phone / Email	Services Provided
			LA & the surrounding communities. Call Today
Greg Robertson DDS	Office Manager	318-473-9005	We believe in providing the best treatment options for our patients, which includes the use of the fine specialists in our area.
Bear Family Dentistry	Office Manager	318-4423-9613	At Bear Family Dentistry we strive to provide our patients with the best and most complete dental care.
Dr. Keith Sylvester, DDS	Office Manager	318-443-7080	Dr. David Sylvester, is a Dentistry specialist practicing in Alexandria, LA with undefined years of experience. .

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Friendship House Adult Day Services	Office Manager	318-473-9504	Friendship House Adult Day Services in Alexandria, LA is one of senior living communities in the area. To find the right community for your needs and budget, connect with one of A Place For Mom's …
Trinity Health PACE Alexandria	Office Manager	318-206-1000	Trinity Health PACE Alexandria offers continuous, quality care to the elderly, allowing them the independence of living at home. Seniors who qualify for nursing home care alternatively have the option to receive comprehensive care from an interdisciplinary team of experts

Adult Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Trinity Health PACE Alexandria 3403 Government Street, ALEXANDRIA, LA, 71302	Brandi Knowles	Phone: 3182061000 Email: Brandi.Knowles@trinity-health.org Fax: 3182061099	License: 2203785966 State ID: WA0013065 Originally licensed: 2023-12-05 Effective: 2025-12-01 License issued: 2025-12-03 Expires: 2026-11-30 Parish: RAPIDES Mailing address: 3403 GOVERNMENT STREET, ALEXANDRIA, LA, 71302 Already listed elsewhere in this region; license details supplied here

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Pediatric Health Choice 5505 Jackson Street, ALEXANDRIA, LA, 71303	Charity Paul	Phone: 3186250410 Email: Credentialing-ROS@pediatrichomeserveice.com Fax: 3184422330	License: 2203782087 State ID: PD0011283 Originally licensed: 2014-08-18 Effective: 2025-08-01 License issued: 2025-07-23 Expires: 2026-07-31 Parish: RAPIDES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 2800 CLEVELAND AVE N, ROSEVILLE, MN, 55113
Rapides Pediatric Day Health Care Center, LLC 3212 Industrial St., ALEXANDRIA, LA, 71301	Tamara Chapman	Phone: 3184480449 Email: Tamarachapmanrpdhc@gmail.com Fax: 3184480669	License: 2203782961 State ID: PD0011227 Originally licensed: 2014-03-06 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: RAPIDES Mailing address: 3212 INDUSTRIAL ST., ALEXANDRIA, LA, 71301

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Exceptional Lives	Open	844-354-1212 exceptionallives.org	Online disability services and benefits linkage
Louisiana Vocational Rehab (LRS)	Medical/disability criteria	318-487-5335/800-520-0578 laworks.net	Career development program for individuals with disabilities
Office for Citizens with Developmental Disabilities	Medical/disability criteria	318-484-2347 Clhsd.org	Eligibility/need assessments, family support and services. Waiver services
Social Security Benefit	Disability /financial	800-772-1213	Financial support

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Oakmont Estate, LLC - Level 3 204 Cocoville Road, MANSURA, LA, 71350	MRS Melissa Loughman	Phone: 3182407424 Email: jesslynnloughman@gmail.com Fax: 3182407464	License: 7916 State ID: AC0010340 Originally licensed: 2000-09-20 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: AVOYELLES Mailing address: 204 COCOVILLE ROAD, MANSURA, LA, 71350
Summerhouse Bailey Place 650 Pershing Avenue, BUNKIE, LA, 71322	Renee Tate	Phone: 3183468400 Email: rtate@trustwellliving.net Fax: 3183466206	License: 2203786378 State ID: AC0008871 Originally licensed: 2013-07-11 Effective: 2025-09-01 License issued: 2025-10-09 Expires: 2026-08-31 Parish: AVOYELLES Mailing address: 650 PERSHING AVENUE, BUNKIE, LA, 71322
Brookdale Alexandria-Level 3 351 Windermere Boulevard, ALEXANDRIA, LA, 71303	Rakinzie Fisher-Denham	Phone: 3184436770 Email: splunkettwuerger@brookdale.com Fax: 3184432366	License: 10656 State ID: AC0010354 Originally licensed: 2003-11-14 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: RAPIDES Mailing address: 351 WINDERMERE BOULEVARD, ALEXANDRIA, LA, 71303
Canterbury House Assisted Living Facility	Michaela Martin	Phone: 3184457715 Email:	License: 2203786285 State ID: AC0011025 Originally licensed: 2012-09-17

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1101 Sixteenth Street, ALEXANDRIA, LA, 71301		kala.martin@ahhmgt.com Fax: 3184457756	Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: RAPIDES Mailing address: 1101 SIXTEENTH STREET, ALEXANDRIA, LA, 71301
Regency House of Alexandria-Level 3 5131 Masonic Drive, ALEXANDRIA, LA, 71301	Angela Hayes	Phone: 3184458343 Email: angela@venzacare.com Fax: 3184458372	License: 2203786370 State ID: AC0011557 Originally licensed: 2016-02-25 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: RAPIDES Mailing address: 5131 MASONIC DRIVE, ALEXANDRIA, LA, 71301
SummerHouse Alexandria - Level 3 5723 Jackson Street, ALEXANDRIA, LA, 71303	Maggie Molan	Phone: 3184498999 Email: mmolan@summerhousealexandria.com Fax: 3184499906	License: 2203785788 State ID: AC0010325 Originally licensed: 2013-07-11 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2027-05-31 Parish: RAPIDES Mailing address: 600 THIRD AVE. 21ST FLOOR, NEW YORK, NY, 10016

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
DeLA Case Management, LLC 2006 Gus Kaplan Drive, Suite C, ALEXANDRIA, LA, 71301	Anthony Stafford	Phone: 3187046591 Email: anthonystafford@dela.us Fax: 8886621332	License: 2203782946 State ID: CM0011773 Originally licensed: 2016-10-03 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 2006 GUS KAPLAN DR., SUITE C, ALEXANDRIA, LA, 71301
Directions of Louisiana, Inc. 1201 3rd Street Suite 200, ALEXANDRIA, LA, 71301	Gary Ortego	Phone: 3186404340 Email: directions@dolsc.com Fax: 3186404160	License: 2203787096 State ID: CM0006483 Effective: 2026-06-08 License issued: 2026-06-24 Expires: 2027-05-31 Parish: RAPIDES Mailing address: 1201 3RD STREET SUITE, ALEXANDRIA, LA, 71301
Easter Seals Louisiana-Region 6 1120 5th Street, ALEXANDRIA, LA, 71301	Patrick Gillies	Phone: 3184426990 Email: quality@laeasterseals.com Fax: 3184422687	License: 2203783437 State ID: CM0006485 Effective: 2026-04-01 License issued: 2026-01-20 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 1120 5TH STREET, ALEXANDRIA, LA, 71301
Medical Resources & Guidance, Region 6, Inc. 716 Versailles Blvd, ALEXANDRIA, LA, 71303	Tammy Fontenot	Phone: 3185617564 Email: medres@centurytel.net Fax: 3185617565	License: 2203784345 State ID: CM0006531 Originally licensed: 2005-07-14 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: RAPIDES Mailing address: 221 N. THOMPSON ST., VILLE PLATTE, LA, 70586
People United of Louisiana, Llc 3600 Jackson Street Suite 130, ALEXANDRIA, LA, 71301	Stephanie Roach	Phone: 3183231300 Email: peopleunitedr8@gmail.com Fax: 3183231400	License: 2203782746 State ID: CM0011105 Originally licensed: 2013-06-24 Effective: 2026-04-01 License issued: 2026-03-23 Expires: 2027-03-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: RAPIDES Mailing address: P O BOX 77053, BATON ROUGE, LA, 70879
Share Care USA 3717 Government St. Suite A1, ALEXANDRIA, LA, 71302	Janice Likens	Phone: 3184480344 Email: jlikens@sharecareusa.com Fax: 3184484665	License: 2203781606 State ID: CM0011034 Originally licensed: 2013-03-19 Effective: 2026-03-01 License issued: 2025-12-29 Expires: 2027-02-28 Parish: RAPIDES Mailing address: P O BOX 51887, LAFAYETTE, LA, 70505

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Avoyelles Society For The Developmentally Disabled, Inc. 377 Moreau Street, MARKSVILLE, LA, 71351	CHASITY COLE	Phone: 3182536955 Email: asdd@kricket.net Fax: 3182408373	License: 7205 State ID: HC0006149 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-07-01 Expires: 2027-06-30 Parish: AVOYELLES Mailing address: P.O. BOX 854, MARKSVILLE, LA, 71351
Immaculate Heart Of Mary-PCS,LLC 418 South Preston Street, MARKSVILLE, LA, 71351	Latonia Burks	Phone: 3182535400 Email: Region6@ihompcs.com Fax: 3182535454	License: 2203783941 State ID: HC0007719 Originally licensed: 2008-09-22 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: AVOYELLES Mailing address: P.O. BOX 398, MARKSVILLE, LA, 71351
L & D Community Care, Inc. 116 La Rue Medecine Street, MARKSVILLE, LA, 71351	JOYCE FRIELS BAZERT	Phone: 3182539334 Email: jfriels@ldccinc.com Fax: 3182539968	License: 10558 State ID: HC0006446 Originally licensed: 2004-04-07 Effective: 2026-06-01 License issued: 2026-03-25 Expires: 2027-05-31 Parish: AVOYELLES Mailing address: 116 LA RUE MEDECINE, MARKSVILLE, LA, 71351
Sylvia"s Caring Companions Health Care Services, Inc. 104 West Church Street, BUNKIE, LA, 71322	Saundra Harlan	Phone: 3183462540 Email: sylviascare@gmail.com Fax: 3183462546	License: 15313 State ID: HC0007098 Originally licensed: 2007-01-23 Effective: 2025-10-01 License issued: 2025-08-18 Expires: 2026-09-30 Parish: AVOYELLES Mailing address: 104 W CHURCH STREET, BUNKIE, LA, 71322
Ace Care Giving Services, LLC-Central 816 First Street, JONESVILLE, LA, 71343	Keishon Robinson	Phone: 3183394875 Email: evelynfilipinas@yahoo.com Fax: 3183398061	License: 2203785310 State ID: HC0005128 Originally licensed: 2003-11-14 Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: CATAHOULA Mailing address: 816 FIRST STREET, JONESVILLE, LA, 71343
Catahoula Association of Retarded Citizens 810 First Street, JONESVILLE, LA, 71343	Debbie T Manning	Phone: 3183398176 Email: carccenter@bellsouth.net Fax: 3183397716	License: 2325 State ID: HC0005874 Originally licensed: 1982-10-06 Effective: 2025-11-01 License issued: 2025-10-10 Expires: 2026-10-31 Parish: CATAHOULA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P. O. BOX 789, JONESVILLE, LA, 71343
Safe Haven In Home Service LLC 205 Sicily Street, HARRISONBURG, LA, 71340	Jessica Miller	Phone: 8885103348 Email: jgmiller011@safehavenihs.com Fax: 3183142084	License: 2203786843 State ID: HC0012485 Originally licensed: 2019-05-21 Effective: 2025-12-01 License issued: 2025-12-12 Expires: 2026-11-30 Parish: CATAHOULA Mailing address: 205 SICILY STREET, HARRISONBURG, LA, 71340
A First Name Basis Home Care 1600 North EE Wallace Blvd, FERRIDAY, LA, 71334	Raquel Davis	Phone: 3187573077 Email: admin@afirstnamebasis.com Fax: 3187573278	License: 2203786373 State ID: HC0007852 Originally licensed: 2009-02-16 Effective: 2026-08-01 License issued: 2026-06-08 Expires: 2027-07-31 Parish: CONCORDIA Mailing address: P. O. BOX 60366, LAFAYETTE, LA, 70596
Forever Yours HealthCare Service, LLC 701 EE Wallace Blvd. N, FERRIDAY, LA, 71334	Treniece Conner	Phone: 3184377094 Email: foreveryourshealthcare@gmail.com Fax: 3184377095	License: 2203786652 State ID: HC0013436 Originally licensed: 2025-07-15 Effective: 2026-07-01 License issued: 2026-05-14 Expires: 2027-06-30 Parish: CONCORDIA Mailing address: 701 EE WALLACE BLVD. N, FERRIDAY, LA, 71334
The Fending House Inc. 111 Serio Blvd., FERRIDAY, LA, 71334	Esther Watson	Phone: 3187193001 Email: thefendinghouse@gmail.com Fax: 3184142121	License: 2203786910 State ID: HC0013531 Originally licensed: 2026-02-10 Effective: 2026-02-10 License issued: 2026-02-20 Expires: 2027-01-31 Parish: CONCORDIA Mailing address: 951 DITTO ROAD, SICILY ISLAND, LA, 71368
Heaven-On-Earth Network of Mamou, LLC 1321 Fourth Street, MAMOU, LA, 70554	Adrian Allen	Phone: 3374682730 Email: office@hoenmamou.com Fax: 3374682782	License: 15227 State ID: HC0007917 Originally licensed: 2009-03-11 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: EVANGELINE Mailing address: 1321 4TH STREET, MAMOU, LA, 70554
Advanced Sitting Solutions, Inc. 4446 A Hwy 165 South, OLLA, LA, 71465	Jorie Sanford	Phone: 3184953205 Email: sittingsolutions@yahoo.com Fax: 3184953206	License: 2203781822 State ID: HC0011119 Originally licensed: 2013-09-03 Effective: 2025-10-01 License issued: 2025-08-29 Expires: 2026-09-30 Parish: LASALLE Mailing address: 320 PRAIRIE ROAD, COLUMBIA, LA, 71418
Lasalle Association For The Developmentally Delayed, Inc. 1258 Pepper Street, JENA, LA, 71342	Tenisha Phillips	Phone: 3189926217 Email: ladd@centurytel.net Fax: 3189920467	License: 2324 State ID: HC0005873 Originally licensed: 1976-12-29 Effective: 2025-11-01 License issued: 2025-10-06 Expires: 2026-10-31 Parish: LASALLE Mailing address: 1258 PEPPER STREET, JENA, LA, 71342
A Blessing Personal Home Care Services, LLC 5615 JACKSON STREET	Carey Walker	Phone: 3183213200 Email: rcharlot@moorecig.com Fax: 8778249631	License: 2203786475 State ID: HC0008087 Originally licensed: 2009-09-03 Effective: 2026-01-01 License issued: 2026-01-07

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BUILDING K SUITE A, ALEXANDRIA, LA, 71301			Expires: 2026-12-31 Parish: RAPIDES Mailing address: 5615 JACKSON STREET BUILDING G SUITE B, ALEXANDRIA, LA, 71301
A First Name Basis Home Care 3644 Government Street, ALEXANDRIA, LA, 71302	DARNEISHA HOLMES	Phone: 3186407440 Email: admin@afirstnamebasis.com Fax: 3186407439	License: 2203786666 State ID: HC0007097 Originally licensed: 2006-12-02 Effective: 2026-07-01 License issued: 2026-06-09 Expires: 2027-06-30 Parish: RAPIDES Mailing address: P. O. BOX 60366, LAFAYETTE, LA, 70596
A First Name Basis Home Care 3644 Government Street, ALEXANDRIA, LA, 71302	McKai Daigle	Phone: 3186407440 Email: admin@afirstnamebasis.com Fax: 3186407439	License: 2203786955 State ID: HC0005595 Originally licensed: 2005-10-01 Effective: 2025-10-30 License issued: 2026-04-10 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596
Accessible Healthcare Solutions, LLC 3400 Highway 28E, PINEVILLE, LA, 71360	Esther M Perera	Phone: 3184452286 Email: esther.perera@accessiblehealth.org Fax: 3184458149	License: 2203786398 State ID: HC0007510 Originally licensed: 2008-01-03 Effective: 2025-11-01 License issued: 2025-10-06 Expires: 2026-10-31 Parish: RAPIDES Mailing address: 3400 HIGHWAY 28E, PINEVILLE, LA, 71360
All Ways Caring HomeCare 6503 Coliseum Blvd., Unit A-1, ALEXANDRIA, LA, 71303	Rachael Maddox	Phone: 3184831944 Email: Rachael.maddox@allwayscaring.com Fax: 3184831979	License: 2203785795 State ID: HC0012444 Originally licensed: 2019-03-04 Effective: 2026-06-01 License issued: 2026-04-01 Expires: 2027-05-31 Parish: RAPIDES Mailing address: 6503 COLISEUM BLVD., UNIT A-1, ALEXANDRIA, LA, 71303
Alternative Concept Care Services 4811 Monroe Hwy, BALL, LA, 71405	Simone Boudreaux	Phone: 3186407422 Email: alternative@accs6.com Fax: 3186407472	License: 2203784135 State ID: HC0005303 Originally licensed: 2005-10-01 Effective: 2025-11-01 License issued: 2025-10-14 Expires: 2026-10-31 Parish: RAPIDES Mailing address: 4811 MONROE HWY, BALL, LA, 71405
Americare Incorporated 1359 Charlton Street, ALEXANDRIA, LA, 71301	David G Marshall	Phone: 3187046087 Email: dmarshall@americareusa.org Fax: 3187046089	License: 2203784880 State ID: HC0012445 Originally licensed: 2019-02-25 Effective: 2026-03-01 License issued: 2026-02-20 Expires: 2027-02-28 Parish: RAPIDES Mailing address: 1359 CHARLTON STREET, ALEXANDRIA, LA, 71301
Amian Care Services, LLC 3600 Government Street, ALEXANDRIA, LA, 71302	JULIE THRASHER	Phone: 3187675056 Email: amianangels2@amianangels.com Fax: 3187675009	License: 2203785568 State ID: HC0006323 Originally licensed: 2002-05-21 Effective: 2026-01-01 License issued: 2025-12-02 Expires: 2026-12-31 Parish: RAPIDES Mailing address: 3600 GOVERNMENT ST.., ALEXANDRIA, LA, 71302

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Blessings At Home, LLC 6693 Hwy 165, BALL, LA, 71405	Melanie Willis	Phone: 3185454501 Email: blessingsathomellc@yahoo.com Fax: 3187876869	License: 2203784268 State ID: HC0010532 Originally licensed: 2011-02-15 Effective: 2026-05-01 License issued: 2026-03-19 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 6693 HWY 165, BALL, LA, 71405
Choice Providers, LLC 2006 Gus Kaplan Drive, Suite A, ALEXANDRIA, LA, 71301	TAMEISHA BRISCO	Phone: 3184847310 Email: TemeishaBrisco@choiceproviders.us Fax: 3184847374	License: 2203783486 State ID: HC0008011 Originally licensed: 2009-08-26 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: RAPIDES Mailing address: 2006 GUS KAPLAN DRIVE, SUITE A, ALEXANDRIA, LA, 71301
Direct Care Services Inc 1106 Mcarthur Drive Suite 6, ALEXANDRIA, LA, 71303	Wanell N Lewis	Phone: 3184412229 Email: dcsinc15@att.net Fax: 3184422755	License: 15523 State ID: HC0010559 Originally licensed: 2011-08-04 Effective: 2025-09-01 License issued: 2025-07-09 Expires: 2026-08-31 Parish: RAPIDES Mailing address: 1106 MCARTHUR DRIVE SUITE 6, ALEXANDRIA, LA, 71303
Evergreen Presbyterian Ministries,Inc. 920 Main Street, PINEVILLE, LA, 71360	CAROLYN GRESHAM	Phone: 3184454470 Email: devans@evergreenls.org Fax: 3184456503	License: 2623 State ID: HC0005945 Originally licensed: 2005-01-31 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Guardian Angels Care Services, Inc. 212 Pecan Park, Suite B, ALEXANDRIA, LA, 71303	ELIZABETH REID	Phone: 8007786122 Email: office@gacsinc.com Fax: 3184435060	License: 2203781044 State ID: HC0004975 Originally licensed: 2003-02-28 Effective: 2025-10-01 License issued: 2025-08-08 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 212 PECAN PARK, SUITE B, ALEXANDRIA, LA, 71303
Gulf Coast Social Services 5615 Jackson Street Bldg. L Suites B & D, ALEXANDRIA, LA, 71303	Marcus Alexander	Phone: 3184481801 Email: marcus_alexander@gcssla.org Fax: 3184481841	License: 2203786436 State ID: HC0005435 Originally licensed: 1996-09-24 Effective: 2025-12-01 License issued: 2025-12-01 Expires: 2026-11-30 Parish: RAPIDES Mailing address: 5615 JACKSON STREET BLDG. L SUITES B & D, ALEXANDRIA, LA, 71303
Kellie"s Sitting Services, Inc 123 Cleveland Rd., BOYCE, LA, 71409	MS. Glenda Washington	Phone: 3187938453 Email: KellieSittingService2024@kellies-sitting.com Fax: 3187935378	License: 10531 State ID: HC0005084 Originally licensed: 2005-10-01 Effective: 2025-10-01 License issued: 2025-08-05 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 123 CLEVELAND RD., BOYCE, LA, 71409
Leading Home Care 41 Lord of Lords, PINEVILLE, LA, 71360	AMY JONES	Phone: 3186413110 Email: info@lhcla.com Fax: 3186413135	License: 2203782683 State ID: HC0005234 Originally licensed: 2005-02-07 Effective: 2026-04-01 License issued: 2026-02-19 Expires: 2027-03-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: RAPIDES Mailing address: 206 LA RUE FRANCE, LAFAYETTE, LA, 70508
Louisiana Community Care, Inc 5803 Monroe Highway, BALL, LA, 71405	Karen Collins	Phone: 3186402953 Email: kcollins72@icloud.com Fax: 3186411976	License: 2673 State ID: HC0005953 Originally licensed: 1992-10-27 Effective: 2026-02-09 License issued: 2026-02-27 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. BOX 710, BALL, LA, 71405
Share Care Usa, LLC 3717 Government Street Suite A, ALEXANDRIA, LA, 71302	Janice Likens	Phone: 3184480344 Email: oduplechin@sharecareusa.com Fax: 3184484665	License: 2203784968 State ID: HC0008032 Originally licensed: 2009-06-09 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: RAPIDES Mailing address: P. O. BOX 51887, LAFAYETTE, LA, 70505
Tailored Home Care, Llc dba Home Instead 4012 Parliament Drive, ALEXANDRIA, LA, 71303	Vincent Potito	Phone: 3184435574 Email: kasandra.potito@homeinstead.com Fax: 3182696877	License: 2203785004 State ID: HC0011117 Originally licensed: 2013-08-06 Effective: 2026-07-01 License issued: 2026-04-29 Expires: 2027-06-30 Parish: RAPIDES Mailing address: 4012 PARLIAMENT DRIVE, ALEXANDRIA, LA, 71303
The ARC Rapides, Inc. 1700 Ashley Ave., ALEXANDRIA, LA, 71301	DUANE URBINA	Phone: 3184455287 Email: thearcrapides@rapidesarc.com Fax: 3184480304	License: 11142 State ID: HC0005264 Originally licensed: 2005-03-31 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 1700 ASHLEY AVE., ALEXANDRIA, LA, 71301
Trinity Health PACE Alexandria 3403 Government Street, ALEXANDRIA, LA, 71302	Brandi Knowles	Phone: 3182061000 Email: Brandi.Knowles@trinity-health.org Fax: 3122398923	License: 2203786386 State ID: HC0013306 Originally licensed: 2024-09-04 Effective: 2025-09-01 License issued: 2025-08-29 Expires: 2026-08-31 Parish: RAPIDES Mailing address: 3403 GOVERNMENT STREET, ALEXANDRIA, LA, 71302 Already listed elsewhere in this region; license details supplied here
We Care Ministries Outreach Program Inc. 2017 MacArthur Drive, Bldg 4 Suite 8, ALEXANDRIA, LA, 71301	Jessica Howard	Phone: 3184432482 Email: wecareministry15@gmail.com Fax: 3184432467	License: 2203782331 State ID: HC0005221 Originally licensed: 2004-05-13 Effective: 2026-05-01 License issued: 2026-04-08 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 2017 MACARTHER DR., BLDG. 4, SUITE 8, ALEXANDRIA, LA, 71301
Companion Care of SWLA 407 B North 5th Street, LEESVILLE, LA, 71446	Christy Johnson	Phone: 3374044045 Email: companioncare13@yahoo.com Fax: 3374044066	License: 2203782335 State ID: HC0011371 Originally licensed: 2015-05-04 Effective: 2026-05-01 License issued: 2026-03-27 Expires: 2027-04-30 Parish: VERNON Mailing address: 407 B NORTH 5TH STREET, LEESVILLE, LA, 71446

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Future Expectations Community Care Service, LLC 600 East Main Street, WINNFIELD, LA, 71483	DELISSIA DUNCAN	Phone: 3186489697 Email: company@futureexpectations.org Fax: 3186289697	License: 14098 State ID: HC0006707 Originally licensed: 2006-04-11 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: WINN Mailing address: 600 EAST MAIN STREET, WINNFIELD, LA, 71483

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Avoyelles Hospital 4231 Hwy. 1192, MARKSVILLE, LA, 71351	Timothey Curry	Phone: 3182538611 Email: tcurry@ahmgt.com Fax: 3182406077	License: 2203783315 State ID: HO0001621 Originally licensed: 1966-02-10 Effective: 2025-09-01 License issued: 2025-07-28 Expires: 2026-08-31 Parish: AVOYELLES Mailing address: P. O. BOX 249, MARKSVILLE, LA, 71351
Beacon Behavioral Hospital - Central 323 Evergreen Street , Suite B, BUNKIE, LA, 71322	Robert Jardeleza	Phone: 3183463143 Email: robertj@beaconbh.com Fax: 3182954017	License: 2203784986 State ID: HO0011322 Originally licensed: 2015-01-27 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: AVOYELLES Mailing address: 4601 BLUEBONNET BLVD, SUITE B, BATON ROUGE, LA, 70809
Bunkie General Hospital 427 Evergreen St., BUNKIE, LA, 71322	Linda F Deville	Phone: 3183466681 Email: ldeville@bunkiegeneral.com Fax: 3183463337	License: 184 State ID: HO0001650 Originally licensed: 1971-05-27 Effective: 2026-06-01 License issued: 2026-05-18 Expires: 2027-05-31 Parish: AVOYELLES Mailing address: POST OFFICE BOX 380, BUNKIE, LA, 71322
Freedom Behavioral Hospital of Bunkie 7807 Highway 115, BUNKIE, LA, 71322	Cody ~ Ardoin	Phone: 3183463285 Email: bunkieadmin@freedombehavioral.com Fax: 3183463286	License: 2203786660 State ID: HO0013467 Originally licensed: 2025-07-29 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: AVOYELLES Mailing address: 7807 HIGHWAY 115, BUNKIE, LA, 71322
Freedom Behavioral Hospital of Ferriday 1700 EE Wallace Blvd, N, FERRIDAY, LA, 71334	Danielle McClanahan	Phone: 3187402400 Email: ferridayadmin@freedombehavioral.net Fax: 9999999999	License: 2203785319 State ID: HO0012814 Originally licensed: 2022-05-13 Effective: 2026-05-01 License issued: 2026-03-19 Expires: 2027-04-30 Parish: CONCORDIA Mailing address: 187 S TONTI DR, MANY, LA, 71449
Riverbridge Specialty Hospital 209 Front Street, VIDALIA, LA, 71373	Christopher Cheek	Phone: 3183366500 Email: chris@sentrycare.com Fax: 3183366676	License: 2203784363 State ID: HO0001719 Originally licensed: 1996-04-30 Effective: 2026-05-01 License issued: 2026-04-06 Expires: 2027-04-30 Parish: CONCORDIA Mailing address: 209 FRONT STREET, VIDALIA, LA, 71373

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Trinity Medical 6569 Hwy 84, FERRIDAY, LA, 71334	NEKEISHA L SMITH	Phone: 3187576551 Email: ksmith@trinitymed.com Fax: 3187571144	License: 2203784831 State ID: HO0001617 Originally licensed: 1964-11-09 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: CONCORDIA Mailing address: 6569 HWY 84, FERRIDAY, LA, 71334
Hardtner Medical Center 1102 N. Pine Rd., OLLA, LA, 71465	MR Paul G Mathews	Phone: 3184953131 Email: admin@hardtnermedical.com Fax: 3184953229	License: 178 State ID: HO0001639 Originally licensed: 1969-05-08 Effective: 2026-06-01 License issued: 2026-05-06 Expires: 2027-05-31 Parish: LASALLE Mailing address: 1102 N. PINE RD., OLLA, LA, 71465
LaSalle General Hospital 187 Ninth Street/Highway 84 West, JENA, LA, 71342	Lana Francis	Phone: 3189929200 Email: lfrancis@lgh-jena.org Fax: 3189929245	License: 231 State ID: HO0001647 Originally licensed: 1963-06-21 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: LASALLE Mailing address: POST OFFICE BOX 2780, JENA, LA, 71342
ALEXANDRIA EMERGENCY HOSPITAL 5900 COLISEUM BLVD, ALEXANDRIA, LA, 71303	Sarah Swain	Phone: 3183868110 Email: sswain@alexandriaer.com Fax: 3183868107	License: 2203784446 State ID: HO0012550 Originally licensed: 2019-10-08 Effective: 2025-10-01 License issued: 2025-08-25 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 5900 COLISEUM BLVD, ALEXANDRIA, LA, 71303
CHRISTUS Central Louisiana Surgical Hospital 651 North Bolton Ave, ALEXANDRIA, LA, 71301	Joe Lopez-Cepero	Phone: 3184433511 Email: jlopezcepero@clshospital.com Fax: 3184277930	License: 2203784964 State ID: HO0008293 Originally licensed: 2010-05-20 Effective: 2026-04-01 License issued: 2026-02-02 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 651 NORTH BOLTON AVENUE, ALEXANDRIA, LA, 71301
Central Louisiana State Hospital 6250 Esler Field Road, PINEVILLE, LA, 71360	Celeste Gauthier	Phone: 3184846200 Email: Celeste.Gauthier@LA.GOV Fax: 3184846800	License: 2203786255 State ID: HO0001732 Originally licensed: 1968-05-30 Effective: 2026-06-01 License issued: 2026-03-17 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P.O. BOX 5031, PINEVILLE, LA, 71361
Christus St. Frances Cabrini Hospital 3330 Masonic Drive, ALEXANDRIA, LA, 71301	MONTE WILSON	Phone: 3184871122 Email: monte.wilson@christushealth.org Fax: 3184486754	License: 234 State ID: HO0001585 Originally licensed: 1963-05-10 Effective: 2025-10-01 License issued: 2025-08-13 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 3330 MASONIC DRIVE, ALEXANDRIA, LA, 71301
Compass Behavioral Center of Alexandria, LLC 6410 Masonic Drive, ALEXANDRIA, LA, 71301	Jeremy Austin	Phone: 3372748717 Email: jeremy@compasshealthcare.com Fax: 3184429785	License: 2203784213 State ID: HO0011042 Originally licensed: 2012-11-20 Effective: 2025-12-01 License issued: 2025-11-12 Expires: 2026-11-30 Parish: RAPIDES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 6410 MASONIC DRIVE, ALEXANDRIA, LA, 71301
Encompass Health Rehabilitation Hospital of Alexandria 104 North 3rd Street, ALEXANDRIA, LA, 71301	JOANNA WILLIAMS	Phone: 3184491370 Email: Joanna.Williams@encompasshealth.com Fax: 3184491369	License: 323 State ID: HO0001714 Originally licensed: 1992-07-06 Effective: 2025-08-01 License issued: 2025-06-12 Expires: 2026-07-31 Parish: RAPIDES Mailing address: 104 NORTH 3RD STREET, ALEXANDRIA, LA, 71301
Longleaf Hospital 44 Versailles Blvd., ALEXANDRIA, LA, 71303	JARED FERGUSON	Phone: 3184455111 Email: jared.ferguson@longleafhospital.com Fax: 3184422261	License: 2203781934 State ID: HO0001730 Originally licensed: 1985-10-15 Effective: 2025-10-01 License issued: 2025-08-04 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 44 VERSAILLES BLVD., ALEXANDRIA, LA, 71303
Mercy Behavioral Hospital 2810 US Hwy 71 S, LECOMPTE, LA, 71346	ROBERT A RAYFORD, JR	Phone: 3184434000 Email: ftpwrs@gmail.com Fax: 3183733400	License: 2203784937 State ID: HO0012742 Originally licensed: 2021-05-28 Effective: 2026-05-01 License issued: 2026-04-15 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 217 BREVARD COURT, SUITE C, ALEXANDRIA, LA, 71303
Oceans Behavioral Hospital of Alexandria 2621 N. Bolton Ave, ALEXANDRIA, LA, 71303	Justin McDaniel	Phone: 3184488473 Email: justin.mcdaniel@oceanshealthcare.com Fax: 3184488018	License: 2203781781 State ID: HO0007737 Originally licensed: 2008-08-04 Effective: 2025-12-01 License issued: 2025-11-13 Expires: 2026-11-30 Parish: RAPIDES Mailing address: 3905 HEDGECOXE RD., UNIT 250249, PLANO, TX, 75025
Rapides Regional Medical Center 211 Fourth Street, Box 30101, ALEXANDRIA, LA, 71301	Vernon E Jones, II	Phone: 3187693000 Email: vernon.jones@hcahealthcare.com Fax: 3187697575	License: 422 State ID: HO0001588 Originally licensed: 1963-06-11 Effective: 2026-03-01 License issued: 2026-02-09 Expires: 2027-02-28 Parish: RAPIDES Mailing address: 211 FOURTH STREET, BOX 30101, ALEXANDRIA, LA, 71301
Riverside Hospital of Louisiana, Inc. 13 Heyman Lane, ALEXANDRIA, LA, 71303	AMY PERRY GRIMES	Phone: 3187672900 Email: amy.perry@riversidehospital.net Fax: 3184424505	License: 2203782957 State ID: HO0004339 Originally licensed: 2002-12-30 Effective: 2025-10-01 License issued: 2025-07-28 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 13 HEYMAN LANE, ALEXANDRIA, LA, 71306
Byrd Regional Hospital 1020 Fertitta Boulevard, LEESVILLE, LA, 71446	KEVIN QUINN	Phone: 3372399041 Email: kquinn@ahmgt.com Fax: 3372395360	License: 2203784075 State ID: HO0001659 Originally licensed: 1984-06-30 Effective: 2026-06-01 License issued: 2026-05-18 Expires: 2027-05-31 Parish: VERNON Mailing address: 1020 FERTITTA BOULEVARD, LEESVILLE, LA, 71446
Freedom Behavioral Hospital of Leesville 1103 Port Arthur Terrace, LEESVILLE, LA, 71446	Darren Williams	Phone: 3375094003 Email: leesvilleadmin@freedombehavioral.com Fax: 3375094007	License: 2203786177 State ID: HO0013220 Originally licensed: 2024-04-09 Effective: 2026-04-01 License issued: 2026-03-24

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-03-31 Parish: VERNON Mailing address: 1103 PORT ARTHUR TERRACE, LEESVILLE, LA, 71446
Leesville Rehabilitation Hospital 900 South Sixth Street, LEESVILLE, LA, 71446	Crystal Edwards	Phone: 3373928118 Email: cedwards@tri-la.com Fax: 3373928415	License: 2203784552 State ID: HO0004555 Originally licensed: 2003-09-22 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: VERNON Mailing address: 900 SOUTH SIXTH STREET, LEESVILLE, LA, 71446
Titan Rehabilitation Hospital of Rosepine 8088 Hawks Road, LEESVILLE, LA, 71446	Chenelle Barnes	Phone: 3374628880 Email: cbarnes@tri-la.com Fax: 8337191249	License: 2203784377 State ID: HO0001722 Originally licensed: 1998-09-29 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: VERNON Mailing address: 8088 HAWKS RD, LEESVILLE, LA, 71446
Winn Parish Medical Center 301 West Boundary Ave., WINNFIELD, LA, 71483	Ashley Files	Phone: 3186483000 Email: ashleyfiles@ahmgt.com;lparker@ahmgt.com Fax: 3186282035	License: 2203783355 State ID: HO0001618 Originally licensed: 1966-08-03 Effective: 2025-09-01 License issued: 2025-08-06 Expires: 2026-08-31 Parish: WINN Mailing address: P O BOX 152, WINNFIELD, LA, 71483

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Ledoux Provosty Sr Memorial Home 4332 Jeansonne Street, HESSMER, LA, 71341	James Colwell	Phone: 3184422284 Email: brad.colwell@mac.com Fax: 3184481427	License: 2203786907 State ID: MR0002894 Originally licensed: 1982-08-11 Effective: 2026-02-12 License issued: 2026-02-19 Expires: 2027-01-31 Parish: AVOYELLES Mailing address: 1111 MAIN STREET, PINEVILLE, LA, 71360
Robertson Road Community Home 550 Robertson Road, POLLOCK, LA, 71467	Deborah Graham	Phone: 3186417147 Email: coutee218@aol.com Fax: 3186419991	License: 810 State ID: MR0003305 Originally licensed: 1996-01-24 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: GRANT Mailing address: 6304 MCRAY DRIVE, PINEVILLE, LA, 71360
Acadiana House 1801 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784462 State ID: MR0012564 Originally licensed: 2019-10-30 Effective: 2025-10-01 License issued: 2025-07-29 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Adams Group Home 1214 Presidents Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184437799 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184437719	License: 945 State ID: MR0006733 Originally licensed: 2006-06-13 Effective: 2026-07-01 License issued: 2026-05-18

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-06-30 Parish: RAPIDES Mailing address: P. O. BOX 7917, ALEXANDRIA, LA, 71306
Adrian Drive Community Home 5907 Adrian Drive, BALL, LA, 71405	Karen Collins	Phone: 3186402999 Email: kcollins72@icloud.com Fax: 3186411976	License: 522 State ID: MR0003054 Originally licensed: 1988-05-22 Effective: 2026-06-01 License issued: 2026-04-23 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P. O. BOX 710, BALL, LA, 71405
Amicus Home 1705 Madeley Avenue, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 992 State ID: MR0007039 Originally licensed: 2006-11-20 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Anna Lane Community Home 132 Anna Lane, PINEVILLE, LA, 71360	CAROLYN GRESHAM	Phone: 3186403070 Email: devans@evergreenls.org Fax: 3184456503	License: 674 State ID: MR0003190 Originally licensed: 1991-03-08 Effective: 2026-04-01 License issued: 2026-02-18 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Bishop Ronald P. Herzog Home 1901 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184498529	License: 2203784695 State ID: MR0012570 Originally licensed: 2020-09-02 Effective: 2025-09-01 License issued: 2025-06-25 Expires: 2026-08-31 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Bouef Trace Community Home 6465 Bouef Trace, ALEXANDRIA, LA, 71301	CAROLYN GRESHAM	Phone: 3184870271 Email: devans@evergreenls.org Fax: 3184456503	License: 724 State ID: MR0003229 Originally licensed: 1999-10-01 Effective: 2025-10-01 License issued: 2025-07-23 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Buchanan Group Home 1292 Presidents Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184459063 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184459062	License: 1017 State ID: MR0007396 Originally licensed: 2007-10-31 Effective: 2025-12-01 License issued: 2025-10-29 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Camerata Community Home 6012 Joe Hesni Boulevard, ALEXANDRIA, LA, 71303	CAROLYN GRESHAM	Phone: 3184731097 Email: devans@evergreenls.org Fax: 3184456503	License: 639 State ID: MR0003165 Originally licensed: 1990-09-27 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Cameron Community Home	Karen Collins	Phone: 3186402953 Email: kcollins72@icloud.com Fax: 3186411976	License: 780 State ID: MR0003278 Originally licensed: 1995-01-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
221 Burma Road, BALL, LA, 71405			Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: RAPIDES Mailing address: P.O. BOX 710, BALL, LA, 71405
Carlo Bertani Home 6719 Highway 1 North, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 998 State ID: MR0007243 Originally licensed: 2007-06-14 Effective: 2026-07-01 License issued: 2026-04-16 Expires: 2027-06-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Central Louisiana Supports and Services Center 5400 Coliseum Blvd, ALEXANDRIA, LA, 71303	Kristy W Flynn	Phone: 3184875484 Email: Kristy.flynn@la.gov Fax: 3184875002	License: 2203784525 State ID: MR0002862 Originally licensed: 1981-03-13 Effective: 2026-02-01 License issued: 2025-12-08 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 5400 COLISEUM BLVD, ALEXANDRIA, LA, 71303
Charles P. Greco Home 6721 Highway 1 North, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 927 State ID: MR0004637 Originally licensed: 2004-01-15 Effective: 2026-02-01 License issued: 2025-12-01 Expires: 2027-01-31 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Clarks Manor 2003 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784955 State ID: MR0012749 Originally licensed: 2021-06-08 Effective: 2026-06-01 License issued: 2026-04-20 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Cleveland Community Home 5621 Hera Street, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184871247 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184871248	License: 1052 State ID: MR0007963 Originally licensed: 2009-03-02 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Coolidge Group Home 1327 Presidents Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184451551 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184271828	License: 2203787100 State ID: MR0003274 Originally licensed: 1999-10-01 Effective: 2026-06-26 License issued: 2026-06-29 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Country Club Road Community Home 98 Country Club Road, PINEVILLE, LA, 71360	CAROLYN GRESHAM	Phone: 3186404996 Email: devans@evergreenls.org Fax: 3184456503	License: 530 State ID: MR0003073 Originally licensed: 1988-04-05 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Crooms Lane Community Home 5731 Crooms Lane, BALL, LA, 71405	Karen Collins	Phone: 3186402953 Email: kcollins72@icloud.com Fax: 3186411976	License: 544 State ID: MR0003075 Originally licensed: 1988-11-01 Effective: 2026-06-01 License issued: 2026-04-23 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P. O. BOX 710, BALL, LA, 71405
Cynthia G. Rhodes 1811 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784458 State ID: MR0012567 Originally licensed: 2019-10-28 Effective: 2025-10-01 License issued: 2025-07-25 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, BOYCE, LA, 71409
Deer Creek Community Home 118 Deer Creek East, PINEVILLE, LA, 71360	CAROLYN GRESHAM	Phone: 3184454470 Email: devans@evergreenls.org Fax: 3184456503	License: 525 State ID: MR0003058 Originally licensed: 1988-06-07 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
East Ridge Community Home 443 East Ridge Trail, PINEVILLE, LA, 71360	CAROLYN GRESHAM	Phone: 3184454470 Email: devans@evergreenls.org Fax: 3184456503	License: 502 State ID: MR0003040 Originally licensed: 1988-02-24 Effective: 2026-02-01 License issued: 2026-01-07 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Eden Place 1903 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184498529	License: 2203784662 State ID: MR0012571 Originally licensed: 2020-09-02 Effective: 2025-09-01 License issued: 2025-06-25 Expires: 2026-08-31 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Edgewood Community Home 600 Edgewood Drive, PINEVILLE, LA, 71360	James B Colwell	Phone: 3184422284 Email: mtcolwell1114@yahoo.com Fax: 3184481427	License: 955 State ID: MR0006714 Originally licensed: 2006-03-03 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 1111 MAIN STREET, PINEVILLE, LA, 71360
Faith Manor 1803 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784463 State ID: MR0012565 Originally licensed: 2019-10-30 Effective: 2025-10-01 License issued: 2025-07-25 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Fendler Parkway Community Home 739 Fendler Parkway, PINEVILLE, LA, 71360	CAROLYN GRESHAM	Phone: 3184732412 Email: devans@evergreenls.org Fax: 3184456503	License: 501 State ID: MR0003039 Originally licensed: 1988-02-24 Effective: 2026-02-01 License issued: 2026-01-05 Expires: 2027-01-31 Parish: RAPIDES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Fillmore Group Home 1155 Presidents Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3185610225 Email: audrey.hopkins@westsidehabcenter.com Fax: 3185610265	License: 1018 State ID: MR0007398 Originally licensed: 2007-11-01 Effective: 2025-12-01 License issued: 2025-10-29 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Fr August Thompson Home 19 Schoolhouse Road, ALEXANDRIA, LA, 71306	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 1037 State ID: MR0007709 Originally licensed: 2009-05-04 Effective: 2026-05-01 License issued: 2026-02-24 Expires: 2027-04-30 Parish: RAPIDES Mailing address: P. O. BOX DRAWER 7768, ALEXANDRIA, LA, 71306
Freddie Byrd House 2001 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203785033 State ID: MR0012750 Originally licensed: 2021-08-09 Effective: 2026-08-01 License issued: 2026-06-29 Expires: 2027-07-31 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Fulton Road Community Home 3207 Madonna Drive, ALEXANDRIA, LA, 71301	CAROLYN GRESHAM	Phone: 3184876500 Email: devans@evergreenls.org Fax: 3184456503	License: 2912 State ID: MR0002912 Originally licensed: 1985-07-31 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Gabriel House 1911 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784819 State ID: MR0012569 Originally licensed: 2020-12-22 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Garfield Group Home 1263 Enterprise Road, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184870250 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184271828	License: 1050 State ID: MR0007906 Originally licensed: 2009-02-11 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Grant Community Home 1212 Wilshire Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3187675865 Email: audrey.hopkins@westsidehabcenter.com Fax: 3187675940	License: 1030 State ID: MR0007595 Originally licensed: 2008-04-19 Effective: 2026-05-01 License issued: 2026-03-16 Expires: 2027-04-30 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Greco Community Home 444 Browns Bend Road, ALEXANDRIA, LA, 71303	Karen J Coor	Phone: 3184878897 Email: karenjcoor@yahoo.com Fax: 3184879987	License: 728 State ID: MR0003232 Originally licensed: 1993-05-26 Effective: 2026-05-01 License issued: 2026-04-07

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-04-30 Parish: RAPIDES Mailing address: 347 BROWNS BEND ROAD, ALEXANDRIA, LA, 71303
Harding Community Home 520 Westwind Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184871328 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184871329	License: 1051 State ID: MR0007948 Originally licensed: 2009-02-24 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Harrison Group Home 5708 North Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184426540 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184426541	License: 1026 State ID: MR0007515 Originally licensed: 2008-03-03 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Hayes Community Home 3811 Lisa Street, ALEXANDRIA, LA, 71302	Audrey Hopkins	Phone: 3187676563 Email: audrey.hopkins@westsidehabcenter.com Fax: 3187676564	License: 1040 State ID: MR0007731 Originally licensed: 2008-08-25 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: RAPIDES Mailing address: P. O. BOX 7917, ALEXANDRIA, LA, 71306
Heyman Lane Community Home 307 Heyman Lane, ALEXANDRIA, LA, 71301	CAROLYN GRESHAM	Phone: 3184454470 Email: devans@evergreenls.org Fax: 3184456503	License: 518 State ID: MR0003050 Originally licensed: 1988-05-11 Effective: 2026-02-01 License issued: 2026-01-05 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Humphries House Community Home 4607 Wendover Blvd, ALEXANDRIA, LA, 71301	PATRCK LACOUR	Phone: 3184480291 Email: patrick@pecangrovetrainingcenter.net Fax: 3184488099	License: 2203782701 State ID: MR0011588 Originally licensed: 2016-03-31 Effective: 2026-04-01 License issued: 2026-03-11 Expires: 2027-03-31 Parish: RAPIDES Mailing address: P.O. BOX 3477, PINEVILLE, LA, 71361
Jackson Group Home 325 McKeithen Drive, ALEXANDRIA, LA, 71301	Audrey Hopkins	Phone: 3184730217 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184730256	License: 814 State ID: MR0003309 Originally licensed: 1996-03-31 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Jefferson Group Home 1109 Presidents Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184732505 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184732506	License: 946 State ID: MR0006888 Originally licensed: 2006-08-09 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: RAPIDES Mailing address: P. O. BOX 7917, ALEXANDRIA, LA, 71306
Jericho House 2005 Huie-Dellmon	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-	License: 2203785164 State ID: MR0012751 Originally licensed: 2021-12-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Avenue, BOYCE, LA, 71409		rts.org Fax: 3184831850	Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
John Tyler Group Home 3906 Briarwood Dr, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184426115 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184426114	License: 1016 State ID: MR0007395 Originally licensed: 2007-11-08 Effective: 2025-12-01 License issued: 2025-10-29 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Johnson Community Home 1103 Lancaster Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184271838 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184271879	License: 1031 State ID: MR0007596 Originally licensed: 2008-04-30 Effective: 2026-05-01 License issued: 2026-03-16 Expires: 2027-04-30 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Joy Nalty Hodges Home 6690 Antoinette Street, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 994 State ID: MR0006919 Originally licensed: 2006-11-07 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Jude Community Home 2560 Hickory Hill Road, PINEVILLE, LA, 71360	Deborah Graham	Phone: 3186405623 Email: coutee218@aol.com Fax: 3186419991	License: 806 State ID: MR0003301 Originally licensed: 1999-10-01 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: RAPIDES Mailing address: PO BOX 1098, BALL, LA, 71405
Kilpatrick Home 6691 Antoinette St., BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 993 State ID: MR0007063 Originally licensed: 2006-11-20 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Lincoln Group Home 327 McKeithen Drive, ALEXANDRIA, LA, 71301	Audrey Hopkins	Phone: 3184437970 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184437971	License: 1025 State ID: MR0007493 Originally licensed: 2008-01-28 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Livingston Road Community Home 78 Camp Livingston Road, BALL, LA, 71405	Karen Collins	Phone: 3186402953 Email: kcollins72@icloud.com Fax: 3186411976	License: 524 State ID: MR0003056 Originally licensed: 1988-06-07 Effective: 2026-06-01 License issued: 2026-04-27 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P. O. BOX 710, BALL, LA, 71405

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Madison Group Home 1315 Presidents' Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184437552 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184437553	License: 947 State ID: MR0006889 Originally licensed: 2006-09-25 Effective: 2025-10-01 License issued: 2025-08-28 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Magdalene House 1807 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784461 State ID: MR0012566 Originally licensed: 2019-10-28 Effective: 2025-10-01 License issued: 2025-07-24 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Maison Grace 1805 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784456 State ID: MR0012560 Originally licensed: 2019-10-28 Effective: 2025-10-01 License issued: 2025-07-24 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, BOYCE, LA, 71409
McKinley Group Home 6500 Masonic Drive, ALEXANDRIA, LA, 71301	Audrey Hopkins	Phone: 3184437724 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184437729	License: 1055 State ID: MR0007960 Originally licensed: 2009-03-10 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Military Highway Community Home 2600 Military Highway, PINEVILLE, LA, 71360	MR James B Colwell	Phone: 3184422284 Email: brad.colwell@mac.com Fax: 3184481427	License: 2203785334 State ID: MR0003162 Originally licensed: 1991-09-01 Effective: 2026-06-01 License issued: 2026-05-04 Expires: 2027-05-31 Parish: RAPIDES Mailing address: 1111 MAIN STREET, PINEVILLE, LA, 71360
Monroe Group Home 3902 Jennifer Street, ALEXANDRIA, LA, 71301	Audrey Hopkins	Phone: 3184484833 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184484834	License: 1020 State ID: MR0007419 Originally licensed: 2007-11-28 Effective: 2025-12-01 License issued: 2025-10-29 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Monsignor Bruce Miller Home 1905 Huie-Dellmon, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784821 State ID: MR0012573 Originally licensed: 2020-12-22 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Monsignor Joseph M. Susi-Knights of Columbus 1701 Madeley Avenue, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 996 State ID: MR0006947 Originally licensed: 2006-09-21 Effective: 2025-10-01 License issued: 2025-07-24 Expires: 2026-09-30 Parish: RAPIDES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Monsignor Steve J. Testa Home 1909 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784956 State ID: MR0012572 Originally licensed: 2021-06-08 Effective: 2026-06-01 License issued: 2026-04-20 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
Oak Run Community Home 224 Robertson Road, BALL, LA, 71405	MR James B Colwell	Phone: 3184422284 Email: mtcolwell1114@yahoo.com Fax: 3184481427	License: 1023 State ID: MR0007467 Originally licensed: 2007-11-06 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 1111 MAIN STREET, PINEVILLE, LA, 71360
Paradise Road Community Home 1013 Paradise Road, BALL, LA, 71405	Karen Collins	Phone: 3186402999 Email: kcollins72@icloud.com Fax: 3186411976	License: 652 State ID: MR0003184 Originally licensed: 1990-12-28 Effective: 2026-02-01 License issued: 2025-12-05 Expires: 2027-01-31 Parish: RAPIDES Mailing address: P.O. BOX 710, BALL, LA, 71405
Peach Community Home 528 Bob White, ALEXANDRIA, LA, 71301	Patrick LaCour	Phone: 3184480291 Email: patrick@pecangrovetrainingcenter.net Fax: 3184488099	License: 16667 State ID: MR0010457 Originally licensed: 2010-10-25 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: RAPIDES Mailing address: P.O. BOX 3477, PINEVILLE, LA, 71361
Pecan Grove Training Center 5000 Third Street, ALEXANDRIA, LA, 71309	Patrick LaCour	Phone: 3184480291 Email: patrick@pecangrovetrainingcenter.net Fax: 3184488099	License: 750000457 State ID: MR0002859 Originally licensed: 1982-09-30 Effective: 2026-07-01 License issued: 2026-06-09 Expires: 2027-06-30 Parish: RAPIDES Mailing address: P. O. BOX 3477, PINEVILLE, LA, 71361
Pierce Group Home 1269 Presidents Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184879476 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184879606	License: 1019 State ID: MR0007399 Originally licensed: 2007-10-31 Effective: 2025-12-01 License issued: 2025-10-29 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Pinecrest Supports and Services Center 100 Pinecrest Drive, PINEVILLE, LA, 71360	Nancy Brown	Phone: 3186412000 Email: nancy.brown@la.gov Fax: 3186412007	License: 991000271 State ID: MR0002854 Originally licensed: 1982-09-23 Effective: 2026-05-01 License issued: 2026-02-18 Expires: 2027-04-30 Parish: RAPIDES Mailing address: P.O. BOX 5191, PINEVILLE, LA, 71361
Poland Community Home 3004 Hwy 457, ALEXANDRIA, LA, 71302	Michael T Colwell	Phone: 3184422284 Email: mtcolwell1114@yahoo.com Fax: 3184481427	License: 485 State ID: MR0003016 Originally licensed: 1987-08-17 Effective: 2025-09-01 License issued: 2025-08-13

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-08-31 Parish: RAPIDES Mailing address: 1111 MAIN STREET, PINEVILLE, LA, 71360
Polk Group Home 557 McKeithen Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184730212 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184730117	License: 815 State ID: MR0003310 Originally licensed: 1996-03-26 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Prescott Road Community Home 3705 Prescott Road, ALEXANDRIA, LA, 71301	Doug Ryland	Phone: 3184739991 Email: devans@evergreenls.org Fax: 3184456503	License: 542 State ID: MR0003074 Originally licensed: 1988-09-28 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Prospect Community Home 1004 Flagon Road, PINEVILLE, LA, 71360	Amanda Coutee	Phone: 3186404324 Email: coutee218@aol.com Fax: 3186419991	License: 556 State ID: MR0003092 Originally licensed: 1989-05-17 Effective: 2026-01-01 License issued: 2025-12-22 Expires: 2026-12-31 Parish: RAPIDES Mailing address: 6304 MCRAY DRIVE, BALL, LA, 71405
Rapides Group Home 207 3rd Street, CHENEYVILLE, LA, 71325	Audrey Hopkins	Phone: 3182792151 Email: audrey.hopkins@westsidehabcenter.com Fax: 3182792152	License: 764 State ID: MR0003268 Originally licensed: 1994-07-20 Effective: 2026-07-01 License issued: 2026-05-18 Expires: 2027-06-30 Parish: RAPIDES Mailing address: P. O. BOX 7917, ALEXANDRIA, LA, 71306
Renzi Community Home 347 Browns Bend Road, ALEXANDRIA, LA, 71303	Karen J Coor	Phone: 3184878897 Email: karenjcoor@yahoo.com Fax: 3184879987	License: 676 State ID: MR0003192 Originally licensed: 1991-04-03 Effective: 2026-05-01 License issued: 2026-04-07 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 347 BROWNS BEND ROAD, ALEXANDRIA, LA, 71303
Ridgemont Drive Community Home 8203 Ridgemont Drive, PINEVILLE, LA, 71360	CAROLYN GRESHAM	Phone: 3186402388 Email: devans@evergreenls.org Fax: 3184456503	License: 503 State ID: MR0003038 Originally licensed: 1988-02-24 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Ruth Cottage 1809 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784457 State ID: MR0012561 Originally licensed: 2019-10-28 Effective: 2025-10-01 License issued: 2025-07-25 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, BOYCE, LA, 71409
Sharon Smith Home 401 Windermere	Tony Bo Vetts II	Phone: 3184485173 Email: BO.Vets@stmarys-	License: 1063 State ID: MR0008228 Originally licensed: 2010-07-15

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Boulevard, ALEXANDRIA, LA, 71303		rts.org Fax: 3184491850	Effective: 2026-08-01 License issued: 2026-06-29 Expires: 2027-07-31 Parish: RAPIDES Mailing address: P. O. DRAWER 7768, ALEXANDRIA, LA, 71306
Sr. Helen Home 1702 Madeley Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 997 State ID: MR0006920 Originally licensed: 2006-09-14 Effective: 2025-10-01 License issued: 2025-08-19 Expires: 2026-09-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
St. Anthony Home 1907 Huie-Dellmon Avenue, BOYCE, LA, 71409	Tony Bo L Vetts II	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 2203784820 State ID: MR0012574 Originally licensed: 2020-12-22 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: RAPIDES Mailing address: P.O. DRAWER 7768, ALEXANDRIA, LA, 71306
St. Mary"""""s Residential Training 6715 Highway 1 North, BOYCE, LA, 71409	Tony Bo L Vetts	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 750000456 State ID: MR0002861 Originally licensed: 1978-02-08 Effective: 2025-09-01 License issued: 2025-06-27 Expires: 2026-08-31 Parish: RAPIDES Mailing address: P. O. DRAWER 7768, ALEXANDRIA, LA, 71306
Stuckey Home 6725 Highway 1 North, BOYCE, LA, 71409	Tony Bo Vetts	Phone: 3184456443 Email: BO.Vets@stmarys-rts.org Fax: 3184831850	License: 928 State ID: MR0004639 Originally licensed: 2004-04-27 Effective: 2026-05-01 License issued: 2026-02-24 Expires: 2027-04-30 Parish: RAPIDES Mailing address: P.O. BOX DRAWER 7768, ALEXANDRIA, LA, 71306
Taft Community Home 4314 Whitefield, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184498787 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184498782	License: 1053 State ID: MR0007962 Originally licensed: 2009-02-22 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Taylor Group Home 5635 Navaho Trail, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184427105 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184427106	License: 1029 State ID: MR0007593 Originally licensed: 2008-04-01 Effective: 2026-05-01 License issued: 2026-03-16 Expires: 2027-04-30 Parish: RAPIDES Mailing address: P. O. BOX 7917, ALEXANDRIA, LA, 71306
Van Buren Community Home 508 Heyman Lane, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184484729 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184484730	License: 1027 State ID: MR0007516 Originally licensed: 2008-02-05 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Verni Community Home 347 Browns Bend Road, ALEXANDRIA, LA, 71303	Karen J Coor	Phone: 3184427086 Email: karenjcoor@yahoo.com Fax: 3184879987	License: 705 State ID: MR0003215 Originally licensed: 1991-11-22 Effective: 2025-11-01 License issued: 2025-10-03 Expires: 2026-10-31 Parish: RAPIDES Mailing address: 347 BROWNS BEND ROAD, ALEXANDRIA, LA, 71303
Washington Group Home 1008 President's Drive, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184427012 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184427013	License: 948 State ID: MR0006734 Originally licensed: 2006-03-01 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Wesleyan Community Home 1621 Susek Drive, PINEVILLE, LA, 71360	James B Colwell	Phone: 3184422284 Email: mtcolwell1114@yahoo.com Fax: 3184481427	License: 916 State ID: MR0002911 Originally licensed: 1983-07-22 Effective: 2026-07-01 License issued: 2026-06-17 Expires: 2027-06-30 Parish: RAPIDES Mailing address: 1111 MAIN STREET, PINEVILLE, LA, 71360
West Pointe Community Home 6218 West Pointe Blvd., ALEXANDRIA, LA, 71301	PATRICK LACOUR	Phone: 3184480291 Email: patrick@pecangrovetrainingcenter.net Fax: 3184488099	License: 2203782707 State ID: MR0011584 Originally licensed: 2016-03-29 Effective: 2026-04-01 License issued: 2026-03-11 Expires: 2027-03-31 Parish: RAPIDES Mailing address: P.O. BOX 3477, PINEVILLE, LA, 71361
Westside Group Home 2987 North Bolton Avenue, ALEXANDRIA, LA, 71303	Audrey Hopkins	Phone: 3184731880 Email: audrey.hopkins@westsidehabcenter.com Fax: 3184457332	License: 309 State ID: MR0002906 Originally licensed: 1983-05-04 Effective: 2026-06-01 License issued: 2026-04-08 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Wilson Group Home 502 Boyd Street, CHENEYVILLE, LA, 71325	Audrey Hopkins	Phone: 3182792464 Email: audrey.hopkins@westsidehabcenter.com Fax: 3182792465	License: 1056 State ID: MR0007961 Originally licensed: 2009-03-23 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: RAPIDES Mailing address: P.O. BOX 7917, ALEXANDRIA, LA, 71306
Windermere Community Home 404 Windermere Blvd, ALEXANDRIA, LA, 71301	CAROLYN GRESHAM	Phone: 3184458615 Email: devans@evergreenls.org Fax: 3184456503	License: 660 State ID: MR0003185 Originally licensed: 1991-01-18 Effective: 2026-03-01 License issued: 2026-02-13 Expires: 2027-02-28 Parish: RAPIDES Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Winston Brown Community Home 5709 Whispering Pines, PINEVILLE, LA, 71360	CAROLYN GRESHAM	Phone: 3184486306 Email: devans@evergreenls.org Fax: 3184456503	License: 729 State ID: MR0003234 Originally licensed: 1999-08-01 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: RAPIDES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Amanda Rock Community Home 301 Knapp Street, LEESVILLE, LA, 71446	CAROLYN GRESHAM	Phone: 3184454470 Email: devans@evergreenls.org Fax: 3374456503	License: 273 State ID: MR0002891 Originally licensed: 1982-06-25 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2027-05-31 Parish: VERNON Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Ray Charles Smith Community Home 109 Martin O'Banion Road, LEESVILLE, LA, 71446	CAROLYN GRESHAM	Phone: 3184454470 Email: devans@evergreenls.org Fax: 3184456503	License: 2203782568 State ID: MR0003209 Originally licensed: 1991-07-02 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: VERNON Mailing address: 920 MAIN STREET, PINEVILLE, LA, 71360
Apache Drive Community Residence 2000 Apache Drive, WINNFIELD, LA, 71483	MATT PRICE	Phone: 3186286578 Email: mrprice035@gmail.com Fax: 3182558233	License: 612 State ID: MR0003138 Originally licensed: 1990-02-06 Effective: 2025-10-01 License issued: 2025-08-28 Expires: 2026-09-30 Parish: WINN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Calvin Road Community Residence 618 Joe Fraizer Road, WINNFIELD, LA, 71483	MATT PRICE	Phone: 3187278668 Email: mrprice035@gmail.com Fax: 3182558233	License: 587 State ID: MR0003114 Originally licensed: 1989-10-30 Effective: 2025-10-01 License issued: 2025-08-28 Expires: 2026-09-30 Parish: WINN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Dodson Community Residence 8804 Highway 126, DODSON, LA, 71422	MATT PRICE	Phone: 3186282507 Email: mrprice035@gmail.com Fax: 3182558233	License: 597 State ID: MR0003121 Originally licensed: 1989-12-05 Effective: 2025-10-01 License issued: 2025-08-28 Expires: 2026-09-30 Parish: WINN Mailing address: P. O. BOX 715, RUSTON, LA, 71273

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Disability Rights Louisiana	customer service	800-960-7705 disabilityrightsla.org	Legal Assistance, Programs Client Assistance Program (CAP) Protection & Advocacy of Beneficiaries of Social Security Community Living Ombudsman Program (CLOP) Financial Access Inclusion and Resources Project (FAIR) Supported Independent Living Advocacy Program (SILAP) Representative Payee Program Work Incentives Planning & Assistance (WIPA) Public Policy & Legislative Advocacy

Organization / Provider	Contact Person	Phone / Email	Services Provided
			Monitoring & Investigations Outreach and Training

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
Amedisys Home Health Services	Sonia Scully	318-445-2846	Provides high-quality home health care if you are recovering from surgery or illness or living with chronic health condition.
Delhi HomeCare	Kristina Kitchens	318-878-5152	We Pledge To Be Person Centered. We know the people we serve, understand their needs, and tailor healthcare to ensure the best journey possible. Quality Focused We're passionately committed to making healthcare better every day by leading the industry in clinical excellence and service quality.
Elara Caring	KRYSTAL KENDRICK	318-871-5101	Elara Caring provides in-home assistance for qualified individuals and concierge services with a focus on help with activities of daily living, home safety and personal care. Our team of professionals includes: Registered Nurses, Licensed Practical Nurses. Personal Care Attendants. We can help you transition and stay home after hospitalization. It can be challenging to get back into your normal routine after a hospitalization. With the help of Personal Care Services, the transition is smoother.
Elara Caring Natchitoches, La)	Sarah Cedars	318-238-3933	Our team of professionals includes: Registered Nurses, Licensed Practical Nurses. Personal Care Attendants. We can help you transition and stay home after hospitalization. It can be challenging to get back into your normal routine after a hospitalization. With the help of Personal Care Services, the transition is smoother.

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bunkie HomeCare 1123 Shirley Road, BUNKIE, LA, 71322	Tammy Bordelon	Phone: 3183463312 Email: lra@lhcgroup.com Fax: 3183463318	License: 1096 State ID: HH0001235 Originally licensed: 1984-02-06 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: AVOYELLES Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Elara Caring 320 Acton Rd, Ste B, MARKSVILLE, LA, 71351	Melanie Berzas	Phone: 3182538978 Email: regulatory@elara.com Fax: 3182534523	License: 2203783532 State ID: HH0001339 Originally licensed: 1983-10-01 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: AVOYELLES

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 3010 LYNDON B JOHNSON FREEWAY SUITE 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here
STAT Home Health Innovative 19924 Hwy 182, BUNKIE, LA, 71322	Laci Crain	Phone: 3188382178 Email: lmartinez@stjosephholdings.com Fax: 3188382180	License: 2203783295 State ID: HH0001363 Originally licensed: 1992-09-30 Effective: 2025-09-01 License issued: 2025-07-29 Expires: 2026-08-31 Parish: AVOYELLES Mailing address: 10615 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70809
Allegiance Home Health of East Louisiana 900 Fourth St., JONESVILLE, LA, 71343	TIFFANY SMITH	Phone: 3184033060 Email: cindy.frazier@ahmgt.com Fax: 3184033065	License: 2203786140 State ID: HH0001383 Originally licensed: 1992-06-02 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: CATAHOULA Mailing address: 900 FOURTH ST., JONESVILLE, LA, 71343
Intensive Home Healthcare, Inc. 1810 EE Wallace Road, Suite 6, FERRIDAY, LA, 71334	Emily Merrill	Phone: 3183369030 Email: emily.intensive336@gmail.com Fax: 3183369497	License: 2203786530 State ID: HH0001349 Originally licensed: 1991-04-26 Effective: 2026-05-01 License issued: 2026-04-28 Expires: 2027-04-30 Parish: CONCORDIA Mailing address: 1810 EE WALLACE ROAD, SUITE 6, FERRIDAY, LA, 71334
Louisiana HomeCare of Miss-Lou, LLC 200 Serio Blvd, FERRIDAY, LA, 71334	Lyndsie Raines	Phone: 3183362323 Email: LRA@LHCgroup.com Fax: 3183362631	License: 2203784254 State ID: HH0001209 Originally licensed: 1980-05-30 Effective: 2026-01-01 License issued: 2026-01-07 Expires: 2026-12-31 Parish: CONCORDIA Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
La Salle General Hospital Home Health 212 Ninth Street, JENA, LA, 71342	Lana Francis	Phone: 3189929250 Email: aevans@lgh-jena.org Fax: 3189929245	License: 66 State ID: HH0001205 Originally licensed: 1981-08-31 Effective: 2025-09-01 License issued: 2025-08-06 Expires: 2026-08-31 Parish: LASALLE Mailing address: P.O. BOX 2780, JENA, LA, 71342
Amedisys Home Health Services 4203 Parliament Drive, ALEXANDRIA, LA, 71303	Sonia Scully	Phone: 3184452846 Email: LicenseandCert@amedisys.com Fax: 3184458719	License: 2203785182 State ID: HH0001421 Originally licensed: 1993-01-07 Effective: 2025-12-01 License issued: 2025-11-05 Expires: 2026-11-30 Parish: RAPIDES Mailing address: 4203 PARLIAMENT DRIVE, ALEXANDRIA, LA, 71303 Already listed elsewhere in this region; license details supplied here
Better Care Home Health Inc. 2735 Culpepper Road, ALEXANDRIA, LA, 71301	MS Melissa Johnson	Phone: 3184734676 Email: BCHH@aol.com Fax: 3184739025	License: 255 State ID: HH0001275 Originally licensed: 1986-10-02 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: RAPIDES Mailing address: P.O. BOX 6009, ALEXANDRIA, LA, 71301

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
CENTERWELL HOME HEALTH 137 Yorktown Drive, ALEXANDRIA, LA, 71303	BROOKE CLARK	Phone: 3184876700 Email: facilitylicensure@centerwellhomehealth.com Fax: 3186199634	License: 1192 State ID: HH0001200 Originally licensed: 1974-12-19 Effective: 2026-01-01 License issued: 2026-01-06 Expires: 2026-12-31 Parish: RAPIDES Mailing address: PO BOX 1509, LOUISVILLE, KY, 40201
Elara Caring 1401 Texas Avenue, Suite A, ALEXANDRIA, LA, 71301	Melanie Berzas	Phone: 3184422197 Email: regulatory@elara.com Fax: 3184870590	License: 932 State ID: HH0003730 Originally licensed: 1986-01-31 Effective: 2026-05-01 License issued: 2026-04-28 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 3010 LYNDON B JOHNSON FREEWAY , STE 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here
Lagniappe Homecare Alexandria 3130 JACKSON STREET, ALEXANDRIA, LA, 71301	TARA MEHER	Phone: 3184426435 Email: tara.meher@centralmanagement.com Fax: 3184427839	License: 2203781694 State ID: HH0001389 Originally licensed: 1992-06-25 Effective: 2026-01-01 License issued: 2025-12-04 Expires: 2026-12-31 Parish: RAPIDES Mailing address: 3130 JACKSON STREET, ALEXANDRIA, LA, 71301
Louisiana HomeCare of Alexandria 6501 Coliseum Blvd., Suite 700E, ALEXANDRIA, LA, 71303	Frances Guinn	Phone: 3184277756 Email: lra@lhcgroup.com Fax: 3184277759	License: 2203785486 State ID: HH0001253 Originally licensed: 1984-10-12 Effective: 2026-06-01 License issued: 2026-05-22 Expires: 2027-05-31 Parish: RAPIDES Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
STAT Home Health-Central 101 Yorktown Drive STE A, ALEXANDRIA, LA, 71303	Laci Crain	Phone: 3185617778 Email: lmartinez@stjosephholdings.com Fax: 3185617706	License: 2203786831 State ID: HH0001428 Originally licensed: 1993-02-18 Effective: 2025-09-11 License issued: 2025-12-01 Expires: 2026-08-31 Parish: RAPIDES Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
TruCare Home Health Central, LLC 5208 Jackson St., Suite B,, ALEXANDRIA, LA, 71303	Matt Lyon	Phone: 3184488132 Email: bishop@premiermonroe.com	License: 2203786097 State ID: HH0001186 Originally licensed: 1970-08-21 Effective: 2025-10-01 License issued: 2025-10-03 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 1523 TEXAS AVENUE, BASTROP, LA, 71220
Elara Caring 206 E Texas St, LEESVILLE, LA, 71446	KIMBERLY BELTON	Phone: 3372394779 Email: regulatory@elara.com Fax: 3372392991	License: 2203785626 State ID: HH0001306 Originally licensed: 1990-01-22 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: VERNON Mailing address: 3010 LYNDON B. JOHNSON FREEWAY STE 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Vernon Home Health 213 Alexandria Highway, LEESVILLE, LA, 71446	KANCHAN VPADHYAY	Phone: 3372380506 Email: kbrister@vernonhomehealth.com Fax: 3372381528	License: 1088 State ID: HH0001357 Originally licensed: 1991-07-12 Effective: 2025-12-01 License issued: 2025-11-05 Expires: 2026-11-30 Parish: VERNON Mailing address: 213 ALEXANDRIA HIGHWAY, LEESVILLE, LA, 71446

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
All Saints Hospice 7406 Highway 1, Suite 101, MANSURA, LA, 71350	BROOKE WOMACK	Phone: 3182408515 Email: licensing@abodehealthcare.com Fax: 3182408516	License: 2203783378 State ID: HP0010625 Originally licensed: 2011-09-07 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: AVOYELLES Mailing address: 7406 HIGHWAY 1, SUITE 101, MANSURA, LA, 71350
Allegiance Hospice & Palliative Care 940 West Bon Tempt Street, MARKSVILLE, LA, 71351	Annmarie Rivera	Phone: 3184095253 Email: ann.rivera@ahhmgt.com Fax: 3183706253	License: 2203781892 State ID: HP0004570 Originally licensed: 2003-10-24 Effective: 2026-01-01 License issued: 2025-12-04 Expires: 2026-12-31 Parish: AVOYELLES Mailing address: 940 WEST BON TEMPT STREET, MARKSVILLE, LA, 71351
Enhabit Hospice of Vidalia 1653 Carter Street, VIDALIA, LA, 71373	PENNY CRAIN	Phone: 3183368989 Email: licensing@ehab.com Fax: 3183369876	License: 2203782823 State ID: HP0004316 Originally licensed: 2002-11-08 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: CONCORDIA Mailing address: 6688 N. CENTRAL EXPRESSWAY, SUITE 1300, DALLAS, TX, 75206
Premier Hospice Central 842 West Bradford Street, JENA, LA, 71342	STEPHEN BISHOP	Phone: 3184161200 Email: sbishop@premiermonroe.com Fax: 3184161900	License: 2203786421 State ID: HP0013344 Originally licensed: 2024-12-03 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: LASALLE Mailing address: 1523 TEXAS AVENUE, BASTROP, LA, 71220
CHRISTUS Hospice St. Frances Cabrini 6501 Coliseum Blvd, Ste 700D, ALEXANDRIA, LA, 71303	Misty B Winegeart	Phone: 3182668656 Email: LRA@lhcgroup.com Fax: 3182668658	License: 2203785533 State ID: HP0001762 Originally licensed: 1991-02-27 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: RAPIDES Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
Compassionate Care Hospice 5417 Jackson Street, Suite B, ALEXANDRIA, LA, 71303	MS Dana Pias	Phone: 3184879400 Email: 1285@amedisys.com Fax: 3184481160	License: 355 State ID: HP0010466 Originally licensed: 2010-11-01 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 5417 JACKSON STREET, SUITE B, ALEXANDRIA, LA, 71303

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Faith Foundation Hospice, INC. 3503 Parliament Court, ALEXANDRIA, LA, 71303	MS Pam Brossett	Phone: 3184435545 Email: Faithhospice@bellsouth.net Fax: 3185616534	License: 105 State ID: HP0001784 Originally licensed: 1996-10-01 Effective: 2026-02-01 License issued: 2025-12-04 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 3503 PARLIAMENT COURT, ALEXANDRIA, LA, 71303
Guardian Hospice Care, LLC 5212 Rue Verdun, ALEXANDRIA, LA, 71303	Rebecca A Troquille	Phone: 3184844418 Email: Raycock@guardianhospicecare.com Fax: 3184842732	License: 315 State ID: HP0007142 Originally licensed: 2007-04-03 Effective: 2026-05-01 License issued: 2026-04-23 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 5212 RUE VERDUN, ALEXANDRIA, LA, 71303
Harbor Hospice of Alexandria, LP 1407 Peterman Drive,, ALEXANDRIA, LA, 71301	SHAWNA SIBLEY	Phone: 3184421491 Email: kcarter@harborhcs.com Fax: 3184422462	License: 2203786881 State ID: HP0010711 Originally licensed: 2012-04-04 Effective: 2026-05-01 License issued: 2026-03-31 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 3406 COLLEGE STREET #200, BEAUMONT, TX, 77701
Heart of Hospice, LLC 1001 Bayou Place, ALEXANDRIA, LA, 71303	KRISTINA HIGHTOWER	Phone: 3188800223 Email: LRA@LHCGROUP.com Fax: 3188800903	License: 2203783725 State ID: HP0001758 Originally licensed: 1989-06-30 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: RAPIDES Mailing address: 1001 BAYOU PLACE, ALEXANDRIA, LA, 71303
Passages Hospice 812 Versailles Blvd, STE B, ALEXANDRIA, LA, 71303	NICOLE BULLER	Phone: 3186199457 Email: Carlie@passages-hospice.com Fax: 8778375422	License: 2203786682 State ID: HP0004515 Originally licensed: 2003-08-18 Effective: 2026-04-01 License issued: 2026-04-07 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 812 VERSAILLES BLVD, STE A, ALEXANDRIA, LA, 71303
St. Joseph Hospice of Cenla, LLC 101 Yorktown Drive, STE B,, ALEXANDRIA, LA, 71303	TRACY ALLETAG	Phone: 3185610100 Email: lmartinez@stjosephholdings.com Fax: 3185610333	License: 2203786941 State ID: HP0001770 Originally licensed: 1995-02-23 Effective: 2025-09-11 License issued: 2026-03-22 Expires: 2026-08-31 Parish: RAPIDES Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
Still Waters Hospice, LLC 1405 Metro Dr., Bldg L, ALEXANDRIA, LA, 71301	SARA ZITO	Phone: 3187672000 Email: sara.stillwatershospice@yahoo.com Fax: 3184425766	License: 2203785775 State ID: HP0007102 Originally licensed: 2007-03-30 Effective: 2025-11-01 License issued: 2025-10-20 Expires: 2026-10-31 Parish: RAPIDES Mailing address: 1405 METRO DR., BLDG L, ALEXANDRIA, LA, 71301
Allegiance Healthcare 1020 W. Fertitta Blvd., LEESVILLE, LA, 71446	AMANDA BABB	Phone: 3375094980 Email: cindy.frazier@ahmgt.com Fax: 3375094981	License: 2203786355 State ID: HP0013308 Originally licensed: 2024-09-09 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: VERNON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1020 FERTITTA BLVD., LEESVILLE, LA, 71446
Hospice of Leesville 1615 South 5th Street, LEESVILLE, LA, 71446	DOMINICK METOYER	Phone: 3372391020 Email: info@hospiceofleesville.com Fax: 3372398069	License: 2203785030 State ID: HP0004870 Originally licensed: 2005-07-29 Effective: 2026-03-01 License issued: 2026-02-24 Expires: 2027-02-28 Parish: VERNON Mailing address: 1615 SOUTH 5TH STREET, LEESVILLE, LA, 71446

Nurse Staffing Agencies — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Complete Care Staffing Agency 208 East Mark St., MARKSVILLE, LA, 70351	Christopher Kimble	Phone: 3187173314 Email: completecarestaffing@outlook.com Fax: 3187173314	License: 2203786950 State ID: NS0013574 Originally licensed: 2026-03-30 Effective: 2026-03-30 License issued: 2026-03-30 Expires: 2028-02-28 Parish: AVOYELLES Mailing address: 208 EAST MARK ST., MARKSVILLE, LA, 70351
National Nurses of America, Inc 5820 Jackson Street, ALEXANDRIA, LA, 71303	Michael Areingdale	Phone: 3184846111 Email: nationalnurses@suddenlinkmail.com Fax: 3184842090	License: 2203786032 State ID: NS0013143 Originally licensed: 2024-01-18 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2027-12-31 Parish: RAPIDES Mailing address: 5820 JACKSON STREET, ALEXANDRIA, LA, 71303
Southern EVALS 1010 Main Street, PINEVILLE, LA, 71360	Blake Velotta	Phone: 3184033788 Email: tcottano@sevals.net Fax: 3189878300	License: 2203786754 State ID: NS0013069 Originally licensed: 2023-11-13 Effective: 2025-10-08 License issued: 2023-11-13 Expires: 2027-09-30 Parish: RAPIDES Mailing address: PO BOX 3843, PINEVILLE, LA, 71361
Southern Medical Staffing, LLC 1500 Metro Dr, ALEXANDRIA, LA, 71301	Amy McNulty	Phone: 3184452035 Email: amymcnulty@southernmedicalstaffing.com Fax: 3184452330	License: 2203786022 State ID: NS0013138 Originally licensed: 2024-01-03 Effective: 2026-01-01 License issued: 2025-11-05 Expires: 2027-12-31 Parish: RAPIDES Mailing address: 1500 METRO DR, ALEXANDRIA, LA, 71301

Law Enforcement

Organization / Provider	Contact Person	Phone / Email	Services Provided
CATAHOULA PARISH SHERIFF'S OFFICE	Sheriff Toney Edwards	318-744-5411	Welcome to the Catahoula Parish Sheriff's Office website. Our goal is to provide citizens and visitors with quick and easy access to information about this office, the departments within the Sheriff's Office, the Catahoula Parish Jail and the Catahoula Parish Correctional Center. The primary mission of the Catahoula Sheriff's Office is to provide the citizens of and visitors to

Organization / Provider	Contact Person	Phone / Email	Services Provided
			Catahoula Parish with the most efficient, effective, and professional law enforcement services possible in our ongoing efforts to protect life and property. The Catahoula Parish Sheriff's Office has developed organizational policies and procedures to guide agency employees in their efforts to prevent crime and disorder and to ensure that individual civil liberties are protected.
Concordia Parish Sheriff's Office	Sheriff David K Hedrick Jr	318-336-5231	The office is responsible for enforcing Louisiana's laws within the parish and for operating and maintaining the Concordia Parish Correctional Facility.
VERNON PARISH	Sheriff John S. "Sam" Craft	337-238-1311	The Vernon Parish Sheriff's Office is dedicated to providing the highest quality law enforcement service to the citizens of Vernon Parish.
Catahoula Parish	Sheriff Toney Edwards	318-744-2121	Enforcement services possible in our ongoing efforts to protect life and property. The Catahoula Parish Sheriff's Office has developed organizational policies and procedures to guide agency employees in their efforts to prevent crime and disorder and to ensure that individual civil liberties are protected.
AVOYELLES PARISH	Sheriff David Dauzat	318-253-5422	A sheriff's duties include enforcing laws, investigating crimes, managing the county jail, and providing court security. They also respond to emergencies, serve warrants, and oversee patrol operations. Additionally, many sheriffs manage administrative tasks, develop community programs, and act as the chief law enforcement officer for their county.
Allen Parish	Sheriff Douglas L. Hebert III	337-639-4353	Enforcing laws: Upholding and enforcing federal, state, and local laws within the county. Patrol and response: Conducting patrols to deter crime and responding to emergencies, such as accidents and medical calls. Criminal investigation: Investigating criminal cases, gathering evidence, and interviewing witnesses. Arrests and warrants: Arresting offenders and serving both criminal and civil warrants.
IBERIA PARISH	Sheriff "Tommy" Romero	337-369-6714	Court security: Providing security for courthouses and maintaining order in courtrooms. Bailiff duties: Acting as bailiffs for courts within their jurisdiction. Jail management: Overseeing the county jail, including booking, housing, and the general safety and security of inmates. Prisoner transport: Transporting prisoners to and from court appearances or other facilities. Implementing community outreach programs like Neighborhood Watch, school resource programs, and public safety exhibitions.

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
Catahoula	Raymond Rouse	318-729-1318	The duties and responsibilities of the Catahoula Parish Coroner are governed by Louisiana state law, particularly Louisiana Revised Statutes 13:5701 et seq.. The coroner is primarily an elected or appointed official responsible for investigating certain types of deaths and handling mental health commitments within the parish.
Concorda Parish	Pamela Poole	318-650-8446	A coroner investigates sudden, violent, unexpected, or unexplained deaths to determine the cause, manner, and circumstances of death, identify the deceased, and notify next of kin. Responsibilities include examining human remains, ordering autopsies or other tests, interviewing witnesses, collecting evidence, and holding inquests or court testimony when necessary. Coroners may also work to prevent future similar deaths by providing reports and recommendations.
Grant Parish	Dan Fletcher,RN	318-627-3261	Investigating Deaths: Conducts investigations into deaths that are sudden, violent, unexpected, or suspicious, or where the deceased was not attended by a physician in the days leading up to their death. Determining Cause and Manner of Death: Identifies the specific cause and manner of death (e.g., natural, accident, homicide, suicide, undetermined). Identifying the Deceased: Establishes the identity of the person who has died. Notifying Next of Kin: Informs the deceased's family or senior next of kin about the death. Conducting examinations: Authorizes and oversees post-mortem examinations (autopsies) and toxicology tests to determine the cause of death. Collecting Evidence and Witness Statements: Gathers evidence from the death scene and interviews witnesses, family members, and other relevant individuals. Issuing Reports and Certificates: Issues official death certificates and provides official reports of the findings. Testifying in Court: Provides evidence and testifies in court proceedings when the death involves legal matters, such as a homicide. Making Recommendations: Provides recommendations to prevent future deaths and improve public health and safety.
Winn Parish	James s. Lee M.D.	318-209-4600	Their duties vary by state but often include investigating sudden, violent, or unattended deaths, and they may or may not have medical training, unlike a medical examiner who is a forensic pathologist. A coroner's office can also be involved in areas like public health initiatives, community education, and assisting victims of sexual assault.
Vernon Parish	Shaw Granger, M.D	337-392-2349	Investigate deaths: Coroners look into the causes and circumstances of deaths that are sudden, violent, suspicious, or unattended. Complete death certificates: They are responsible for completing official death certificates. Perform autopsies: They may

Organization / Provider	Contact Person	Phone / Email	Services Provided
			order an autopsy to determine the cause and nature of death, though a medical examiner (who is a doctor) often performs this function. Conduct inquiries: Some coroners hold judicial inquiries or inquests into the manner of death. Mental health: In some areas, such as Louisiana, the coroner's office plays a significant role in assisting individuals experiencing mental health crises. Public health:
Rapides Parish	Jonathan D. Hunter, M.D	318-473-6831	Coroners contribute to public health by gathering data, such as on drug-related deaths, which helps in tracking public health issues like the opioid epidemic. Community support: They can provide support services, like assisting victims of sexual assault, and engage in community education on topics such as infant mortality and substance abuse.
LaSalle Parish	Kathy D. Thompsion,FPN -C	318-992-2166	Coroner working conditions are varied and can be challenging, combining administrative work in an office with physically demanding and emotionally draining tasks like visiting death scenes, performing autopsies, and dealing with the deceased. Conditions include irregular hours, being on-call, exposure to biological agents and odors, and working in various environments from a climate-controlled morgue to outdoor locations with extreme temperatures or difficult terrain.
Avoyelles Parish	James Bordeleon, M.D.	318-253-7077	Ethical considerations for a coroner include confidentiality, avoiding conflicts of interest, conducting investigations with honesty and integrity, and treating the deceased and their families with respect and dignity. Coroners must maintain professionalism, fairness, and impartiality while managing the sensitive and public nature of their duties.
GRANT PARISH	Sheriff Steven McCain	318-6217-2035	The duties of the sheriff included keeping the peace, collecting taxes, maintaining jails, arresting fugitives, maintaining a list of wanted criminals, and ...Handling administrative responsibilities such as budget management, staff hiring and training, and reviewing daily activities. Emergency management: Assisting in emergency weather situations and search and rescue missions.
Winn Parish	Sheriff Josh McAllister	318-628-4611	Sheriffs are the agency primarily responsible for the service or "delivery" of legal documents in the State. This includes summonses, subpoenas, and law suits. A sheriff is responsible for law enforcement on a county level, ensuring that all local, state, and federal laws are followed.

Veterans Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
CATAHOULA PARISH	Ahren Williams	318-744-0021/ahren.williams@la.gov	The Louisiana Department of Veterans Affairs has 84 locations across the state including veterans service offices, veterans homes and veterans cemeteries. Use the locator tool to enter a street address, city or zip code, in addition to options to select a mile radius and location type, to find the desired location.
CONCORDIA PARISH	Ahren Williams	318-757-4952/ahren.Williams@la.gov	The VA, or U.S. Department of Veterans Affairs, is the federal agency responsible for providing benefits and services to eligible veterans, their families, and survivors. Its main functions are administering health care through the Veterans Health Administration (VHA), managing various benefits programs like disability compensation and home loans through the Veterans Benefits Administration (VBA), and overseeing national cemeteries through the National Cemetery Administration (NCA).
AVOYELLES PARISH	Cedric Myers	318-739-0147/cedric.myers.@la.gov	A federal agency that provides benefits, healthcare, and cemetery services to military veterans and their families. Its mission is to care for those who have served by offering a range of benefits, including health care, disability and life insurance, education and training, and home loan guarantees.
GRANT PARISH	Norman Bruce	318-627-3023/norman,bruce@la.gov	Our mission is to provide comprehensive care and quality service to Louisiana’s Veterans, and their families, with regard to health care, education, disability benefits, long-term care, and burial...
WINN PARISH	Lisa Miller	318-628-4584/lisa.miller2@la.gov	Our mission is to provide comprehensive care and quality service to Louisiana’s Veterans, and their families, with regard to health care, education, disability benefits, long-term care, and burial...
RAPIDES PARISH	Norman Bruce	318-487-5743/Norman.Bruce@la.	Veterans Affairs (VA) offers a wide range of benefits including health care, disability compensation, pension, education and training (such as the GI Bill), and home loans. Other benefits include life and long-term care insurance, burial and memorial benefits, and Veteran Readiness and Employment (VR&E) services to help with job skills.
LASALLE PARISH	Scott Frye	318-992-2259/scott.frey@la.gov	Access to medical services, including hospital care, outpatient care, mental health support, and specialized care for women veterans and those exposed to hazards like Agent Orange. Disability Compensation: Monthly,

Organization / Provider	Contact Person	Phone / Email	Services Provided
			tax-free payments for veterans with service-related illnesses or injuries.
VERNON PARISH	Dobby Espree	337-238-6401/dobby.espree@la.gov	The Department of Veterans Affairs (VA) provides a range of benefits for eligible veterans, service members, and their families, including tax-free compensation, healthcare, educational assistance, and home loan guarantees. Eligibility for most benefits requires military service with a discharge other than dishonorable.

Kidney Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Fresenius Medical Care	Pam Black	318-281-3725	Delivering high-quality care with innovation and empathy through our kidney care, vascular access care, renal pharmacy, and laboratory and diagnostic services.

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BMA Bunkie 102 Standard Street, BUNKIE, LA, 71322	Jennifer Bayonne	Phone: 3183466348 Email: Clinic1469@fmc-na.com Fax: 3183466868	License: 042 State ID: ES0001119 Originally licensed: 2004-05-31 Effective: 2026-06-01 License issued: 2026-06-08 Expires: 2027-05-31 Parish: AVOYELLES Mailing address: 102 STANDARD STREET, BUNKIE, LA, 71322
Fresenius Kidney Care Marksville 634 Tunica Drive W., MARKSVILLE, LA, 71351	David Powe	Phone: 3182534376 Email: clinic100810@fmc-na.com Fax: 3182534377	License: 2203784234 State ID: ES0012473 Originally licensed: 2019-03-19 Effective: 2026-04-01 License issued: 2026-04-06 Expires: 2027-03-31 Parish: AVOYELLES Mailing address: 634 TUNICA DRIVE W., MARKSVILLE, LA, 71351
Fresenius Medical Care - Ferriday 2004 Carter Street, Suite A, VIDALIA, LA, 71373	Donald Jenkinson	Phone: 3183364196 Email: clinic4724@fmc-na.com Fax: 3183364431	License: 2203782416 State ID: ES0001127 Originally licensed: 2004-01-28 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: CONCORDIA Mailing address: 2004 CARTER STREET, SUITE A, VIDALIA, LA, 71373
Cenla Dialysis Care, LLC 1430 West Elm Street, JENA, LA, 71342	Lisa Ganey	Phone: 3189925555 Email: souriya@cenladialysiscare.com Fax: 3189926666	License: 2203785191 State ID: ES0012825 Originally licensed: 2022-01-28 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: LASALLE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 1801, JENA, LA, 71342
BMA Pineville 151 Sandifer Lane, PINEVILLE, LA, 71360	MR David Powe	Phone: 3184437131 Email: Jennifer.Bayonne@fresenius medicalcare.com Fax: 3184422920	License: 032 State ID: ES0001137 Originally licensed: 2003-05-06 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 151 SANDIFER LANE, PINEVILLE, LA, 71360
FMC Dialysis Services South Alexandria 1915 Beatrice Street, ALEXANDRIA, LA, 71301	MR David Powe	Phone: 3184878333 Email: Jennifer.Bayonne@fresenius medicalcare.com Fax: 3184870933	License: 033 State ID: ES0001172 Originally licensed: 2003-05-08 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: RAPIDES Mailing address: 1915 BEATRICE STREET, ALEXANDRIA, LA, 71301
Fresenius Kidney Care Bayou Roberts 5820 Masonic Drive, ALEXANDRIA, LA, 71301	David Powe	Phone: 3184487069 Email: jenniferbayonnepowe@fmc-na.com Fax: 3184487070	License: 2203784246 State ID: ES0012477 Originally licensed: 2019-03-26 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: RAPIDES Mailing address: 5820 MASONIC DRIVE, ALEXANDRIA, LA, 71301
Fresenius Kidney Care of Central Louisiana 4715 South MacArthur Drive, ALEXANDRIA, LA, 71302	David Powe	Phone: 3184874634 Email: Jennifer.Bayonne@fresenius medicalcare.com Fax: 3184274928	License: 2203783174 State ID: ES0011915 Originally licensed: 2017-03-02 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: RAPIDES Mailing address: 4715 SOUTH MACARTHUR DRIVE, ALEXANDRIA, LA, 71302
Mervin W. Perdue Kidney Center 225 North Bolton Ave., ALEXANDRIA, LA, 71301	MR David Powe	Phone: 3184871063 Email: Jennifer.Bayonne@fresenius medicalcare.com Fax: 3184871082	License: 041 State ID: ES0001083 Originally licensed: 2003-06-04 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: RAPIDES Mailing address: 225 NORTH BOLTON AVE., ALEXANDRIA, LA, 71301
Fresenius Kidney Care Leesville, LLC 900 North 5th Street, Suite #5, LEESVILLE, LA, 71446	Mr. David Powe	Phone: 3373925122 Email: anthony.dommert@fresenius medicalcare.com Fax: 3373921192	License: 2203784884 State ID: ES0004628 Originally licensed: 2004-01-06 Effective: 2025-11-01 License issued: 2025-10-25 Expires: 2026-10-31 Parish: VERNON Mailing address: 900 NORTH 5TH STREET, SUITE #5, LEESVILLE, LA, 71446
BMA of Winnfield 601 West Court Street, WINNFIELD, LA, 71483	Erin Young	Phone: 3186481222 Email: erin.young@freseniusmedicalcare.com Fax: 3186486010	License: 104 State ID: ES0001159 Originally licensed: 2003-12-10 Effective: 2025-12-01 License issued: 2025-11-10 Expires: 2026-11-30 Parish: WINN Mailing address: 601 WEST COURT STREET, WINNFIELD, LA, 71483

Nursing Homes

Organization / Provider	Contact Person	Phone / Email	Services Provided
Autumn Leaves Nursing & Rehab Center, LLC	Mr, Jimmy D Zimmerman	318-628-4152	Autumn Leaves is designed and managed to offer the very best in nursing care and rehabilitation services. We know that once you look past the frills and amenities, what matters most in a health care facility is quality care and superior service. At Autumn Leaves we emphasize and demand quality care and superior service every day from every department. We hand pick the very best staff available, train them continuously to stay current with the latest procedures and technologies, and monitor our delivery with an eye towards ever-constant improvement. Our employees understand the importance of a kind word, a gentle touch, and the healing power of a smile. They must not only be competent but also compassionate. At Autumn Leaves our staff is committed to Improving Quality of Life.
Winnfield Nursing and Rehabilitation Center, LLC	Loriana White	318-628-3533	Winnfield Nursing and Rehabilitation Center, LLC, located in Winnfield, Louisiana, proudly serves our community's long term care and rehabilitation needs. We are committed to providing loving excellence in senior care and you can be assured that your loved ones will be in good hands – each receiving individual and specialized care to meet their health care needs from our compassionate and clinically trained professionals.
Wyatt Manor Nursing & Rehab. Ctr., Inc.	James L Martin	318-259-3290	The center is committed to enhancing the quality of life for individuals through a mixture of rehabilitation programs, skilled nursing care, and support services. Its focal point is to create a homely atmosphere where families can trust that their loved ones receive dedicated attention and professional care. Offers a variety of medical expertise and services, ensuring that residents receive the best possible care. The following are key services provided: Skilled nursing care, Rehabilitation services (physical, occupational, and speech therapy), Long-term care Memory care for dementia and Alzheimer's patients, Wound care management, Medication management, Nutrition and dietary support, Social services and activities programming.
Forest Haven Nursing and Rehab Center	Ms. Sandra Billings	318-259-2729	We will strive to achieve the highest quality of personalized care delivered with kindness, sensitivity, and compassion. Teamwork, We are committed to selecting and developing a professional team of caregivers who are passionate about improving quality of life. Integrity. We will adhere to the highest standards of honesty and character, worthy of the trust placed in us.
Colfax Reunion Nursing and Rehabilitation Center	Ms. Amy Williams	318-627-3207	Colfax Reunion Rehabilitation Center is a respected retirement home located in Colfax, Louisiana, dedicated to providing high-quality care for seniors. With a commitment to improving the quality of life for its residents, the facility boasts a compassionate staff who focus on offering personalized support

Organization / Provider	Contact Person	Phone / Email	Services Provided
			tailored to individual needs. With years of experience in the healthcare industry, Colfax Reunion has established itself as a vital community resource, fostering a warm and welcoming environment that encourages social interactions and active lifestyles among its residents.

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Avoyelles Manor Nursing Home 5682 Hwy. 107, South, DUPONT, LA, 71329	JAKE D WALLACE	Phone: 3189223404 Email: jakew@amnhome.com Fax: 3189223680	License: 240 State ID: NH0002509 Originally licensed: 1966-02-08 Effective: 2025-09-01 License issued: 2025-06-27 Expires: 2026-08-31 Parish: AVOYELLES Mailing address: P O BOX 370, DUPONT, LA, 71329
Bayou Chateau Nursing Center 16232 Hwy. 1, SIMMESPORT, LA, 71369	Shelley Mayeux	Phone: 3189412294 Email: Shelley.mayeux@legacynursingrehad.com Fax: 3189412957	License: 333 State ID: NH0002555 Originally licensed: 1975-04-25 Effective: 2025-12-01 License issued: 2025-10-27 Expires: 2026-11-30 Parish: AVOYELLES Mailing address: 16232 HWY. 1, SIMMESPORT, LA, 71369
Bayou Vista Nursing and Rehab Center 323 Evergreen Hwy, BUNKIE, LA, 71322	PHILIP PEPITON	Phone: 3183462080 Email: philipp@amnhome.com Fax: 3183467879	License: 2203785181 State ID: NH0002542 Originally licensed: 1994-01-28 Effective: 2025-12-01 License issued: 2025-10-24 Expires: 2026-11-30 Parish: AVOYELLES Mailing address: P O BOX 270, BUNKIE, LA, 71322
Colonial Nursing And Rehabilitation Center 426 N. Washington Street, MARKSVILLE, LA, 71351	MIRANDA M GREEN	Phone: 3182534554 Email: colonialadmin@rightcarehs.com Fax: 3182534550	License: 2203785316 State ID: NH0002826 Originally licensed: 1984-04-18 Effective: 2026-04-01 License issued: 2026-02-11 Expires: 2027-03-31 Parish: AVOYELLES Mailing address: 426 N. WASHINGTON STREET, MARKSVILLE, LA, 71351
Hessmer Nursing And Rehabilitation Center 3707 Hwy. 114, HESSMER, LA, 71341	Mallory Bordelon	Phone: 3185634246 Email: hessmeradmin@rightcarehs.com Fax: 3185639244	License: 2203785300 State ID: NH0002522 Originally licensed: 1969-01-31 Effective: 2026-04-01 License issued: 2026-02-11 Expires: 2027-03-31 Parish: AVOYELLES Mailing address: 3707 HWY. 114, HESSMER, LA, 71341
Oak Haven Rehabilitation and Healthcare Center 1515 Hwy 107, CENTER POINT, LA, 71323	Cristie Howell	Phone: 3182534601 Email: chowell@oakhavenhc.com Fax: 3182534668	License: 2203786075 State ID: NH0002537 Originally licensed: 1960-08-29 Effective: 2025-12-01 License issued: 2025-10-07 Expires: 2026-11-30 Parish: AVOYELLES Mailing address: P.O. BOX 128, CENTER POINT, LA, 71323

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Riviere de Soleil Community Care Center 7408 Highway 1, MANSURA, LA, 71350	Barry Brown	Phone: 3189642198 Email: bbrown@commcare.com Fax: 3374193527	License: 2203781986 State ID: NH0002602 Originally licensed: 1982-01-02 Effective: 2026-04-01 License issued: 2026-02-18 Expires: 2027-03-31 Parish: AVOYELLES Mailing address: 7408 HIGHWAY 1, MANSURA, LA, 71350
Valley View Health Care Facility 7119 Hwy. 1 South, MARKSVILLE, LA, 71351	MR Jeffrey Caubarreaux	Phone: 3182536553 Email: vvadministrator@plantationmgt.com Fax: 3182536160	License: 2203784467 State ID: NH0002557 Originally licensed: 1977-09-08 Effective: 2026-06-01 License issued: 2026-03-31 Expires: 2027-05-31 Parish: AVOYELLES Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
The Columns Rehabilitation and Healthcare Center 3025 Fourth St., JONESVILLE, LA, 71343	Cheyanne Clark	Phone: 3183394344 Email: cclark@thecolumnshc.com Fax: 3185424595	License: 2203786067 State ID: NH0002600 Originally licensed: 1993-03-18 Effective: 2025-12-01 License issued: 2025-10-07 Expires: 2026-11-30 Parish: CATAHOULA Mailing address: 3025 FOURTH ST., JONESVILLE, LA, 71343
Camelot Leisure Living 6818 Hwy. 84, FERRIDAY, LA, 71334	Ronnie Mizell	Phone: 3187577557 Email: clladmin@paramounthcla.com Fax: 3185380118	License: 164 State ID: NH0002593 Originally licensed: 1987-11-30 Effective: 2025-12-01 License issued: 2025-10-24 Expires: 2026-11-30 Parish: CONCORDIA Mailing address: 6818 HWY. 84, FERRIDAY, LA, 71334
Colfax Nursing and Rehab, L.L.C. 366 Webb Smith Drive, COLFAX, LA, 71417	Ami Williams	Phone: 3186273207 Email: ami.williams@crnr.us Fax: 3186273220	License: 2203785315 State ID: NH0002816 Originally licensed: 1984-11-30 Effective: 2026-02-01 License issued: 2026-01-05 Expires: 2027-01-31 Parish: GRANT Mailing address: 366 WEBB SMITH DR, COLFAX, LA, 71417
Legacy Nursing and Rehabilitation of Pollock 8275 Hwy. 165, POLLOCK, LA, 71467	MS Debra Nugent	Phone: 3187653557 Email: debbie.nugent@legacynursingrehab.com Fax: 3187659862	License: 2203785958 State ID: NH0002680 Originally licensed: 1981-06-01 Effective: 2025-08-01 License issued: 2025-08-20 Expires: 2026-07-31 Parish: GRANT Mailing address: 8275 HIGHWAY 165, POLLOCK, LA, 71467
LaSalle Nursing Home 139 Ninth Street, JENA, LA, 71342	MRS Phyllis Bryan	Phone: 3189926627 Email: pbryan@lasallenursinghome.com Fax: 3189929288	License: 785 State ID: NH0002844 Originally licensed: 1980-03-06 Effective: 2026-04-01 License issued: 2026-03-03 Expires: 2027-03-31 Parish: LASALLE Mailing address: P.O. BOX 1510, JENA, LA, 71342
Onyx Care of Jena 5877 Aimwell Road, JENA, LA, 71342	Melissa Brister	Phone: 3189924175 Email: admin.jena@onyxhcc.com Fax: 3189924177	License: 2203786856 State ID: NH0002792 Originally licensed: 1984-03-31 Effective: 2026-01-16 License issued: 2026-01-16 Expires: 2026-12-31 Parish: LASALLE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 3020, JENA, LA, 71342
Belle Grande Nursing & Rehabilitation Center 172 Versailles Blvd, ALEXANDRIA, LA, 71303	Theresa J Wall	Phone: 3184435638 Email: bellegrandeadmin@centralmanagement.com Fax: 3184423118	License: 2203786915 State ID: NH0002809 Originally licensed: 1965-09-22 Effective: 2026-02-26 License issued: 2026-02-25 Expires: 2027-01-31 Parish: RAPIDES Mailing address: P O BOX 12970, ALEXANDRIA, LA, 71315
Hilltop Nursing & Rehab Center 336 Edgewood Drive, PINEVILLE, LA, 71360	MR Jeremy Procell	Phone: 3184429552 Email: hilltopadmin@centralmanagement.com Fax: 3184732640	License: 930 State ID: NH0002785 Originally licensed: 1990-03-02 Effective: 2026-01-01 License issued: 2025-10-23 Expires: 2026-12-31 Parish: RAPIDES Mailing address: 336 EDGEWOOD DR, PINEVILLE, LA, 71360
Legacy at St. Christina 122 Hillsdale Drive, PINEVILLE, LA, 71360	James I Mathews	Phone: 3184480141 Email: jim.mathews@legacynursingrehab.com Fax: 3183142008	License: 2203785953 State ID: NH0002531 Originally licensed: 1984-08-28 Effective: 2025-08-01 License issued: 2025-10-21 Expires: 2026-07-31 Parish: RAPIDES Mailing address: 2431 SOUTH ACADIAN THRUWAY, SUITE 100, BATON ROUGE, LA, 70808
Lexington House 16 Heyman Lane, ALEXANDRIA, LA, 71303	Sarah Rand	Phone: 3184424364 Email: SRand@asimgt.com Fax: 3184424371	License: 760 State ID: NH0002812 Originally licensed: 1988-03-31 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: RAPIDES Mailing address: 16 HEYMAN LANE, ALEXANDRIA, LA, 71303
Matthews Memorial Health Care Center 5100 Jackson Street Ext., ALEXANDRIA, LA, 71303	ELIZABETH C WILSON	Phone: 3184455215 Email: ECWILSON@asimgt.com Fax: 3184480726	License: 980 State ID: NH0002556 Originally licensed: 1997-05-09 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: RAPIDES Mailing address: 5100 JACKSON STREET EXT., ALEXANDRIA, LA, 71303
Oaks Care Center (The) 50 Pinecrest Drive, PINEVILLE, LA, 71360	Phillip Maxwell	Phone: 3186409656 Email: oaadministrator@plantationmgt.com Fax: 3186401439	License: 729 State ID: NH0002618 Originally licensed: 1997-05-18 Effective: 2026-02-01 License issued: 2025-12-05 Expires: 2027-01-31 Parish: RAPIDES Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
Regency House of Alexandria 5131 Masonic Drive, ALEXANDRIA, LA, 71301	Adam Burch	Phone: 3184458343 Email: aburch@regencyhousehc.com Fax: 3184458372	License: 2203786369 State ID: NH0002478 Originally licensed: 1986-12-31 Effective: 2025-09-01 License issued: 2025-08-01 Expires: 2026-08-31 Parish: RAPIDES Mailing address: 5131 MASONIC DRIVE, ALEXANDRIA, LA, 71301
Summit (The) 2200 Memorial Drive, ALEXANDRIA, LA, 71301	Gavin Lancon	Phone: 3184454300 Email: gmlancon@asimgt.com Fax: 3184451595	License: 976 State ID: NH0002539 Originally licensed: 1994-06-01 Effective: 2025-08-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-06-10 Expires: 2026-07-31 Parish: RAPIDES Mailing address: 2200 MEMORIAL DRIVE, ALEXANDRIA, LA, 71301
Tioga Community Care Center 5201 Shreveport Hwy., PINEVILLE, LA, 71360	DAVID B ELIAS	Phone: 3186403014 Email: delias@commcare.com Fax: 3186404927	License: 332 State ID: NH0002603 Originally licensed: 1975-04-15 Effective: 2025-12-01 License issued: 2025-10-08 Expires: 2026-11-30 Parish: RAPIDES Mailing address: 5201 SHREVEPORT HWY, PINEVILLE, LA, 71360
Rosepine Retirement & Rehab Ctr., LLC 18364 Central Avenue, ROSEPINE, LA, 70659	Andrew Driggers	Phone: 3374638778 Email: rosepineadmin@rightcarehs.com Fax: 3374601028	License: 875 State ID: NH0002806 Originally licensed: 1988-05-24 Effective: 2026-07-01 License issued: 2026-05-27 Expires: 2027-06-30 Parish: VERNON Mailing address: P.O. BOX 1169, ROSEPINE, LA, 70659
The Woodlands Healthcare Center 144 Thad Bailes Rd, LEESVILLE, LA, 71446	BETSY MCCOY	Phone: 3372396578 Email: bmccoy@thewoodlandshealthcare.com Fax: 3374234403	License: 2203785659 State ID: NH0002605 Originally licensed: 1968-07-15 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: VERNON Mailing address: 144 THAD BALLES RD, LEESVILLE, LA, 71446
Autumn Leaves Nursing & Rehab Center, LLC 342 Country Club Road, WINNFIELD, LA, 71483	MR Jimmy D Zimmerman	Phone: 3186284152 Email: autumnleavesadmin@centralmanagement.com Fax: 3186286171	License: 833 State ID: NH0002802 Originally licensed: 1963-07-01 Effective: 2026-07-01 License issued: 2026-04-21 Expires: 2027-06-30 Parish: WINN Mailing address: P.O. DRAWER 591, WINNFIELD, LA, 71483 Already listed elsewhere in this region; license details supplied here
Onyx Care of Winnfield 915 1st Street, WINNFIELD, LA, 71483	Loriana White	Phone: 3186283533 Email: admin.winnfield@onyx-hc.com Fax: 3186287600	License: 2203786861 State ID: NH0002834 Originally licensed: 1965-02-19 Effective: 2026-01-16 License issued: 2026-01-16 Expires: 2026-12-31 Parish: WINN Mailing address: P.O. DRAWER 1353, WINNFIELD, LA, 71483

Crisis HotLine & Helplines

Organization / Provider	Contact Person	Phone / Email	Services Provided
Domestic Violence	Statewide	1-888-411-1333	Crisis intervention, Hotline
Via Link	Resource linkage	800-273-8255, vialink.com	Hotline, crisis intervention

REGION 7

Primary Care and Specialty Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Alesha N. Kingsby, FNP	Office Manager	888-502-3553/318-701-4852	Family medicine specialist at our Cedar Grove primary care doctor office
Joshua P. White, FNP	Office Manager	888-509-5949/318-701-4852	Family medicine specialist at our Cedar Grove primary care doctor office
Stevetri Moore GUILLAUME,MD	Office Manager	888-509-5945/318701-48532	Is a internist at our Cedar Grove primary care doctor's office
Lawrence D. Counts, MD	Office Manager	225-217-0067	Is a internist& Nephrology at our Cedar Grove primary care doctor's office

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Spine Center of Excellence 411 Coleman Ave., Ste. 102, BOSSIER CITY, LA, 71111	Kathryn Gray	Phone: 3185852000 Email: kgray@louisianaspine.org Fax: 3185850360	License: 2203785596 State ID: AS0012953 Originally licensed: 2023-01-24 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: BOSSIER Mailing address: 411 COLEMAN AVE., STE. 102, BOSSIER CITY, LA, 71111
Surgical Suites at the Wall Center 8600 Fern Avenue, SHREVEPORT, LA, 71105	TERRI BRANTLEY	Phone: 3187950801 Email: tbrantley@wallcenter.com Fax: 3187959492	License: 162 State ID: AS0007994 Originally licensed: 2009-04-20 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: BOSSIER Mailing address: 8600 FERN AVENUE, SHREVEPORT, LA, 71105
Advanced Heart and Vascular Center 1453 East Bert Kouns Industrial Loop Suite 220, SHREVEPORT, LA, 71105	Sandra Germany	Phone: 3186293170 Email: sgermany@acsdoctors.com Fax: 3186293171	License: 2203783964 State ID: AS0012373 Originally licensed: 2018-06-13 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2027-05-31 Parish: CADDO Mailing address: 1453 EAST BERT KOUNS INDUSTRIAL LOOP, SUITE 220, SHREVEPORT, LA, 71105
CHRISTUS Surgery Center-Shreveport 385 Bert Kouns Industrial Loop, Ste 300, SHREVEPORT, LA, 71106	MS Janna C Roark	Phone: 3182120552 Email: janna.roark@christushealth.org Fax: 3182120557	License: 2203784816 State ID: AS0008004 Originally licensed: 2009-06-08 Effective: 2025-07-01 License issued: 2025-07-02 Expires: 2026-06-30 Parish: CADDO Mailing address: 385 BERT KOUNS INDUSTRIAL LOOP, STE 300, SHREVEPORT, LA, 71106
Eye Surgery Center 445 Ashley Ridge Blvd., SHREVEPORT, LA, 71106	Charlotte Alford	Phone: 3188691130 Email: Charlotte.Alford@eyesurgeryctr.com Fax: 3188658499	License: 122 State ID: AS0004414 Originally licensed: 2003-06-25 Effective: 2026-06-01 License issued: 2026-04-13 Expires: 2027-05-31 Parish: CADDO

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 445 ASHLEY RIDGE BLVD., SHREVEPORT, LA, 71106
Foot Surgery Center of Shreveport 9308 Mansfield Road, Suite 300, SHREVEPORT, LA, 71118	DR Richard T Havens	Phone: 3186869622 Email: Southsideclinic@yahoo.com Fax: 3186831023	License: 33 State ID: AS0001022 Originally licensed: 1987-12-11 Effective: 2026-01-01 License issued: 2025-11-20 Expires: 2026-12-31 Parish: CADDO Mailing address: 9308 MANSFIELD ROAD, SUITE 100, SHREVEPORT, LA, 71118
Park Plaza Surgical Specialists 8731 Park Plaza Dr, Ste B, SHREVEPORT, LA, 71105	Celia Carr	Phone: 3187032643 Email: jwages@rivercities.net Fax: 3187032645	License: 2203784660 State ID: AS0012637 Originally licensed: 2020-07-24 Effective: 2025-07-01 License issued: 2025-06-12 Expires: 2026-06-30 Parish: CADDO Mailing address: 8731 PARK PLAZA DR, STE B, SHREVEPORT, LA, 71105
Red River Surgery Center 708 North Ashley Ridge Loop, Bldg 400, SHREVEPORT, LA, 71106	Kathryn Boyd	Phone: 3186987000 Email: katie.boyd@amsurg.com Fax: 3186987006	License: 2203783352 State ID: AS0008231 Originally licensed: 2010-03-03 Effective: 2025-12-01 License issued: 2025-11-12 Expires: 2026-11-30 Parish: CADDO Mailing address: 1A BURTON HILLS BLVD., NASHVILLE, TN, 37215
Shreveport Endoscopy Center, A.M.C. 3217 Mabel Street, SHREVEPORT, LA, 71103	ADITIYA DARSI	Phone: 3186310072 Email: adarsi@gis.md Fax: 3182134979	License: 50 State ID: AS0001038 Originally licensed: 1990-12-19 Effective: 2026-01-01 License issued: 2025-11-13 Expires: 2026-12-31 Parish: CADDO Mailing address: P. O. BOX 37045, SHREVEPORT, LA, 71133
Shreveport Surgery Center, PTRSHP 745 Olive Street, Suite 100, SHREVEPORT, LA, 71104	MS Mary B Jones	Phone: 3182271163 Email: jpatterson@shptsurg.com Fax: 3182270413	License: 2203786223 State ID: AS0001011 Originally licensed: 1982-12-27 Effective: 2025-12-01 License issued: 2025-11-10 Expires: 2026-11-30 Parish: CADDO Mailing address: P. O. BOX 4825, SHREVEPORT, LA, 71134
Spring Lake Surgery Center,LLC 8711 LIne Ave, SHREVEPORT, LA, 71106	Kenneth Sanders, MD	Phone: 3188414486 Email: springlakesc@gmail.com Fax: 3188414489	License: 2203782303 State ID: AS0008147 Originally licensed: 2009-08-31 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: CADDO Mailing address: 8711 LINE AVE, SHREVEPORT, LA, 71106

Rural Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bienville Family Clinic 1175 Pine Street, Suite 100, ARCADIA, LA, 71001	Randy McKinney	Phone: 3182637970 Email: Admin@BienvilleFamilyClinic.com Fax: 3182632008	License: 060 State ID: RH0003368 Originally licensed: 2000-09-28 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: BIENVILLE

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1175 PINE STREET, SUITE 100, ARCADIA, LA, 71001
CHRISTUS Coushatta Ringgold Rural Health Clinic 3342 Bienville Road, RINGGOLD, LA, 71068	Michael Harrington	Phone: 3188949611 Email: Michael.harrington@christushealth.org Fax: 3189322198	License: 551RHC-2 State ID: RH0003365 Originally licensed: 1998-11-10 Effective: 1998-11-10 License issued: 1998-11-10 Expires: 1998-11-10 Parish: BIENVILLE Mailing address: 3342 BIENVILLE ROAD, RINGGOLD, LA, 71068
Benton Medical 188 Burt Blvd., BENTON, LA, 71006	David Jones,	Phone: 3189655017 Email: david.jones@ncmcla.com Fax: 3189655019	License: 2203783678 State ID: RH0012254 Originally licensed: 2017-12-15 Effective: 2025-12-01 License issued: 2025-11-04 Expires: 2026-11-30 Parish: BOSSIER Mailing address: P.O. BOX 177, BENTON, LA, 71006
Minden Medical Clinic of Haughton 170 Healthcare Plaza Drive, HAUGHTON, LA, 71037	Keith Cox	Phone: 3187060022 Email: keith.cox@ahgmt.com Fax: 3187060023	License: 2203785384 State ID: RH0012867 Originally licensed: 2022-07-06 Effective: 2026-07-01 License issued: 2026-06-15 Expires: 2027-06-30 Parish: BOSSIER Mailing address: 346 HOMER ROAD, MINDEN, LA, 71055
NCMC Plain Dealing Medical Center 112 Forest Street, PLAIN DEALING, LA, 71064	MR David C Jones	Phone: 3183267272 Email: David.Jones@ncmcla.com	License: 2203783599RHC-2 State ID: RH0004306 Originally licensed: 2002-10-08 Effective: 2011-01-01 License issued: 2010-12-20 Expires: 2011-12-31 Parish: BOSSIER Mailing address: 112 FOREST STREET, PLAIN DEALING, LA, 71064
South Bossier Medical 5668 Barksdale Boulevard, BOSSIER CITY, LA, 71112	David Jones	Phone: 3187351800 Email: david.jones@ncmcla.com Fax: 3187254960	License: 2203786236 State ID: RH0013219 Originally licensed: 2024-06-03 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: BOSSIER Mailing address: 5668 BARKSDALE BOULEVARD, BOSSIER CITY, LA, 71112
Blanchard Medical 5948 North Market Street, SHREVEPORT, LA, 71107	David Jones	Phone: 3183750001 Email: david.jones@ncmcla.com Fax: 3183750002	License: 2203784992 State ID: RH0012739 Originally licensed: 2021-07-06 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: CADDO Mailing address: 5948 NORTH MARKET STREET, SHREVEPORT, LA, 71107
NCMC Medical and Surgical Clinic 815 S PINE, VIVIAN, LA, 71082	David C Jones	Phone: 3183753239 Email: David.Jones@ncmcla.com Fax: 3183752755	License: 2203783599RHC-3 State ID: RH0003345 Originally licensed: 2000-06-15 Effective: 2015-09-04 License issued: 2015-09-04 Expires: 2016-08-31 Parish: CADDO Mailing address: 715 S PINE, VIVIAN, LA, 71082
Oil City Medical 103 LA-1, OIL CITY, LA, 71061	David Jones	Phone: 3189956504 Email: David.Jones@ncmcla.com Fax: 3189956535	License: 2203786803 State ID: RH0013461 Originally licensed: 2025-10-09 Effective: 2025-10-09 License issued: 2025-11-07

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-09-30 Parish: CADDO Mailing address: 103 LA-1, OIL CITY, LA, 71061
Butler Abshire Medical Clinic 926 Frances Drive, HAYNESVILLE, LA, 71038	Samuel K Abshire, MD	Phone: 3186240554 Email: juanfaulk@aol.com Fax: 3186243782	License: 441RHC 4 State ID: RH0003347 Originally licensed: 2000-02-29 Effective: 2018-02-01 License issued: 2018-01-29 Expires: 2019-01-31 Parish: CLAIBORNE Mailing address: 900 FRANCES DRIVE, HAYNESVILLE, LA, 71038
Butler-Abshire Medical Clinic 900 Frances Drive, HAYNESVILLE, LA, 71038	Vincent Sedminik	Phone: 3186240554 Email: Vincent.sedminik@emailsmc.com Fax: 3186243782	License: 441 RHC 4 State ID: RH0012468 Originally licensed: 2019-02-07 Effective: 2019-02-07 License issued: 2019-02-07 Expires: 2019-11-30 Parish: CLAIBORNE Mailing address: 900 FRANCES DRIVE, HAYNESVILLE, LA, 71038
Claiborne Family Medical Clinic 912 West Main Street, HOMER, LA, 71040	Tina Haynes	Phone: 3189273571 Email: thaynes@claibornemedical.com Fax: 8669276238	License: 206RHC-3 State ID: RH0013347 Originally licensed: 2024-11-13 Effective: 2024-11-13 License issued: 2024-11-21 Expires: 2025-10-31 Parish: CLAIBORNE Mailing address: 912 WEST MAIN STREET, HOMER, LA, 71040
Homer Medical Clinic 104 Morris Circle, HOMER, LA, 71040	Greg Gavin	Phone: 3189271110 Email: michael.patronis@emailsmc.com Fax: 3189271116	License: 2203786708 State ID: RH0004052 Originally licensed: 2001-02-26 Effective: 2018-04-01 License issued: 2018-11-30 Expires: 2018-11-30 Parish: CLAIBORNE Mailing address: 104 MORRIS CIRCLE, HOMER, LA, 71040
Homer Medical Clinic 104 Morris Circle, HOMER, LA, 71040	Vincent Sediminik	Phone: 3189271110 Email: thaynes@claibornemedical.com Fax: 3189271116	License: 206RHC-1 State ID: RH0012482 Originally licensed: 2018-04-01 Effective: 2021-03-29 License issued: 2022-02-11 Expires: 2022-06-30 Parish: CLAIBORNE Mailing address: 620 E. COLLEGE ST., HOMER, LA, 71040
Pelican Pediatrics, LLC 740 West Main Street, HOMER, LA, 71040	Leslie C Brasher	Phone: 3189273255 Email: lesliecouvillon@gmail.com Fax: 3189273257	License: 2203784168 State ID: RH0011241 Originally licensed: 2014-04-02 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: CLAIBORNE Mailing address: 740 WEST MAIN STREET, HOMER, LA, 71040
CHRISTUS Stonewall Rural Health Center 4974 Highway 3276, Suite B1, STONEWALL, LA, 71078	Brandon Hillman	Phone: 3186814344 Email: brandon.hillman@christushealth.org Fax: 3186814356	License: 551RHC-4 State ID: RH0013583 Originally licensed: 2026-02-24 Effective: 2026-02-24 License issued: 2026-04-30 Expires: 2026-12-31 Parish: DESOTO Mailing address: 1635 MARVEL STREET, COUSHATTA, LA, 71019
DeSoto Regional Family Medicine - Logansport 808 Main Street,	Todd Eppler	Phone: 3186972273 Email: toddeppler@desotoregional.c	License: 229RHC-5 State ID: RH0004309 Originally licensed: 2002-09-25

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
LOGANSPORT, LA, 71049		om Fax: 3186972277	Effective: 2025-10-01 License issued: 2016-07-26 Expires: 2026-09-30 Parish: DESOTO Mailing address: P.O. BOX 1636, MANSFIELD, LA, 71052
DeSoto Regional Family Medicine - Mansfield 130 Jefferson Street, MANSFIELD, LA, 71052	TODD EPPLER	Phone: 3188722700 Email: Toddeppler@desotoregional.com Fax: 3188726214	License: 229RHC-3 State ID: RH0008268 Originally licensed: 2010-06-01 Effective: 2025-10-01 License issued: 2010-06-17 Expires: 2026-09-30 Parish: DESOTO Mailing address: P. O. BOX 740, MANSFIELD, LA, 71052
Fast Pace Health 1121 Polk Street, MANSFIELD, LA, 71052	Randy Overton	Phone: 3185752143 Email: randy.overton@fastpacehealth.com Fax: 3185752144	License: 2203786935 State ID: RH0013443 Originally licensed: 2025-12-11 Effective: 2025-12-11 License issued: 2026-03-13 Expires: 2026-11-30 Parish: DESOTO Mailing address: 1121 POLK STREET, MANSFIELD, LA, 71052
NRMC Walk-In Clinic 740 Keyser Ave, Suite E, NATCHITOCHES, LA, 71457	Damian K Soileau	Phone: 3182385300 Email: kirk.soileau@nrmchospital.org Fax: 3182385301	License: 208RHC-2 State ID: RH0012415 Originally licensed: 2018-09-25 Effective: 2021-02-26 License issued: 2021-04-07 Expires: 2021-07-31 Parish: NATCHITOCHES Mailing address: 740 KEYSER AVE, SUITE E, NATCHITOCHES, LA, 71457
North Natchitoches Medical Clinic 3194 Hwy 71, CAMPTI, LA, 71411	Kirk Soileau	Phone: 3184763991 Email: kirk.soileau@nrmchospital.org	License: 208RHC-1 State ID: RH0007999 Originally licensed: 2008-08-01 Effective: 2008-08-01 License issued: 2008-08-04 Expires: 2009-07-31 Parish: NATCHITOCHES Mailing address: P. O. BOX 627, CAMPTI, LA, 71411
CHRISTUS Coushatta Rural Health Clinic 1633 Marvel Street, COUSHATTA, LA, 71019	BRANDON HILLMAN	Phone: 3189322081 Email: BRANDON.hillman@christushealth.org	License: 551RHC-1 State ID: RH0004291 Originally licensed: 2002-08-01 Effective: 2003-08-01 License issued: 2003-07-21 Expires: 2004-07-31 Parish: RED RIVER Mailing address: 1635 MARVEL STREET, COUSHATTA, LA, 71019
D Gregory Bell, MD and Willis-Knighton Medical Center 1633 Marvel Street (Pod B), COUSHATTA, LA, 71019	Jerry Fielder	Phone: 3189322170 Email: pmcredentialingadmin@wkhs.com Fax: 3189322242	License: 132 State ID: RH0007668 Originally licensed: 2008-07-10 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: RED RIVER Mailing address: P. O. BOX 506, COUSHATTA, LA, 71019
Husam Sukerek, M.D. 210 Highland Drive, MANY, LA, 71449	Husam Sukerek, M.D.	Phone: 3182565722 Email: sfayea1@yahoo.com Fax: 3182565774	License: 134 State ID: RH0007566 Originally licensed: 2007-12-27 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: SABINE Mailing address: 210 HIGHLAND DRIVE, MANY, LA, 71449

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Many Express Care 395 S. Capital Street, MANY, LA, 71449	CHRISTOPHER Beddoe	Phone: 3182567540 Email: cbeddoe@ahmgt.com	License: 643RHC-1 State ID: RH0007397 Originally licensed: 2007-06-18 Effective: 2007-08-01 License issued: 2007-06-18 Expires: 2008-07-31 Parish: SABINE Mailing address: 240 HIGHLAND DRIVE, MANY, LA, 71449
Sabine Urgent Care of Many 315 S. Highland Drive, Suite B, MANY, LA, 71449	Robert F Crowe	Phone: 3185909390 Email: tpcmany@lapedscenter.com Fax: 3185909392	License: 2203784739 State ID: RH0012655 Originally licensed: 2020-09-16 Effective: 2025-09-01 License issued: 2025-08-25 Expires: 2026-08-31 Parish: SABINE Mailing address: P.O. BOX 130, NEWLLANO, LA, 71461
The Pediatric Center of Many 1255 San Antonio Ave., MANY, LA, 71449	Tiffany Holt	Phone: 3184315100 Email: tpcmany@lapedscenter.com Fax: 3188087007	License: 2203786783 State ID: RH0012669 Originally licensed: 2020-11-20 Effective: 2025-10-13 License issued: 2025-10-29 Expires: 2026-09-30 Parish: SABINE Mailing address: 1255 SAN ANTONIO AVE., MANY, LA, 71449
Toledo Bend Express Care 12060 Texas Highway, MANY, LA, 71449	Christopher Beddoe	Phone: 3182569002 Email: cbeddoe@ahmgt.com Fax: 3182567540	License: 643RHC-3 State ID: RH0012576 Originally licensed: 2019-12-11 Effective: 2019-12-11 License issued: 2019-12-11 Expires: 2020-07-31 Parish: SABINE Mailing address: 240 HIGHLAND DR., MANY, LA, 71449
Zwolle Express Care 1015 Obrie Street, ZWOLLE, LA, 71486	CHRISTOPHER Beddoe	Phone: 3182562000 Email: cbeddoe@ahmgt.com	License: 643RHC-2 State ID: RH0007547 Originally licensed: 2007-12-14 Effective: 2007-08-01 License issued: 2007-12-14 Expires: 2008-07-31 Parish: SABINE Mailing address: 240 HIGHLAND DRIVE, MANY, LA, 71449
Zwolle Rural Clinic 2026 Obrie Street, ZWOLLE, LA, 71486	Todd Eppler	Phone: 3186456013 Email: sharonprocell@desotoregional.com Fax: 3186456026	License: 229RHC-4 State ID: RH0004640 Originally licensed: 2004-01-26 Effective: 2025-10-01 License issued: 2015-03-10 Expires: 2026-09-30 Parish: SABINE Mailing address: P.O. BOX 1339, ZWOLLE, LA, 71486
Minden Family Care Center 208 Morris Drive, MINDEN, LA, 71055	Joseph Nida	Phone: 3183778260 Email: jnidamd@yahoo.com Fax: 3183779053	License: 2203784067 State ID: RH0003348 Originally licensed: 2000-07-07 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: WEBSTER Mailing address: 208 MORRIS DRIVE, MINDEN, LA, 71055
Minden Primary Care 1111 Homer Road, MINDEN, LA, 71055	Keith Cox	Phone: 3183777500 Email: Keith.cox@ahmgt.com Fax: 3183772324	License: 2203783472 State ID: RH0007613 Originally licensed: 2008-03-20 Effective: 2026-07-01 License issued: 2026-06-22 Expires: 2027-06-30 Parish: WEBSTER

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 346 HOMER ROAD, MINDEN, LA, 71055
North Webster Medical Clinic 106 Tri-State Drive, SAREPTA, LA, 71071	Michael G Patronis	Phone: 3185391000 Email: barbara.taylor@emailsmc.com Fax: 3185391000	License: 441RHC-3 State ID: RH0007784 Originally licensed: 2008-08-08 Effective: 2008-12-01 License issued: 2008-08-08 Expires: 2009-11-30 Parish: WEBSTER Mailing address: P. O. BOX 920, SPRINGHILL, LA, 71075
SMC Doctors Clinic 401 11th N.E., SPRINGHILL, LA, 71075	MICHAEL Patronis	Phone: 3185391700 Email: barbara.taylor@emailsmc.com	License: 441RHC-2 State ID: RH0006719 Originally licensed: 2006-03-02 Effective: 2007-12-01 License issued: 2007-02-23 Expires: 2008-11-30 Parish: WEBSTER Mailing address: P.O. BOX 370, SPRINGHILL, LA, 71075
The Women's Clinic 427 Homer Road, MINDEN, LA, 71055	Shannon Brown	Phone: 3183778855 Email: Heather.Osborne@ahmgt.com Fax: 3183778837	License: 160 State ID: RH0007214 Originally licensed: 2007-05-10 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: WEBSTER Mailing address: 427 HOMER ROAD, MINDEN, LA, 71055

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Northwest Louisiana Human Services District	Call for eligibility screen	Main line: 318-676-5111 After Hrs: 866-416-5370 Website: Nlhsd.org	Mental health/addiction treatment, developmental disabilities services
Louisiana Behavioral Health	Office Manager	318-731-9518	A unique partnership between Ochsner LSU health Shreveport Oceans Healthcare
Beacon Behavioral Health	Office Manager	318-676-511	Believe in the power of healing and recovery, and our inpatient hospital stand ready to provide the
Shreveport Behavioral Health Clinic	Office Manager	318-676-5111	Louisiana Behavioral Health provides inpatient and outpatient mental health services in a safe and comfortable environment with individual and group treatment …
Intensive Behavioral Health	Office Manager	318-934-0539	"Our Intensive Outpatient Counseling Program (IOP) is led by our dedicated staff and serves adult and geriatric patients with emotional, mental, and/or behavioral issues. Our goal is to help patients manage their chronic mental illnesses and avoid hospitalization. Comprised of psychiatrists, nurse practitioners, licensed professional counselors, marriage and family therapists, patient care coordinators, and a transportation coordinator, our team is committed to providing specialized and compassionate care."

Organization / Provider	Contact Person	Phone / Email	Services Provided
A Touch of Mercy	Mildred Rivers	318-828-1521	We are dedicated to providing exceptional services, whether in transportation, behavioral health, or education, with a focus on fostering holistic well-being.
Affinity Behavioral Health Service, LLC	Ebony Fuller	318-861-5927	

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Humble Beginnings Counseling Agency, LLC 1564 Hazel Street, ARCADIA, LA, 71001	Cynthia Jackon Murphy	Phone: 3185795105 Email: humblebeginnings15@att.net Fax: 3185795106	License: 2203784227 State ID: BH0011767 Originally licensed: 2017-02-17 Effective: 2026-03-01 License issued: 2026-03-04 Expires: 2027-02-28 Parish: BIENVILLE Mailing address: 1564 HAZEL STREET, ARCADIA, LA, 71001
Apple Gate Recovery, LLC 1605 Benton Road, Suite D, BOSSIER CITY, LA, 71111	Morgan Matthews	Phone: 3187420500 Email: lpelliccio@applegaterecovery.com Fax: 2144817740	License: 2203783095 State ID: BH0007979 Originally licensed: 2016-03-01 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: BOSSIER Mailing address: 1720 LAKEPOINTE DRIVE, SUITE 117, LEWISVILLE, TX, 75067
CADA Bossier Treatment Center 1525 Fullilove Drive, BOSSIER CITY, LA, 71112	William E Rose	Phone: 3182228511 Email: Janet.Miller@cadanwla.org Fax: 3182223273	License: 2203782522 State ID: BH0004582 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: BOSSIER Mailing address: 2000 FAIRFIELD AVENUE, SHREVEPORT, LA, 71104
Freedom Recovery , LLC Bossier IOP 1007 Gould Dr. Bldg 1. Suite 2, BOSSIER CITY, LA, 71111	Ashlee Bentz	Phone: 3185705907 Email: abentz@freedomrecoveryoflouisiana.com Fax: 3186544957	License: 2203786657 State ID: BH0013397 Originally licensed: 2025-07-16 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: BOSSIER Mailing address: 1007 GOULD DR BLDG 1 SUITE 2, BOSSIER CITY, LA, 71111
Hands of Hope Behavioral Health 1945 East 70th St. Suite E-2, SHREVEPORT, LA, 71105	Freda Lewis	Phone: 3182274999 Email: handsofhope@hohbh.org Fax: 3183001149	License: 2203786494 State ID: BH0012747 Originally licensed: 2021-08-18 Effective: 2026-03-01 License issued: 2026-03-06 Expires: 2027-02-28 Parish: BOSSIER Mailing address: 1945 EAST 70TH ST. SUITE E-2, SHREVEPORT, LA, 71105
Louisiana Association on Compulsive Gambling 1325 Barksdale Blvd, Suite 203, BOSSIER CITY, LA, 71111	JANET MILLER	Phone: 3186749756 Email: dpledger@helpforgambling.org Fax: 3184244355	License: 2203785844 State ID: BH0006966 Originally licensed: 2016-08-01 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: BOSSIER

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1325 BARKSDALE BLVD, SUITE 219, BOSSIER CITY, LA, 71111
Source of Solutions Counseling Service, LLC 2285 Benton Road, Suite D-103, BOSSIER CITY, LA, 71111	Roslyn Stumon	Phone: 3185847197 Email: rstumonsscs@gmail.com Fax: 3185847080	License: 2203785308 State ID: BH0011692 Originally licensed: 2016-08-23 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: BOSSIER Mailing address: 2285 BENTON ROAD, SUITE D-103, BOSSIER CITY, LA, 71111
Start Corporation-Shreveport 2350 Levy Street Suite 211, SHREVEPORT, LA, 71103	Casey Guidry	Phone: 2256662395 Email: Compliance@startcorp.org Fax: 9858724473	License: 2203784883 State ID: BH0012732 Originally licensed: 2021-03-17 Effective: 2026-03-01 License issued: 2026-03-03 Expires: 2027-02-28 Parish: BOSSIER Mailing address: PO BOX 165, HOUMA, LA, 70361
Unlimited Alternatives to Change, LLC 3018 Old Minden Road, Suite 1117, BOSSIER CITY, LA, 71112	Nikita Black	Phone: 3187461935 Email: alternatives2change@gmail.com Fax: 3187462514	License: 2203783045 State ID: BH0011770 Originally licensed: 2017-01-06 Effective: 2026-01-01 License issued: 2026-01-07 Expires: 2026-12-31 Parish: BOSSIER Mailing address: 3018 OLD MINDEN ROAD, SUITE 1117, BOSSIER CITY, LA, 71112
A Center for Hope and Change 542 Stoner Avenue., SHREVEPORT, LA, 71101	LaCoya Plater	Phone: 3186739901 Email: achc2003@aol.com Fax: 3186739904	License: 2203783683 State ID: BH0012295 Originally licensed: 2017-12-01 Effective: 2025-12-01 License issued: 2025-11-25 Expires: 2026-11-30 Parish: CADDO Mailing address: 542 STONER AVENUE, SHREVEPORT, LA, 71101
A Touch of Mercy 4718 Hearne Ave, SHREVEPORT, LA, 71108	Mildred Rivers	Phone: 3183958182 Email: atomshreveport@gmail.com Fax: 3185623461	License: 2203783434 State ID: BH0011863 Originally licensed: 2017-07-28 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: CADDO Mailing address: P.O. BOX 80251, SHREVEPORT, LA, 71148 Already listed elsewhere in this region; license details supplied here
A.R.I.S.E. Health and Wellness 2924 Knight St. Ste 357, SHREVEPORT, LA, 71105	Brianna Odom	Phone: 3185527473 Email: brandi@arisehealthandwellness.com Fax: 3182724180	License: 2203787088 State ID: BH0013568 Originally licensed: 2026-06-01 Effective: 2026-06-01 License issued: 2026-06-15 Expires: 2027-05-31 Parish: CADDO Mailing address: 2924 KNIGHT ST. STE 357, SHREVEPORT, LA, 71105
Active Recovery LLC 3821 Southern Ave., SHREVEPORT, LA, 71106	Tara Woods	Phone: 3189468157 Email: shreveport@activerecoveryla.org Fax: 3182165868	License: 2203782516 State ID: BH0011044 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-10-30 Expires: 2026-10-31 Parish: CADDO Mailing address: 3821 SOUTHERN AVE., SHREVEPORT, LA, 71106
Addiction Recovery Clinic 2000 Fairfield Avenue,	William E Rose	Phone: 3182228511 Email:	License: 2203782505 State ID: BH0003537

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
SHREVEPORT, LA, 71104		janet.miller@cadanwla.org Fax: 3182223273	Originally licensed: 2015-10-01 Effective: 2026-05-01 License issued: 2026-05-06 Expires: 2026-09-30 Parish: CADDO Mailing address: 2000 FAIRFIELD AVENUE, SHREVEPORT, LA, 71104
Affinity Behavioral Health Service, LLC 1845 Line Avenue Suite A, SHREVEPORT, LA, 71101	EBONY FULLER	Phone: 3186707447 Email: abhsinfo1@gmail.com Fax: 3187257448	License: 2203785570 State ID: BH0012913 Originally licensed: 2023-01-09 Effective: 2026-06-02 License issued: 2025-11-25 Expires: 2026-12-31 Parish: CADDO Mailing address: 1845 LINE AVENUE SUITE A, SHREVEPORT, LA, 71101 Already listed elsewhere in this region; license details supplied here
Ark La Tex Counseling and Rehab 7505 Pines Road, Suite 1104, SHREVEPORT, LA, 71129	Kendera Monette	Phone: 3186708313 Email: arklatexcrehab@gmail.com Fax: 3188281196	License: 2203783367 State ID: BH0011952 Originally licensed: 2017-06-19 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: CADDO Mailing address: 7505 PINES RD 1104, SHREVEPORT, LA, 71129
Assured Behavioral Concepts, LLC 2912 Valley View Drive, SHREVEPORT, LA, 71108	DeNicholas Chambers	Phone: 3186267143 Email: assuredbehavioral@gmail.com Fax: 3182100358	License: 2203784449 State ID: BH0012249 Originally licensed: 2018-01-24 Effective: 2025-10-01 License issued: 2025-10-01 Expires: 2026-09-30 Parish: CADDO Mailing address: P.O. BOX 8421, SHREVEPORT, LA, 71148
Autumn Creek Health Solutions, Inc. 2924 Knight Street, Suite 426, SHREVEPORT, LA, 71105	SHARON TERRELL	Phone: 3187543560 Email: sharon_bartley@live.com Fax: 3187790439	License: 2203782840 State ID: BH0011664 Originally licensed: 2016-07-12 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: CADDO Mailing address: 2924 KNIGHT STREET, SUITE 426, SHREVEPORT, LA, 71105
BHG Shreveport Treatment Center 1303 Line Avenue, Suite 600, SHREVEPORT, LA, 71101	Darlene Louie	Phone: 3184253400 Email: licensingteam@bhgrecovery.com Fax: 3184253447	License: 2203785220 State ID: BH0003532 Originally licensed: 2015-10-01 Effective: 2025-12-01 License issued: 2025-10-16 Expires: 2026-11-30 Parish: CADDO Mailing address: 5001 SPRING VALLEY ROAD, STE 600 EAST, DALLAS, TX, 75244
Bridges For Recovery, LLC 7607 Fern Avenue, Suites 903, SHREVEPORT, LA, 71105	Tiranisha t Jones	Phone: 3185249954 Email: tjones@bridges2recovery.net Fax: 3185249953	License: 2203783991 State ID: BH0012159 Originally licensed: 2017-10-12 Effective: 2026-07-01 License issued: 2026-07-01 Expires: 2027-06-30 Parish: CADDO Mailing address: 7607 FERN AVE, SUITES 903, SHREVEPORT, LA, 71105
Brighter Future Counseling Services, LLC 4571 N Market Street, SHREVEPORT, LA, 71107	Yomeka Evans	Phone: 3184248735 Email: info@brighterfuturecs.com Fax: 3184248739	License: 2203784055 State ID: BH0011765 Originally licensed: 2017-01-03 Effective: 2025-09-01 License issued: 2025-08-06 Expires: 2026-08-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: CADDO Mailing address: 4571 N MARKET STREET, SHREVEPORT, LA, 71107
CBS ACT Center, LLC 151 Freestate Blvd, Suite A, SHREVEPORT, LA, 71107	Patti Williams	Phone: 3182265990 Email: pamelaphillips@ymail.com Fax: 3182265994	License: 2203785328 State ID: BH0011648 Originally licensed: 2017-01-01 Effective: 2026-05-01 License issued: 2026-05-05 Expires: 2027-04-30 Parish: CADDO Mailing address: PO BOX 7875, SHREVEPORT, LA, 71137
Center of Recovery-CORE 635 Stoner Avenue, SHREVEPORT, LA, 71101	YOLANDA ADAMS-JOHNSON	Phone: 3184244357 Email: dpledger@helpforgambling.org Fax: 3184244355	License: 2203782514 State ID: BH0004136 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: CADDO Mailing address: 635 STONER AVENUE, SHREVEPORT, LA, 71101
Community Health, LLC 2920 Knight Street, Ste 130, SHREVEPORT, LA, 71105	Doris Mitchell	Phone: 3184591600 Email: communityhealthshreveport@gmail.com Fax: 3185887886	License: 2203787083 State ID: BH0012288 Originally licensed: 2017-11-13 Effective: 2026-06-08 License issued: 2026-06-11 Expires: 2027-05-31 Parish: CADDO Mailing address: 2920 KNIGHT STREET, STE 102, SHREVEPORT, LA, 71105
Creative Counseling, LLC 2133 E Bert Kouns Industrial Loop, SHREVEPORT, LA, 71105	DeMarcus Williams	Phone: 3182212828 Email: creativecounselingllc@gmail.com Fax: 3182212998	License: 2203785834 State ID: BH0011656 Originally licensed: 2016-06-15 Effective: 2026-07-01 License issued: 2026-06-18 Expires: 2027-06-30 Parish: CADDO Mailing address: 2133 E BERT KOUNS INDUSTRIAL LOOP, SHREVEPORT, LA, 71105
DOBI Healthcare Service, LLC 6009 Financial Plaza Suite 105, SHREVEPORT, LA, 71129	Obiora Nweke	Phone: 3186708858 Email: dobihealthcareservices@hotmail.com Fax: 3186708947	License: 2203783726 State ID: BH0012000 Originally licensed: 2017-02-17 Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: CADDO Mailing address: 6009 FINANCIAL PLAZA SUITE 105, SHREVEPORT, LA, 71129
Envision Counseling Services, LLC 2800 Youree Drive Suite 120 A, SHREVEPORT, LA, 71104	Robin Tyson	Phone: 3185623707 Email: ecs@envisioncounselingservicesworks.com Fax: 3185623708	License: 2203786753 State ID: BH0011835 Originally licensed: 2017-02-21 Effective: 2025-10-07 License issued: 2025-10-08 Expires: 2026-09-30 Parish: CADDO Mailing address: 2800 YOUREE DRIVE SUITE 120 A, SHREVEPORT, LA, 71104
Finding A Better Me, LLC 2924 Knight St. Suite 369, SHREVEPORT, LA, 71105	Jashonda Atkins	Phone: 3182100587 Email: findingmela@gmail.com Fax: 3182100547	License: 2203784050 State ID: BH0012106 Originally licensed: 2017-10-09 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: CADDO Mailing address: 2924 KNIGHT ST. SUITE 369, SHREVEPORT, LA, 71105
Forever Wellness and Recovery 910 Pierremont Road,	BRIAN G HOLLINS	Phone: 3182305794 Email: brian.hollins@foreverwellness	License: 2203784170 State ID: BH0012441 Originally licensed: 2019-01-02

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Suite 300, SHREVEPORT, LA, 71106		andrecovery.com Fax: 8448507677	Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: CADDO Mailing address: 910 PIERREMONT ROAD SUITE 300, SHREVEPORT, LA, 71106
Foundation Recovery Center L.L.C. 2015 Fairfield, Suite 2C, SHREVEPORT, LA, 71104	James T Ruben III	Phone: 3182271475 Email: tuckerr@frcla.org Fax: 3182271472	License: 2203785756 State ID: BH0012766 Originally licensed: 2021-08-13 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: CADDO Mailing address: 2015 FAIRFIELD, SUITE 2C, SHREVEPORT, LA, 71104
J&J Impact Counseling,LLC 1842 Irving Place, SHREVEPORT, LA, 71101	Jaime Harrell	Phone: 3182088908 Email: jharrell.jji@outlook.com Fax: 3182088935	License: 2203785862 State ID: BH0012198 Originally licensed: 2017-11-16 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: CADDO Mailing address: 1842 IRVING PLACE, SHREVEPORT, LA, 71101
Juvenile Court for Caddo Parish 1835 Spring Street, SHREVEPORT, LA, 71101	Clay Walker	Phone: 3182266500 Email: ltowner@caddo.org Fax: 3182266942	License: 2203782682 State ID: BH0004885 Originally licensed: 2016-04-01 Effective: 2026-04-01 License issued: 2026-04-01 Expires: 2027-03-31 Parish: CADDO Mailing address: 1835 SPRING STREET, SHREVEPORT, LA, 71101
Lets Talk Counseling and Therapy, LLC 2520 Crestwood Drive, SHREVEPORT, LA, 71118	Tresselar Williams-Lee	Phone: 3188683093 Email: letstalk@counseling1.net Fax: 3188683094	License: 2203784752 State ID: BH0011833 Originally licensed: 2017-03-16 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: CADDO Mailing address: 2520 CRESTWOOD DRIVE, SHREVEPORT, LA, 71118
Life Changing Solutions, LLC - Shreveport 6015 Hearne Avenue, SHREVEPORT, LA, 71108	Juanice Moses	Phone: 3182130906 Email: jmoses@lifechangingsolutionsllc.com Fax: 3182130922	License: 2203782974 State ID: BH0011604 Originally licensed: 2016-11-29 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: CADDO Mailing address: PO BOX 1792, SHREVEPORT, LA, 71166
Life Matters Counseling and Therapy, LLC 7505 Pines Rd. Ste 1200i, SHREVEPORT, LA, 71129	Constance Jones	Phone: 3187161707 Email: Constance.jones@lmcts.com Fax: 3187161815	License: 2203783138 State ID: BH0011864 Originally licensed: 2017-02-17 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: CADDO Mailing address: 7505 PINES RD. STE 1200I, SHREVEPORT, LA, 71129
Louisiana Education & Addiction Network 1301 Youree Drive, SHREVEPORT, LA, 71101	Matthew St. Amant	Phone: 8669475326 Email: cody@leanla.org Fax: 8334751659	License: 2203786668 State ID: BH0013465 Originally licensed: 2025-07-15 Effective: 2025-07-15 License issued: 2025-08-06 Expires: 2026-06-30 Parish: CADDO Mailing address: 1301 YOUREE DRIVE, SHREVEPORT, LA, 71101

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Magnolia Recovery LLC 3605 Youree Drive, SHREVEPORT, LA, 71105	Amanda Veuleman	Phone: 3186159006 Email: office@magnolia-recovery.com Fax: 3183022153	License: 2203784870 State ID: BH0012728 Originally licensed: 2021-03-02 Effective: 2025-03-01 License issued: 2025-02-14 Expires: 2026-02-28 Parish: CADDO Mailing address: 3605 YOUREE DRIVE, SHREVEPORT, LA, 71105
Merakey Pennsylvania-Shreveport 8932 Jewella Avenue Suite A, SHREVEPORT, LA, 71118	Heidi Bordelon	Phone: 3182194167 Email: mdahlhauser@merakey.org Fax: 3182194834	License: 2203785290 State ID: BH0011884 Originally licensed: 2017-06-26 Effective: 2026-04-01 License issued: 2026-04-01 Expires: 2027-03-31 Parish: CADDO Mailing address: 620 E. GERMANTOWN, LAFAYETTE HILL, PA, 19444
Metropolitan Circles 3510 Linwood Avenue, SHREVEPORT, LA, 71103	WENDY SIMS	Phone: 3186364194 Email: metfam@metropolitancircles.com Fax: 3186364196	License: 2203783209 State ID: BH0011712 Originally licensed: 2017-03-07 Effective: 2026-06-01 License issued: 2026-05-07 Expires: 2027-05-31 Parish: CADDO Mailing address: 3510 LINWOOD AVENUE, SHREVEPORT, LA, 71103
Milestones Counseling Center, LLC 3776 Youree Drive, SHREVEPORT, LA, 71105	Kimberly L Hawkins	Phone: 3186703159 Email: khawkins@milestonescounseling.org Fax: 3187544766	License: 2203784203 State ID: BH0012044 Originally licensed: 2017-05-09 Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: CADDO Mailing address: 3776 YOUREE DRIVE, SHREVEPORT, LA, 71105
Milestones Counseling Services, LLC 657 Jordan Street, SHREVEPORT, LA, 71101	Ryan Cox	Phone: 3182326096 Email: rcox@milestonescounseling.com Fax: 3186267064	License: 2203784999 State ID: BH0012300 Originally licensed: 2018-03-09 Effective: 2026-04-15 License issued: 2026-04-15 Expires: 2027-04-30 Parish: CADDO Mailing address: 657 JORDAN STREET, SHREVEPORT, LA, 71101
Mind Rehabilitation & Resource Center, Inc. 6009 Financial Plaza, Suite 102, SHREVEPORT, LA, 71129	Ken Chinweze	Phone: 3188281455 Email: mindrehab@comcast.net Fax: 3188281626	License: 2203783357 State ID: BH0011896 Originally licensed: 2017-02-17 Effective: 2026-06-01 License issued: 2026-05-07 Expires: 2027-05-31 Parish: CADDO Mailing address: 6009 FINANCIAL PLAZA, SUITE 102, SHREVEPORT, LA, 71129
New Day Recovery-Shreveport 6240 Greenwood Rd, SHREVEPORT, LA, 71119	ALLISON COOPER	Phone: 3185626320 Email: licensing@baymark.com	License: 2203783784 State ID: BH0012325 Originally licensed: 2018-02-22 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: CADDO Mailing address: 1720 LAKEPOINTE DRIVE, SUITE 117, LEWISVILLE, TX, 75057
Nova Vital IOP, LLC 3007 Knight Street, Suite 300 B, SHREVEPORT, LA, 71105	Jim Henry	Phone: 3182686101 Email: jhenry@lincolnnova.com Fax: 3182282001	License: 2203786709 State ID: BH0013083 Originally licensed: 2024-01-17 Effective: 2025-08-28 License issued: 2025-09-08 Expires: 2026-07-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: CADDO Mailing address: 8520 BUSINESS PARK DRIVE, SHREVEPORT, LA, 71105
Palmetto Addiction Recovery Center-Shreveport 820 Jordan Street, Suite 204, SHREVEPORT, LA, 71101	Hollye Rogers	Phone: 3187282970 Email: hrogers@palmettocenter.com Fax: 3187282272	License: 2203782677 State ID: BH0010754 Originally licensed: 2016-04-01 Effective: 2025-04-01 License issued: 2025-03-28 Expires: 2026-03-31 Parish: CADDO Mailing address: 86 PALMETTO RD., RAYVILLE, LA, 71269
Pelican Bayou Counseling Agency 9403 Mansfield Road, SHREVEPORT, LA, 71118	BRITTANY CUMMINGS JEWITT	Phone: 3188618938 Email: brittceo.pelican@gmail.com Fax: 3188623554	License: 2203782962 State ID: BH0011534 Originally licensed: 2016-02-23 Effective: 2025-11-01 License issued: 2025-11-04 Expires: 2026-10-31 Parish: CADDO Mailing address: 9403 MANSFIELD ROAD, SHREVEPORT, LA, 71118
Red River Therapeutic Solutions 2715 Mackey Place, Suite 135, SHREVEPORT, LA, 71118	Courtney Wilson	Phone: 3182208423 Email: rrts1@yahoo.com Fax: 3182208573	License: 2203782787 State ID: BH0011646 Originally licensed: 2016-06-15 Effective: 2026-06-01 License issued: 2026-05-13 Expires: 2027-05-31 Parish: CADDO Mailing address: 2715 MACKEY PLACE, SUITE 135, SHREVEPORT, LA, 71118
Rehabilitation Services of NW La-Bossier City 3341 Youree Drive, Suite 10B, SHREVEPORT, LA, 71105	Kyle Jacob	Phone: 3186750804 Email: twilliams@rehabservicesla.com Fax: 3184259030	License: 2203786164 State ID: BH0011881 Originally licensed: 2017-02-27 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: CADDO Mailing address: 1000 CHINABERRY DRIVE, SUITE 900, BOSSIER CITY, LA, 71111
Rising Up Family Services, LLC 404 Hearne Ave, SHREVEPORT, LA, 71103	Shawanda Martin	Phone: 3187161369 Email: risingupfs@gmail.com Fax: 3186750120	License: 2203786747 State ID: BH0011564 Originally licensed: 2016-12-12 Effective: 2025-09-12 License issued: 2025-10-06 Expires: 2026-08-31 Parish: CADDO Mailing address: 404 HEARNE AVE, SHREVEPORT, LA, 71103
SUN Behavioral Louisiana - Shreveport 800 Springs St. Ste 205, SHREVEPORT, LA, 71101	Lakeisha green	Phone: 3186703170 Email: mwilson2@seasidehc.com Fax: 3186703607	License: 2203783445 State ID: BH0012119 Originally licensed: 2017-08-01 Effective: 2025-05-01 License issued: 2026-06-25 Expires: 2026-07-31 Parish: CADDO Mailing address: 1216 STUBBS AVE., MONROE, LA, 71201
SeedLinks Behavior Management, LLC 1533 Marshall Street, Suite 100, SHREVEPORT, LA, 71101	Ryan Williams	Phone: 3186265597 Email: rwilliams@seedlinks.net Fax: 3186265691	License: 2203784603 State ID: BH0011752 Originally licensed: 2016-10-24 Effective: 2026-04-01 License issued: 2026-02-19 Expires: 2027-03-31 Parish: CADDO Mailing address: 1533 MARSHALL STREET, SUITE 100, SHREVEPORT, LA, 71101

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Shoulders of Strength - Shreveport 2800 Youree Drive, Suite 350-A, SHREVEPORT, LA, 71104	BETTY SMITH	Phone: 3186547667 Email: sosinc130@aol.com Fax: 3188165923	License: 2203785528 State ID: BH0011986 Originally licensed: 2017-03-01 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: CADDO Mailing address: 2900 CAMERON STREET, MONROE, LA, 71201
Shreveport Behavioral Health Clinic 1310 North Hearne Ave, SHREVEPORT, LA, 71107	Doug Efferson	Phone: 3186765111 Email: allie.allen@la.gov Fax: 3186765944	License: 2203782546 State ID: BH0003410 Originally licensed: 2015-12-01 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: CADDO Mailing address: P.O. BOX 7904, SHREVEPORT, LA, 71137 Already listed elsewhere in this region; license details supplied here
Sincere Client Care Services 2605 Betty Street, SHREVEPORT, LA, 71108	Andrea Baxter	Phone: 3182163748 Email: 1 Fax: 3188652312	License: 2203783368 State ID: BH0012006 Originally licensed: 2017-06-21 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: CADDO Mailing address: 2605 BETTY STREET, SHREVEPORT, LA, 71108
Social Work Professional Services, LLC 2219 Claiborne Avenue, SHREVEPORT, LA, 71103	Lenora Wilson	Phone: 3187790434 Email: lawilson.nyl@comcast.net Fax: 3182100000	License: 2203782966 State ID: BH0011764 Originally licensed: 2016-11-15 Effective: 2025-11-01 License issued: 2025-11-04 Expires: 2026-10-31 Parish: CADDO Mailing address: 2219 CLAIBORNE AVENUE, SHREVEPORT, LA, 71103
Street Outreach Solutions 2715 Mackey Place, Suite 119, SHREVEPORT, LA, 71118	Mar'Dosha Peek	Phone: 3187717707 Email: mpeek.sos@gmail.com Fax: 3183836685	License: 2203783448 State ID: BH0012080 Originally licensed: 2017-08-02 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: CADDO Mailing address: 2715 MACKEY PLACE, SUITE 119, SHREVEPORT, LA, 71118
Superior Counseling Services - Shreveport 2620 Centenary Blvd, B3, Suite 312, SHREVEPORT, LA, 71104	Katrina Boden	Phone: 3186819935 Email: Info@superiorcounseling.care Fax: 3186819938	License: 2203783287 State ID: BH0012043 Originally licensed: 2017-05-09 Effective: 2026-06-01 License issued: 2026-06-17 Expires: 2027-05-31 Parish: CADDO Mailing address: 2620 CENTENARY BLVD, B3, SUITE 312, SHREVEPORT, LA, 71104
The Center for Children and Families - Shreveport 3004 Knight Street Ste 149, SHREVEPORT, LA, 71105	Matthew Thornton	Phone: 3182278390 Email: Khumphries@standforhope.org Fax: 3184292414	License: 2203785680 State ID: BH0012111 Originally licensed: 2017-07-21 Effective: 2026-05-13 License issued: 2026-05-26 Expires: 2027-02-28 Parish: CADDO Mailing address: PO BOX 9493, MONROE, LA, 71211
The Kennedy Center of Louisiana 2210 Line Ave, Suite 207, SHREVEPORT, LA, 71104	Yura Wright	Phone: 3186751112 Email: twilliams@tkcl.org Fax: 8663079980	License: 2203783210 State ID: BH0011966 Originally licensed: 2017-03-29 Effective: 2025-06-01 License issued: 2025-05-19

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-05-31 Parish: CADDO Mailing address: 2210 LINE AVE, SUITE 207, SHREVEPORT, LA, 71104
Uprising Addiction Center LLC 7020 Klug Pines Rd, SHREVEPORT, LA, 71129	Brian Hollins	Phone: 3182305794 Email: brian@uprisingcenter.com Fax: 3185326009	License: 2203784700 State ID: BH0012663 Originally licensed: 2020-08-31 Effective: 2026-01-09 License issued: 2026-01-26 Expires: 2026-07-31 Parish: CADDO Mailing address: 7020 KLUG PINES RD, SHREVEPORT, LA, 71129
Volunteers of America of North Louisiana 2920 Knight Street, Building 1, Suite 155, SHREVEPORT, LA, 71105	Lauren Findley	Phone: 3182212669 Email: AR@voanorthia.org Fax: 3187034235	License: 2203785991 State ID: BH0012266 Originally licensed: 2017-11-30 Effective: 2025-11-01 License issued: 2025-10-22 Expires: 2026-10-31 Parish: CADDO Mailing address: 360 JORDAN ST, SHREVEPORT, LA, 71101
Claiborne Addiction Recovery Center 620 East College Street, First Floor, HOMER, LA, 71040	Tina Haynes	Phone: 3183713911 Email: nsmith@claibornemedical.com Fax: 3183713921	License: 2203784866 State ID: BH0012722 Originally licensed: 2021-02-12 Effective: 2026-02-01 License issued: 2026-02-09 Expires: 2027-01-31 Parish: CLAIBORNE Mailing address: 620 EAST COLLEGE, FIRST FLOOR, HOMER, LA, 71040
Cognitive Institute, Inc 809 Polk Street, MANSFIELD, LA, 71052	Marlena Laird	Phone: 3188715566 Email: coginst2@gmail.com Fax: 3188711076	License: 2203785496 State ID: BH0012169 Originally licensed: 2017-09-11 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: DESOTO Mailing address: P.O.BOX 828, MANSFIELD, LA, 71052
Heart Hill Recovery, LLC 419 Washington Ave, MANSFIELD, LA, 71052	Corey Robinson	Phone: 3186032972 Email: hearthillrecovery@gmail.com Fax: 3187756017	License: 2203786640 State ID: BH0013450 Originally licensed: 2025-07-01 Effective: 2025-07-01 License issued: 2025-07-11 Expires: 2026-06-30 Parish: DESOTO Mailing address: 419 WASHINGTON AVE, MANSFIELD, LA, 71052
Community Counseling Center at Cane River 830 Fourth Street, NATCHITOCHES, LA, 71457	Jennifer Karle	Phone: 3182144002 Email: jjkarle@yahoo.com Fax: 3182144004	License: 2203783300 State ID: BH0012038 Originally licensed: 2017-05-16 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: NATCHITOCHES Mailing address: PO BOX 2453, NATCHITOCHES, LA, 71457
Magnolia Belle Women's Addiction Wellness 1907 South Dr, NATCHITOCHES, LA, 71457	Brandy Klingman	Phone: 2253871611 Email: brandy@addictionwellness.com Fax: 2253435300	License: 2203786705 State ID: BH0013482 Originally licensed: 2025-08-27 Effective: 2025-08-27 License issued: 2025-09-04 Expires: 2026-07-31 Parish: NATCHITOCHES Mailing address: 1907 SOUTH DR, NATCHITOCHES, LA, 71457
Provision Rehab, LLC 733 Keyser Avenue Ste	DeAdrian Ficklin	Phone: 3182384030 Email:	License: 2203783654 State ID: BH0012255 Originally licensed: 2017-11-29

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
120, NATCHITOCHES, LA, 71457		provisionrehab@yahoo.com Fax: 3187875768	Effective: 2026-01-01 License issued: 2025-12-31 Expires: 2026-12-31 Parish: NATCHITOCHES Mailing address: P.O BOX 12635, ALEXANDRIA, LA, 71315
Rehabilitation Services of Central La-Natchitoches 430 Dixie Plaza, NATCHITOCHES, LA, 71457	Kyle Jacob	Phone: 3183579009 Email: twilliams@rehabservicesla.com Fax: 3183579008	License: 2203783127 State ID: BH0011886 Originally licensed: 2017-02-28 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: NATCHITOCHES Mailing address: 1000 CHINABERRY DRIVE, SUITE 900, BOSSIER CITY, LA, 71111
Winterhaven Professional Counseling Services, LLC 714 3rd Street, NATCHITOCHES, LA, 71457	Brian Small	Phone: 3182388801 Email: winterhaven1@hotmail.com Fax: 3182388803	License: 2203786446 State ID: BH0012279 Originally licensed: 2017-12-01 Effective: 2026-01-01 License issued: 2025-01-08 Expires: 2026-12-31 Parish: NATCHITOCHES Mailing address: P O BOX 2221, NATCHITOCHES, LA, 71457
Youth and Family Empowerment Services 1200 Keyser Ave., Suite C, NATCHITOCHES, LA, 71457	Kendrick Jackson	Phone: 3183570018 Email: yfes.mst@gmail.com Fax: 8443133280	License: 2203786427 State ID: BH0012192 Originally licensed: 2017-12-27 Effective: 2025-11-01 License issued: 2025-10-30 Expires: 2026-10-31 Parish: NATCHITOCHES Mailing address: 1200 KEYSER AVE., SUITE C, NATCHITOCHES, LA, 71457
Forever Wellness and Recovery, LLC 505 South Capitol Street, MANY, LA, 71449	Brian Hollins	Phone: 3182305794 Email: brian.hollins@foreverwellnessandrecovery.com Fax: 8448507677	License: 2203786376 State ID: BH0013012 Originally licensed: 2023-07-12 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: SABINE Mailing address: 910PIERREMONT RD. SUITE 300, MANY, LA, 71449
Pelican Bayou Counseling Agency- Minden 115 1st Street NE, SPRINGHILL, LA, 71075	BRITTNEY CUMMINGS JEWITT	Phone: 3188618938 Email: Brittceo.pelican@gmail.com Fax: 3183829703	License: 2203785833 State ID: BH0012585 Originally licensed: 2020-01-29 Effective: 2025-07-01 License issued: 2025-07-02 Expires: 2026-06-30 Parish: WEBSTER Mailing address: 9403 MANSFIELD ROAD, SHREVEPORT, LA, 71118

Crisis Receiving Centers III — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bridges for Recovery Crisis Receiving Center,LLC 5906 North Market Street, SHREVEPORT, LA, 71107	Tiranisha Jones	Phone: 3183095008 Email: tjones@bridges2recovery.net Fax: 3183095012	License: 2203786844 State ID: CR0013366 Originally licensed: 2025-12-08 Effective: 2025-12-08 License issued: 2025-12-12 Expires: 2026-11-30 Parish: BOSSIER Mailing address: 5906 NORTH MARKET STREET, SHREVEPORT, LA, 71107

Therapeutic Group Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Hazel's House 2 2711 Mackey Place, SHREVEPORT, LA, 71118	Joshua Dale	Phone: 3188618938 Email: BritCEO.pelican@gmail.com Fax: 3188623554	License: 2203786879 State ID: TG0013389 Originally licensed: 2026-01-20 Effective: 2026-01-20 License issued: 2026-01-20 Expires: 2026-12-31 Parish: BOSSIER Mailing address: 9403 MANSFIELD RD, SHREVEPORT, LA, 71118
Belaire Youth Home 6530 Burke St., SHREVEPORT, LA, 71108	Brittany Sanders	Phone: 3186930059 Email: belaireyouthhome@gmail.com Fax: 3186930052	License: 2203786320 State ID: TG0013314 Originally licensed: 2024-08-26 Effective: 2025-08-01 License issued: 2025-07-30 Expires: 2026-07-31 Parish: CADDO Mailing address: 6530 BURKE ST., SHREVEPORT, LA, 71101
Mentor House LLC 205 Jordan Street, SHREVEPORT, LA, 71101	Terrance Trammell	Phone: 3185623508 Email: MentorHome2024@gmail.com Fax: 3185623508	License: 2203786932 State ID: TG0013473 Originally licensed: 2026-03-11 Effective: 2026-03-11 License issued: 2026-03-11 Expires: 2027-02-28 Parish: CADDO Mailing address: 205 JORDAN STREET, SHREVEPORT, LA, 71101
PUDDENS PLACE 2657 VIVIAN ST, SHREVEPORT, LA, 71108	WILLIAM DAVIS	Phone: 3183497337 Email: INFO@A-1HS.COM Fax: 3186662327	License: 2203786687 State ID: TG0013448 Originally licensed: 2025-08-28 Effective: 2025-08-28 License issued: 2025-08-28 Expires: 2026-07-31 Parish: CADDO Mailing address: 100 CARONDOELET DR, SHREVEPORT, LA, 71108
The Virginia House LLC 344 Boulevard Street, SHREVEPORT, LA, 71104	Tiana Williams	Phone: 3186065144 Email: admin@virginiahousetgh.com Fax: 3186707336	License: 2203785926 State ID: TG0013059 Originally licensed: 2023-11-06 Effective: 2025-11-01 License issued: 2025-10-27 Expires: 2026-10-31 Parish: CADDO Mailing address: 344 BOULEVARD STREET, SHREVEPORT, LA, 71104

Dental Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dental Services	Dental Provider Locator	800-494-6262 mcnala.net	Medicaid members

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Gilmore House(Cliborne)	Jacinda Meadors	318-624-8057	Provides care and companionship for adults who need assistance or supervision during the day.
Success Adult Day Care	Mar'Dosha Peek	318-779-01097	Offer adult services, socialization, nutritious meals, exercise and activities.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Touch of Grace Adult Day Health Care	Mordecaus L Sykes	318-356-5855	Offers a warm and welcome environment for individuals in need of adult day care service.
Red River Council on Aging Adult Day health care	Ms. Elizabeth Cannon	225-318-932-5721	Red River Council provides excellent opportunities for socialization, relaxation and participation in a variety of programs and activities for active older adults

Adult Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Comfort Cove, LLC 8924 Jewella Avenue, Suite 321, SHREVEPORT, LA, 71118	Jasmine Norris	Phone: 3188281943 Email: comfortcovellc@gmail.com Fax: 3182176887	License: 2203786714 State ID: WA0013487 Originally licensed: 2025-09-11 Effective: 2025-09-11 License issued: 2025-09-12 Expires: 2026-08-31 Parish: CADDO Mailing address: 8924 JEWELLA AVENUE, SUITE 321, SHREVEPORT, LA, 71118
Hand in Hand Adult Day & Healthcare Center, LLC 211 N. Thomas Drive, SHREVEPORT, LA, 71107	Chinyere Hunter	Phone: 3186707814 Email: handinhandhealth1@gmail.com Fax: 3186707429	License: 2203786692 State ID: WA0013489 Originally licensed: 2025-08-26 Effective: 2025-08-26 License issued: 2025-09-02 Expires: 2026-07-31 Parish: CADDO Mailing address: 211 N. THOMAS DRIVE, SHREVEPORT, LA, 71107
Gilmore House, LLC 1464 Mayfield Dr., HAYNESVILLE, LA, 71038	Jacinda Meadors	Phone: 3186248057 Email: gilmorehouse71038@gmail.com	License: 2203785172 State ID: WA0012804 Originally licensed: 2022-01-03 Effective: 2026-01-01 License issued: 2026-01-20 Expires: 2026-12-31 Parish: CLAIBORNE Mailing address: 150 BISCAYNE DR., CEDAR HILL, TX, 75104
Touch of Grace, ADHC, LTC, L.L.C. 115 Industrial Drive, NATCHITOCHES, LA, 71457	Mordecaus L Sykes	Phone: 3183565855 Email: touchofgraceadhc@yahoo.com Fax: 3183525585	License: 2203784952 State ID: WA0006584 Originally licensed: 2005-03-16 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: NATCHITOCHES Mailing address: 115 INDUSTRIAL DRIVE, NATCHITOCHES, LA, 71457
Red River Council on Aging Adult Day Health Care 1825 Front Street, COUSHATTA, LA, 71019	Elizabeth Cannon	Phone: 3189325721 Email: rrcoa2@bellsouth.net Fax: 3189329572	License: 2668 State ID: WA0006598 Originally licensed: 1982-04-01 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: RED RIVER Mailing address: P.O. DRAWER 688, COUSHATTA, LA, 71019 Already listed elsewhere in this region; license details supplied here

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Lauves Pediatric Day Health Care 2720 Village Lane, BOSSIER CITY, LA, 71112	HOLLY TUNSTALL	Phone: 3187415734 Email: crystal@lauvespediatric.com Fax: 3187415757	License: 2203785337 State ID: PD0011187 Originally licensed: 2013-11-26 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: BOSSIER Mailing address: 10917 WHISPERING PATH DR, SHREVEPORT, LA, 71106
Aveanna Healthcare 385 Bert Kouns Industrial Loop, Suite 600, SHREVEPORT, LA, 71106	CARA DAVID	Phone: 3184157625 Email: credentialing@aveanna.com Fax: 3184157630	License: 2203782210 State ID: PD0011327 Originally licensed: 2014-12-16 Effective: 2025-12-01 License issued: 2025-11-21 Expires: 2026-11-30 Parish: CADDO Mailing address: 400 INTERSTATE NORTH PARKWAY SE, SUITE 1600, ATLANTA, GA, 30339
Caring Hands Pediatric Day Health Center, LLC 1009 Professional West Drive, SHREVEPORT, LA, 71105	Bridget D Bockhaus	Phone: 3182131281 Email: bbockhaus@caringhandspdhc.com Fax: 3182131282	License: 2203781927 State ID: PD0011205 Originally licensed: 2014-01-22 Effective: 2026-02-01 License issued: 2026-01-15 Expires: 2027-01-31 Parish: CADDO Mailing address: P.O. BOX 2403, MONROE, LA, 71207

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Energy Assistance(LIHEAP)	Representatives	1-866-674-6327	(LIHEAP) helps keep families safe and healthy through initiatives that assist families with energy costs. LIHEAP provides federally funded assistance to reduce the costs associated with home energy bills, energy crises, weatherization, and minor energy-related home repairs.
Low Income household water assistance program(LIHEAP	Lauren Holmes	225-754-1452	(LIHWAP) helps households with low incomes pay their water and wastewater bills, to prevent shutoffs or restore services.

Transportation Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Medical Transport	Medicaid - Financial	855-325-762	Non-emergency medical transportation to/from medical appointments has to be scheduled 2 days before appointment

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Exceptional Lives	Open	844-354-1212 exceptionallives.org	Online disability services and benefits linkage
Louisiana Vocational Rehab (LRS)	Medical/disability criteria	318-676-7155/800-737-2966 laworks.net	Career development program or individuals with disabilities
Office for Citizens with Developmental Disabilities	Medical/disability criteria	318-741-7455 Nlhsd.org	Eligibility\need assessments, family supports and services., waiver services
Social Security Benefit	Disability/financial	800-772-1213	Financial support
Personal Care Services	In-home Medicaid PCS	877-455-9955	Financial/medical

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bloom at Bossier - Level 3 4828 Medical Drive, BOSSIER CITY, LA, 71112	Laurie Manno	Phone: 3187460470 Email: admin@bloomatbossier.com Fax: 3187465825	License: 2203782473 State ID: AC0011365 Originally licensed: 2015-10-06 Effective: 2025-10-01 License issued: 2025-08-29 Expires: 2026-09-30 Parish: BOSSIER Mailing address: 4828 MEDICAL DRIVE, BOSSIER CITY, LA, 71112
Brookdale Bossier City - Level 3 2540 Beene Boulevard, BOSSIER CITY, LA, 71111	Teresa Green	Phone: 3187472114 Email: splunkettwuerger@brookdale.com Fax: 3187472164	License: 2203781799 State ID: AC0010391 Originally licensed: 2007-04-30 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: BOSSIER Mailing address: 2540 BEENE BOULEVARD, BOSSIER CITY, LA, 71111
Columns of Bossier City 4770 Brandon Blvd, BOSSIER CITY, LA, 71111	June B Bennett	Phone: 3185491001 Email: ed.bossiercity@valiantcommunities.com Fax: 3185490019	License: 2203786461 State ID: AC0010589 Originally licensed: 2011-05-03 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: BOSSIER Mailing address: 4770 BRANDON BLVD, BOSSIER CITY, LA, 71111
The Blake At Bossier City - Level 3 2000 Blake Boulevard, BOSSIER CITY, LA, 71111	Alicia Striplin	Phone: 3187526611 Email: alicia.striplin@qslmseniorliving.com Fax: 3184156411	License: 2203785628 State ID: AC0012372 Originally licensed: 2018-07-19 Effective: 2026-02-01 License issued: 2026-01-12 Expires: 2027-01-31 Parish: BOSSIER Mailing address: 2000 BLAKE BOULEVARD, BOSSIER CITY, LA, 71111
Azalea Estates of Shreveport - Level 3 516 East Flournoy Lucas Road, SHREVEPORT, LA, 71115	Lorrie Nunley	Phone: 3187972408 Email: lnunley@ssmgrp.com Fax: 3187978540	License: 2203784565 State ID: AC0010364 Originally licensed: 2004-09-21 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: CADDO Mailing address: 516 EAST FLOURNOY LUCAS ROAD, SHREVEPORT, LA, 71115

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Brookdale Shreveport - Level 3 7110 University Drive, SHREVEPORT, LA, 71105	Sarah Shelton	Phone: 3185242100 Email: splunkettwuerger@brookdale.com Fax: 3185242300	License: 10659 State ID: AC0010356 Originally licensed: 2003-11-30 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: CADDO Mailing address: 7110 UNIVERSITY DRIVE, SHREVEPORT, LA, 71105
Montclair Park Assisted Living- Level 3 9100 East Kings Highway, SHREVEPORT, LA, 71115	JORDAN ABDEHOU	Phone: 3187971114 Email: rachel@montclair-park.com Fax: 3187971158	License: 7232 State ID: AC0010334 Originally licensed: 1999-08-23 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: CADDO Mailing address: 9100 EAST KINGS HIGHWAY, SHREVEPORT, LA, 71115
Savannah at the Oaks - Level 3 651 Lake Eleanor Way, SHREVEPORT, LA, 71115	Randall Myers	Phone: 3182122300 Email: rmyers@wkhs.com Fax: 3182122278	License: 2110 State ID: AC0010632 Originally licensed: 2011-06-30 Effective: 2026-08-01 License issued: 2026-06-15 Expires: 2027-07-31 Parish: CADDO Mailing address: 651 LAKE ELEANOR WAY, SHREVEPORT, LA, 71115
The Chateaus At Montclaire-Level 3 9200 East Kings Highway, SHREVEPORT, LA, 71115	David Abdehou	Phone: 3182130790 Email: rachel@montclair-park.com Fax: 3182136390	License: 2203781600 State ID: AC0011114 Originally licensed: 2013-03-27 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: CADDO Mailing address: 9200 EAST KINGS HWY, SHREVEPORT, LA, 71115
The Cottages at The Glen - Level 3 425 East Flournoy Lucas Road, SHREVEPORT, LA, 71115	Cynthia Reese	Phone: 3187983500 Email: creese@theglen.org Fax: 3182133539	License: 13349 State ID: AC0010384 Originally licensed: 2006-11-20 Effective: 2025-12-01 License issued: 2025-11-21 Expires: 2026-11-30 Parish: CADDO Mailing address: 425 EAST FLOURNOY LUCAS ROAD, SHREVEPORT, LA, 71115
The Gables at Springlake - Level 3 8622 Line Avenue, SHREVEPORT, LA, 71106	Tameka Filmore	Phone: 3184261668 Email: Tfilmore@springlakenursinghome.com Fax: 3188613022	License: 2203784289 State ID: AC0008314 Originally licensed: 2001-07-30 Effective: 2026-04-01 License issued: 2026-02-26 Expires: 2027-03-31 Parish: CADDO Mailing address: 8622 LINE AVENUE, SHREVEPORT, LA, 71106
The Stiles Apartments-Level 4 403 East Flournoy Lucas Road, SHREVEPORT, LA, 71115	Cynthia Reese	Phone: 3187976810 Email: creese@theglen.org Fax: 3182133539	License: 2120 State ID: AC0010713 Originally licensed: 2012-03-13 Effective: 2026-04-01 License issued: 2026-02-09 Expires: 2027-03-31 Parish: CADDO Mailing address: 403 EAST FLOURNOY LUCAS ROAD, SHREVEPORT, LA, 71115
Woodys Home for Veterans - Level 2 442 Jordan Street, SHREVEPORT, LA, 71101	Julianne Crim	Phone: 3184251928 Email: juliannecrim@gmail.com Fax: 3184251828	License: 2203782831 State ID: AC0011638 Originally licensed: 2016-07-08 Effective: 2026-07-01 License issued: 2026-07-01 Expires: 2027-06-30 Parish: CADDO

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 442 JORDAN STREET, SHREVEPORT, LA, 71101
The Columns of Germantown Assisted Living Community-Level 3 619 Germantown Road, MINDEN, LA, 71055	Nancy Hines	Phone: 3183820402 Email: nhines@valiantcommunities.com Fax: 3183773708	License: 2203786211 State ID: AC0010587 Originally licensed: 2011-05-03 Effective: 2026-05-01 License issued: 2026-04-07 Expires: 2027-04-30 Parish: WEBSTER Mailing address: 619 GERMANTOWN ROAD, MINDEN, LA, 71055

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Assured Case Management Services 2912 Valley View Drive, Suite F, SHREVEPORT, LA, 71148	Kristal Chambers	Phone: 3186267143 Email: assuredcms22@gmail.com Fax: 3182100358	License: 2203785274 State ID: CM0012836 Originally licensed: 2022-03-28 Effective: 2026-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: BOSSIER Mailing address: P.O. BOX 8421, SHREVEPORT, LA, 71148
Divine Case Management, LLC 2620 Centenary Blvd Suite 304, SHREVEPORT, LA, 71104	Angelia D Stewart	Phone: 3186833553 Email: angelia_stewart@yahoo.com Fax: 3186833554	License: 2203784907 State ID: CM0008302 Originally licensed: 2010-04-27 Effective: 2026-04-01 License issued: 2026-03-03 Expires: 2027-03-31 Parish: CADDO Mailing address: 2620 CENTENARY BLVD SUITE 200, SHREVEPORT, LA, 71104
Easter Seals Louisiana-Region 7 3007 Knight Street, Suite 200, SHREVEPORT, LA, 71105	Patrick Gillies	Phone: 3182218244 Email: quality@laeasterseals.com Fax: 3188612162	License: 2203783017 State ID: CM0006484 Originally licensed: 2004-12-22 Effective: 2026-01-01 License issued: 2025-11-04 Expires: 2026-12-31 Parish: CADDO Mailing address: 3007 KNIGHT ST SUITE 200, SHREVEPORT, LA, 71105
Grace Case Management, LLC 7505 Pines Rd. Suite 1105, SHREVEPORT, LA, 71129	Anjalik Butler	Phone: 3187161015 Email: abutler.gracecasemanagement@gmail.com Fax: 3187161014	License: 2203785786 State ID: CM0012997 Originally licensed: 2023-06-30 Effective: 2026-06-01 License issued: 2026-05-22 Expires: 2027-05-31 Parish: CADDO Mailing address: 7505 PINES RD. STE 1105, SHREVEPORT, LA, 71129
Mindoula Health, INC 333 Texas Street, Suite 1346, SHREVEPORT, LA, 71101	Alyssa Reuscher	Phone: 8888799786 Email: credentialing@mindoula.com Fax: 8885113073	License: 2203785246 State ID: CM0012797 Originally licensed: 2022-03-02 Effective: 2026-03-01 License issued: 2026-02-09 Expires: 2027-02-28 Parish: CADDO Mailing address: 8040 GEORGIA AVE STE 170, SILVER SPRING, MD, 20910
Quality Support Coordination Inc 2800 Youree Drive Bldg A # 380, SHREVEPORT, LA, 71104	Janet Connell	Phone: 3182192514 Email: jconnell@qscmail.com Fax: 3182198642	License: 7295 State ID: CM0007295 Originally licensed: 2007-06-18 Effective: 2026-07-01 License issued: 2026-04-23 Expires: 2027-06-30 Parish: CADDO

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 2800 YOUREE DRIVE BLDG A # 380, SHREVEPORT, LA, 71104
Shepherds Heart LLC 7505 Pines Rd Suite 1180, SHREVEPORT, LA, 71129	Sarah Freeman	Phone: 3183833280 Email: info@shepherdsheartcms.org Fax: 3182093036	License: 2203786148 State ID: CM0013223 Originally licensed: 2024-07-08 Effective: 2025-08-01 License issued: 2025-06-24 Expires: 2026-07-31 Parish: CADDO Mailing address: 7505 PINES RD SUITE 1180, SHREVEPORT, LA, 71129
Shoulders of Strength, Inc. 2800 Youree Drive, Suite 350-B, SHREVEPORT, LA, 71104	Antoinette Clark	Phone: 3188487143 Email: sosinc130@aol.com Fax: 3188487159	License: 2203785471 State ID: CM0008127 Originally licensed: 2009-06-11 Effective: 2025-10-01 License issued: 2025-09-02 Expires: 2026-09-30 Parish: CADDO Mailing address: 2900 CAMERON STREET, MONROE, LA, 71201

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Humble Beginnings Assisted Care Services, LLC 1564 Hazel Street, ARCADIA, LA, 71001	Cynthia Jackson-Murphy	Phone: 3185795050 Email: humblebeginningsac@yahoo.com Fax: 3185795075	License: 2203784386 State ID: HC0012482 Originally licensed: 2019-05-29 Effective: 2025-09-01 License issued: 2025-09-02 Expires: 2026-08-31 Parish: BIENVILLE Mailing address: 1564 HAZEL STREET, ARCADIA, LA, 71001
A First Name Basis Home Care 284 Southfield Rd., SHREVEPORT, LA, 71105	Adrienne R Carroll	Phone: 3186828182 Email: admin@afirstnamebasis.com Fax: 3186866899	License: 2203786897 State ID: HC0006858 Originally licensed: 2006-06-13 Effective: 2026-01-27 License issued: 2026-02-05 Expires: 2026-12-31 Parish: BOSSIER Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596
Abundant Life Health Care Services, LLC 2625 Line Avenue, Suite 106, SHREVEPORT, LA, 71104	Chasidy Goldsmith	Phone: 3182333770 Email: Chasidy.Williams@live-abundant.com Fax: 3182333770	License: 2203784454 State ID: HC0012537 Originally licensed: 2019-10-15 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: BOSSIER Mailing address: 2625 LINE AVENUE, SUITE 106, SHREVEPORT, LA, 71104
Alliance Healthcare Group, LLC 2103 Old Minden Road, Suite A, BOSSIER CITY, LA, 71112	RAMONA THOMAS-WHITE	Phone: 3187424510 Email: michael.douglasceo@alliancehcg.com Fax: 3187424096	License: 2203785386 State ID: HC0005513 Originally licensed: 2005-03-21 Effective: 2026-07-01 License issued: 2026-05-14 Expires: 2027-06-30 Parish: BOSSIER Mailing address: 2103 OLD MINDEN ROAD, SUITE A, BOSSIER CITY, LA, 71112
Evergreen Supported Living Program 4400 Viking Drive, BOSSIER CITY, LA, 71111	NORMAN W MOORE	Phone: 3187471460 Email: nmoore@evergreenls.org Fax: 3184041585	License: 14052 State ID: HC0006030 Originally licensed: 1993-03-03 Effective: 2025-11-01 License issued: 2025-12-02 Expires: 2026-10-31 Parish: BOSSIER

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Everline"s Loving Arms, LLC 102 Bellevue Street, Suite 1000, BENTON, LA, 71006	Laura Fleenor	Phone: 3189650343 Email: elovingarms@yahoo.com Fax: 3189650353	License: 2203782330 State ID: HC0011348 Originally licensed: 2015-04-28 Effective: 2026-05-01 License issued: 2026-04-24 Expires: 2027-04-30 Parish: BOSSIER Mailing address: 102 BELLEVUE STREET, SUITE 1000, BENTON, LA, 71006
Martin Family Support Services, LLC 246 Blankenship Road, PLAIN DEALING, LA, 71064	JAMES MARTIN	Phone: 3183264623 Email: maple4547@aol.com Fax: 3183264051	License: 15079 State ID: HC0007762 Originally licensed: 2008-07-24 Effective: 2026-08-01 License issued: 2026-06-24 Expires: 2027-07-31 Parish: BOSSIER Mailing address: 246 BLANKENSHIP ROAD, PLAIN DEALING, LA, 71064
New Horizon Healthcare Solutions, LLC 3018 Old Minden Road, Suite 1114, BOSSIER CITY, LA, 71112	Mildred Rivers	Phone: 3185505060 Email: newhorizon.hcsbossier@gmail.com Fax: 8007956388	License: 2203786388 State ID: HC0012433 Originally licensed: 2018-12-18 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: BOSSIER Mailing address: P.O. BOX 80251, SHREVEPORT, LA, 71148
Options for Senior America 2123 Shed Road, Suite 13, BOSSIER CITY, LA, 71111	Amanda J Hays	Phone: 3186837585 Email: jhays@optionscorp.com Fax: 3185455145	License: 2203786716 State ID: HC0013476 Originally licensed: 2025-09-11 Effective: 2025-09-11 License issued: 2025-09-12 Expires: 2026-08-31 Parish: BOSSIER Mailing address: 2123 SHED ROAD, SUITE 13, BOSSIER CITY, LA, 71111
A First Name Basis Home Care 284 Southfield Rd., SHREVEPORT, LA, 71105	Adrienne R Carroll	Phone: 3186828182 Email: admin@afirstnamebasis.com Fax: 3186866899	License: 2203786771 State ID: HC0006230 Originally licensed: 2001-01-11 Effective: 2025-10-01 License issued: 2025-10-14 Expires: 2026-09-30 Parish: CADDO Mailing address: P. O. BOX 60366, LAFAYETTE, LA, 70596
A First Name Basis Home Care 284 Southfield Rd., SHREVEPORT, LA, 71105	Adrienne R Carroll	Phone: 3186828182 Email: admin@afirstnamebasis.com Fax: 3186866899	License: 2203787086 State ID: HC0005541 Originally licensed: 2005-10-01 Effective: 2025-10-20 License issued: 2026-06-11 Expires: 2026-09-30 Parish: CADDO Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596
A Good Home Care Services, LLC 9300 Mansfield Road Suite 305, SHREVEPORT, LA, 71118	DAVID WOODSON III	Phone: 3186880832 Email: agoodhomecare@gmail.com Fax: 3186880834	License: 2203783912 State ID: HC0007752 Originally licensed: 2008-08-14 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: CADDO Mailing address: 9300 MANSFIELD ROAD SUITE 305, SHREVEPORT, LA, 71118
A Touch of Mercy, LLC 4718 Hearne Avenue Suite B, SHREVEPORT, LA, 71108	MILDRED RIVERS	Phone: 3188281521 Email: atomshreveport@gmail.com Fax: 3185623471	License: 2203784641 State ID: HC0012556 Originally licensed: 2020-06-25 Effective: 2026-06-01 License issued: 2026-05-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-05-31 Parish: CADDO Mailing address: P.O. BOX 80251, SHREVEPORT, LA, 71148
Always Best Care Senior Services 1805 Line Avenue, SHREVEPORT, LA, 71101	Keith H Carter	Phone: 3184245300 Email: kcarter@abc-seniors.com Fax: 3184245313	License: 2203786543 State ID: HC0010611 Originally licensed: 2011-09-26 Effective: 2026-02-01 License issued: 2025-12-09 Expires: 2027-01-31 Parish: CADDO Mailing address: 1805 LINE AVENUE, SHREVEPORT, LA, 71101
An Endless Love Home Care, LLC 6003 Financial Plaza, SHREVEPORT, LA, 71129	Eunice Wilkerson	Phone: 3186360391 Email: anendlesslovehomecare@gmail.com Fax: 3186353298	License: 2203785688 State ID: HC0005439 Originally licensed: 2004-08-05 Effective: 2026-04-01 License issued: 2026-03-20 Expires: 2027-03-31 Parish: CADDO Mailing address: 6003 FINANCIAL PLAZA, SHREVEPORT, LA, 71129
Angelworks Adult Day Program 10450 ELLERBE ROAD Bldg #9, SHREVEPORT, LA, 71106	Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 82511 State ID: HC0010638 Originally licensed: 2011-08-25 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Assisted Family Services, LLC. 1845 Line Avenue Suite B, SHREVEPORT, LA, 71101	Troy Cummings	Phone: 3188615928 Email: troydc1974@gmail.com Fax: 3188615927	License: 2203784747 State ID: HC0005207 Originally licensed: 2004-03-23 Effective: 2025-10-01 License issued: 2025-08-19 Expires: 2026-09-30 Parish: CADDO Mailing address: 1845 LINE AVENUE SUITE B, SHREVEPORT, LA, 71101
Assurance Care Services, Inc. 4908 Monkhouse Drive, SHREVEPORT, LA, 71109	REPUNDA M BALL	Phone: 3186317583 Email: repundaball@comcast.net Fax: 3186358514	License: 15053 State ID: HC0005150 Originally licensed: 2003-12-16 Effective: 2026-07-01 License issued: 2026-05-21 Expires: 2027-06-30 Parish: CADDO Mailing address: P.O. BOX 19630, SHREVEPORT, LA, 71149
Brooks Personal Care Attendant Service, LLC 2809 Truly Lane, SHREVEPORT, LA, 71118	MS. Linda Brooks	Phone: 3186874589 Email: brookspca@aol.com Fax: 3186874640	License: 2203781488 State ID: HC0005306 Originally licensed: 2005-01-24 Effective: 2026-01-01 License issued: 2025-12-02 Expires: 2026-12-31 Parish: CADDO Mailing address: 2809 TRULY LANE, SHREVEPORT, LA, 71118
Comfort Keepers-Shreveport 7330 Fern Ave., Suite 803, SHREVEPORT, LA, 71105	Landrica Williams	Phone: 3189340090 Email: mattclinnard@comfortkeepers.com Fax: 9372648103	License: 2203786814 State ID: HC0005808 Originally licensed: 2004-06-17 Effective: 2025-11-14 License issued: 2025-11-19 Expires: 2026-10-31 Parish: CADDO Mailing address: 7330 FERN AVE., SUITE 803, SHREVEPORT, LA, 71105
Companion Home Services, LLC 8950 E. Kings Hwy., Suite	Jeremy Domingue	Phone: 3184297482 Email: lmartinez@carpenterhealth.n	License: 2203785949 State ID: HC0008030 Originally licensed: 2009-08-27

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
C, SHREVEPORT, LA, 71115		et Fax: 3182228723	Effective: 2025-11-01 License issued: 2025-10-14 Expires: 2026-10-31 Parish: CADDO Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
D & K Health Care Service , LLC 3200 Hollywood Avenue, SHREVEPORT, LA, 71108	LEROY EALY	Phone: 8776310805 Email: dandkcareservice@bellsouth.net Fax: 3186311192	License: 14076 State ID: HC0005481 Originally licensed: 2005-01-24 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: CADDO Mailing address: 3200 HOLLYWOOD AVENUE, SHREVEPORT, LA, 71108
Dependable Care Services, LLC 2118 Hollywood Avenue, SHREVEPORT, LA, 71108	ALISHA LONDON	Phone: 3186325008 Email: alondondcs@gmail.com Fax: 3186325099	License: 15490 State ID: HC0008094 Originally licensed: 2009-06-03 Effective: 2026-02-01 License issued: 2025-12-15 Expires: 2027-01-31 Parish: CADDO Mailing address: 2118 HOLLYWOOD AVENUE, SHREVEPORT, LA, 71108
Elite Health Solutions, LLC 7591 Fern Avenue Suite 1602, SHREVEPORT, LA, 71105	Carla S Anderson	Phone: 3182135483 Email: carla@elitehealthsolution.com Fax: 3182135484	License: 2203782987 State ID: HC0011815 Originally licensed: 2016-11-16 Effective: 2025-11-01 License issued: 2025-08-26 Expires: 2026-10-31 Parish: CADDO Mailing address: 7591 FERN AVE. SUITE 1602, SHREVEPORT, LA, 71105
Exceptional Client Care Service, LLC 835 Margaret Place, SHREVEPORT, LA, 71101	Jenny Choi	Phone: 3182211161 Email: jkc671@gmail.com Fax: 3182211164	License: 15027 State ID: HC0005249 Originally licensed: 2005-10-01 Effective: 2026-06-01 License issued: 2026-04-30 Expires: 2027-05-31 Parish: CADDO Mailing address: 835 MARGARET PLACE, SHREVEPORT, LA, 71101
Golden Patient Care Services, Inc 4615 Monkhouse Drive Ste. 100, SHREVEPORT, LA, 71109	La'Shundra G Washington	Phone: 3187034779 Email: goldencare247@aol.com Fax: 3189181258	License: 2203785796 State ID: HC0008075 Originally licensed: 2009-06-11 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: CADDO Mailing address: 4615 MONKHOUSE DRIVE STE. 100, SHREVEPORT, LA, 71109
Home Instead 7600 Fern Avenue, Building 400, SHREVEPORT, LA, 71105	Marnyce Arquitt	Phone: 3187419898 Email: dillonrice@homeinstead.com Fax: 3187416986	License: 2203787087 State ID: HC0010634 Originally licensed: 2011-10-01 Effective: 2026-03-01 License issued: 2026-06-11 Expires: 2027-02-28 Parish: CADDO Mailing address: 7600 FERN AVENUE, BUILDING 400, SHREVEPORT, LA, 71105
Johnsons Client Care Services, LLC 2620 CENTENARY BLVD BLDG 2 SUITE 142, SHREVEPORT, LA, 71104	MS. Clara Johnson	Phone: 3184245070 Email: johnsonctcare@bellsouth.net Fax: 3184248026	License: 2203782259 State ID: HC0005460 Originally licensed: 2005-10-01 Effective: 2026-02-01 License issued: 2026-01-23 Expires: 2027-01-31 Parish: CADDO Mailing address: 2620 CENTENARY BLVD

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			BLDG 2 SUITE 142, SHREVEPORT, LA, 71104
Leading Home Care 8321 Line Avenue, Suite 200, SHREVEPORT, LA, 71106	Roger Bradford	Phone: 3189082626 Email: info@lhcla.com Fax: 3187351105	License: 2203785838 State ID: HC0011110 Originally licensed: 2013-06-18 Effective: 2026-08-01 License issued: 2026-07-01 Expires: 2027-07-31 Parish: CADDO Mailing address: 206 LA RUE FRANCE, LAFAYETTE, LA, 70508
Loyalty Health Care Service LLC 2800 Youree Drive Suite 131, SHREVEPORT, LA, 71104	Felecia Butler	Phone: 3185626273 Email: loyaltyhealthcareservice@gmail.com Fax: 3185623820	License: 2203784051 State ID: HC0012407 Originally licensed: 2018-08-28 Effective: 2025-08-01 License issued: 2025-07-08 Expires: 2026-07-31 Parish: CADDO Mailing address: P.O. BOX 29223, SHREVEPORT, LA, 71149
Metro Client Care Service, LLC 424 Furman Street, OIL CITY, LA, 71061	ShaTerrica Isaac	Phone: 3189956989 Email: metroclientcareservice@gmail.com Fax: 3189956990	License: 2203782166 State ID: HC0011293 Originally licensed: 2014-10-16 Effective: 2025-11-01 License issued: 2025-10-10 Expires: 2026-10-31 Parish: CADDO Mailing address: P O BOX 1142, OIL CITY, LA, 71061
Metropolitan Circles, LLC 3510 Linwood Avenue, Suite A, SHREVEPORT, LA, 71103	Angela Simpson	Phone: 3186364194 Email: metfam@metropolitancircles.com Fax: 3186364196	License: 2203784690 State ID: HC0006235 Originally licensed: 2005-10-01 Effective: 2026-05-01 License issued: 2026-04-01 Expires: 2027-04-30 Parish: CADDO Mailing address: 3510 LINWOOD AVENUE, SUITE A, SHREVEPORT, LA, 71103
New Horizons Inc. 1701 North Market Street, SHREVEPORT, LA, 71107	Patricia Yoruw	Phone: 3186718131 Email: pyoruw@nhilc.org Fax: 3186887823	License: 2203784442 State ID: HC0006385 Originally licensed: 2005-10-01 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: CADDO Mailing address: 1701 NORTH MARKET STREET, SHREVEPORT, LA, 71107
PROFESSIONAL SITTER SERVICES 708 MILAM STREET, SUITE 202, SHREVEPORT, LA, 71101	Emily Jones	Phone: 3182265678 Email: EmilySimpsonJones@gmail.com Fax: 3182265655	License: 2203781829 State ID: HC0011154 Originally licensed: 2013-10-22 Effective: 2025-11-01 License issued: 2025-10-22 Expires: 2026-10-31 Parish: CADDO Mailing address: 708 MILAM STREET, SUITE 202, SHREVEPORT, LA, 71101
People First Outreach, Inc. 820 Jordan Street Suite 215, SHREVEPORT, LA, 71101	Saphronya Baker	Phone: 3186819988 Email: peoplefirstoutreachinc@gmail.com Fax: 3186819928	License: 9632 State ID: HC0006398 Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: CADDO Mailing address: 820 JORDAN STREET SUITE 215, SHREVEPORT, LA, 71101
Perfect Choice Home Care Services, LLC 820 Jordan Street, Suite 140, SHREVEPORT, LA, 71101	Contina McClindon	Phone: 3185623102 Email: contina@perfectchoiceservices.net Fax: 3185623630	License: 2203786878 State ID: HC0013530 Originally licensed: 2026-01-16 Effective: 2026-01-16 License issued: 2026-01-16

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-12-31 Parish: CADDO Mailing address: 1118 CREOLE DRIVE, BOSSIER CITY, LA, 71111
Seeds In Action Community Healthcare, Inc. 2210 Line Avenue, Suite 101, SHREVEPORT, LA, 71104	Allison Youngblood	Phone: 3186819572 Email: bradynanthony@yahoo.com Fax: 3186819567	License: 2203784164 State ID: HC0012447 Originally licensed: 2018-12-20 Effective: 2026-01-01 License issued: 2026-01-05 Expires: 2026-12-31 Parish: CADDO Mailing address: 2210 LINE AVENUE SUITE 101, SHREVEPORT, LA, 71104
Serenity Home Care Solutions, LLC 7505 Pines Road Suite 1285, SHREVEPORT, LA, 71129	Sharon Waggoner	Phone: 8003822728 Email: serenitysolutionshomecare@gmail.com Fax: 3182772500	License: 2203785711 State ID: HC0012962 Originally licensed: 2023-04-11 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: CADDO Mailing address: 7505 PINES ROAD SUITE 1285, SHREVEPORT, LA, 71129
Sincere Client Care Services 2605 BETTY STREET, SHREVEPORT, LA, 71108	ANDREA BAXTER	Phone: 3188652311 Email: sincerecarellc@bellsouth.net Fax: 3188652312	License: 2203782737 State ID: HC0007512 Originally licensed: 2007-12-04 Effective: 2026-05-01 License issued: 2026-04-21 Expires: 2027-04-30 Parish: CADDO Mailing address: 2605 BETTY STREET, SHREVEPORT, LA, 71108
St Matthews Direct Care Service 2620 Centenary Blvd. Bldg.1,Suite 104, SHREVEPORT, LA, 71104	MATTHEW J SNEED	Phone: 3182132273 Email: stmattsdcs@yahoo.com Fax: 3182132275	License: 2203783928 State ID: HC0007712 Originally licensed: 2008-07-14 Effective: 2026-05-01 License issued: 2026-03-18 Expires: 2027-04-30 Parish: CADDO Mailing address: 2620 CENTENARY BLVD. BLDG.1, SUITE104, SHREVEPORT, LA, 71104
The ARC of Caddo-Bossier 351 Jordan Street, SHREVEPORT, LA, 71101	KRISTEN POWERS	Phone: 3184258888 Email: kjackson@thearccaddobossier.org Fax: 3182212619	License: 2501 State ID: HC0005915 Originally licensed: 1991-07-17 Effective: 2026-04-01 License issued: 2026-03-13 Expires: 2027-03-31 Parish: CADDO Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
The Bridge Alzheimer"""""s & Dementia Resource Center 520 Olive Street, SHREVEPORT, LA, 71104	Laura Gauthier	Phone: 3186564800 Email: info@alzbridge.org Fax: 3188282791	License: 2203786496 State ID: HC0013380 Originally licensed: 2025-03-14 Effective: 2026-03-01 License issued: 2026-02-05 Expires: 2027-02-28 Parish: CADDO Mailing address: 851 OLIVE STREET, SHREVEPORT, LA, 71104
Volunteers of America of North Louisiana 1554 Magnolia Ave., SHREVEPORT, LA, 71101	Carolyn Hammond	Phone: 8446910003 Email: AR@voanorthla.org Fax: 3187033234	License: 2203782997 State ID: HC0006216 Originally licensed: 2000-11-13 Effective: 2025-12-01 License issued: 2025-12-10 Expires: 2026-11-30 Parish: CADDO Mailing address: 360 JORDAN STREET, SHREVEPORT, LA, 71101
We Care Sitting Services, LLC	Shemika Caldwell	Phone: 3186707015 Email:	License: 2203785114 State ID: HC0012403

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
2100 East 70th Street Suite C, SHREVEPORT, LA, 71105		shemika@wecaresittingservices.com Fax: 3185887844	Originally licensed: 2018-09-25 Effective: 2025-10-01 License issued: 2025-10-01 Expires: 2026-09-30 Parish: CADDO Mailing address: 2100 EAST 70TH STREET SUITE C, SHREVEPORT, LA, 71105
A Better Tomorrow, Inc 310 Johnsons Road, HOMER, LA, 71040	JACQUELINE ` THOMAS	Phone: 3182253133 Email: Visionsoftomorrow05@gmail.com Fax: 3182253004	License: 2203786629 State ID: HC0005578 Originally licensed: 2005-10-01 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: CLAIBORNE Mailing address: 310 JOHNSONS ROAD, HOMER, LA, 71040
Southern Ingenuity, Inc. 3250 Hwy 79, HOMER, LA, 71040	Ellen Shepherd	Phone: 3189275046 Email: ellen@soutinge.com Fax: 3189275055	License: 2203782289 State ID: HC0006064 Originally licensed: 1997-09-19 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: CLAIBORNE Mailing address: P. O. BOX 38, HOMER, LA, 71040
Desoto Council On Aging 404 Polk Street Suite A, MANSFIELD, LA, 71052	Cheryl Lane	Phone: 3188723700 Email: dcoa@bellsouth.net Fax: 3188729473	License: 15267 State ID: HC0005989 Originally licensed: 1992-01-07 Effective: 2025-08-01 License issued: 2025-07-07 Expires: 2026-07-31 Parish: DESOTO Mailing address: P.O. BOX 996, MANSFIELD, LA, 71052
Desoto Habilitation Services 1528 Old Jefferson Highway, MANSFIELD, LA, 71052	Patricia Townsend	Phone: 3188723255 Email: mansfielddarc@gmail.com Fax: 3188723233	License: 8600 State ID: HC0006261 Originally licensed: 2001-07-05 Effective: 2025-08-01 License issued: 2025-07-09 Expires: 2026-07-31 Parish: DESOTO Mailing address: P. O. BOX 230, MANSFIELD, LA, 71052
Inner Quality Services 1318 HWY 171, STONEWALL, LA, 71078	Tanesha Hall	Phone: 3189065054 Email: innerqualityllc@gmail.com Fax: 3189065057	License: 2203785079 State ID: HC0012491 Originally licensed: 2019-05-28 Effective: 2025-10-01 License issued: 2025-09-18 Expires: 2026-09-30 Parish: DESOTO Mailing address: 1318 HWY. 171, STONEWALL, LA, 71078
Universal Homecare Service, LLC 213 Washington Avenue, MANSFIELD, LA, 71052	RICHARD TURNER	Phone: 3185751040 Email: universal213@yahoo.com Fax: 3185751046	License: 2203783706 State ID: HC0012257 Originally licensed: 2017-11-28 Effective: 2025-11-01 License issued: 2025-10-24 Expires: 2026-10-31 Parish: DESOTO Mailing address: 213 WASHINGTON AVENUE, MANSFIELD, LA, 71052
Alternative Concept Care Services Natchitoches Branch 950 3rd Street, NATCHITOCHES, LA, 71457	Dianna Temple	Phone: 3183921011 Email: alternative@accs7nac.com Fax: 3183921014	License: 2203786960 State ID: HC0013321 Originally licensed: 2024-10-22 Effective: 2026-04-01 License issued: 2026-04-10 Expires: 2027-03-31 Parish: NATCHITOCHES Mailing address: 4811 MONROE HWY., BALL, LA, 71405

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Future Expectations Community Care Services, LLC 116 South Drive Suite 105, NATCHITOCHES, LA, 71457	Shelia West	Phone: 3183527338 Email: admin1@futureexpectations.org Fax: 3186289697	License: 15398 State ID: HC0007296 Originally licensed: 2007-07-17 Effective: 2026-07-01 License issued: 2026-06-08 Expires: 2027-06-30 Parish: NATCHITOCHES Mailing address: 600 EAST MAIN STREET, WINNFIELD, LA, 71483
Heaven"s Blessings, Inc. 1754 Texas Street, NATCHITOCHES, LA, 71457	Kathy Davenport-Clark	Phone: 8006094058 Email: hbiblessings@yahoo.com Fax: 3183525955	License: 2203785404 State ID: HC0005414 Originally licensed: 2004-12-13 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: NATCHITOCHES Mailing address: P.O. BOX 374, NATCHITOCHES, LA, 71457
Natchitoches Arc, Inc. 127 Airport Road, NATCHITOCHES, LA, 71457	STACEY A WELLING	Phone: 3183525176 Email: narc@cp-tel.net Fax: 3183520887	License: 2230 State ID: HC0005838 Originally licensed: 1969-02-06 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: NATCHITOCHES Mailing address: 127 AIRPORT ROAD, NATCHITOCHES, LA, 71457
Natchitoches Vocational Center 5208 Highway 1 North, NATCHITOCHES, LA, 71457	ANGELITA P HUDSON	Phone: 3183524635 Email: mary.wimberly@evergreenls.org Fax: 3184041585	License: 5308 State ID: HC0006053 Originally licensed: 1997-07-03 Effective: 2025-08-01 License issued: 2025-07-30 Expires: 2026-07-31 Parish: NATCHITOCHES Mailing address: 5208 HIGHWAY 1 NORTH, NATCHITOCHES, LA, 71457
Touch of Grace Services, LLC 115 Industrial Drive Suite A, NATCHITOCHES, LA, 71457	ERICA DAVIS	Phone: 3183525575 Email: touchofltc@yahoo.com Fax: 3183525585	License: 2203784750 State ID: HC0005671 Originally licensed: 2005-10-01 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: NATCHITOCHES Mailing address: P.O. BOX 7021, NATCHITOCHES, LA, 71457
We Care Ministries Outreach Program 1746 Texas Street, NATCHITOCHES, LA, 71457	Sonya Taylor	Phone: 3183525961 Email: wecareministry15@gmail.com Fax: 3183525965	License: 2203784296 State ID: HC0006094 Originally licensed: 1998-10-19 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: NATCHITOCHES Mailing address: 1746 TEXAS STREET, NATCHITOCHES, LA, 71457
Red River Industries 1703 RINGGOLD AVENUE, COUSHATTA, LA, 71019	TEAL LOWRING	Phone: 3189326520 Email: redriverARC@gmail.com Fax: 3189326520	License: 2203786242 State ID: HC0006560 Originally licensed: 2005-10-01 Effective: 2026-05-01 License issued: 2026-04-22 Expires: 2027-04-30 Parish: RED RIVER Mailing address: P.O. BOX 488, COUSHATTA, LA, 71019
The Will Of God Ministries Outreach Program 1113 Caliope Street, COUSHATTA, LA, 71019	MR. Johnny Cox	Phone: 3189323177 Email: willofgodmin1@aol.com Fax: 3189327091	License: 10775 State ID: HC0005166 Originally licensed: 2003-12-17 Effective: 2026-04-01 License issued: 2026-02-24 Expires: 2027-03-31 Parish: RED RIVER

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1113 CALIOPE STREET, COUSHATTA, LA, 71019
Always And Forever Care Inc. 1812 Obrie Street, ZWOLLE, LA, 71486	Clodale Carter	Phone: 3186456637 Email: alwaysandforevercare@yahoo.com Fax: 3186457684	License: 2203783987 State ID: HC0012350 Originally licensed: 2018-06-25 Effective: 2026-07-01 License issued: 2026-06-03 Expires: 2027-06-30 Parish: SABINE Mailing address: P.O. BOX 922, ZWOLLE, LA, 71486 Already listed elsewhere in this region; license details supplied here
Arc of Sabine 545 West San Antonio Ave., MANY, LA, 71449	TIM GOODWIN	Phone: 3182562025 Email: sarctg@suddenlinkmail.com Fax: 3182560143	License: 2203784836 State ID: HC0005654 Originally licensed: 2005-04-25 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: SABINE Mailing address: P.O. BOX 1150, MANY, LA, 71449
Best Kare Journey Services, LLC 282 Sheppard Street, Suite B, MINDEN, LA, 71055	SHIRLEY GIBSON	Phone: 3183775436 Email: bestkarejourney@outlook.com Fax: 3183772466	License: 2203783050 State ID: HC0011912 Originally licensed: 2017-01-30 Effective: 2026-01-01 License issued: 2025-11-18 Expires: 2026-12-31 Parish: WEBSTER Mailing address: 282 SHEPPARD STREET, SUITE B, MINDEN, LA, 71055
Country Road Resources, Inc. 25687 Hwy 371, SAREPTA, LA, 71071	MS. Johniece Whitehead	Phone: 3188474193 Email: countryroadresources@yahoo.com Fax: 3188474192	License: 11002 State ID: HC0005232 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-06-05 Expires: 2027-06-30 Parish: WEBSTER Mailing address: P.O. BOX 93, SAREPTA, LA, 71071
Joyful Days LLC 404 Fincher Road, MINDEN, LA, 71055	Charlotte Scott	Phone: 3186395009 Email: joyfuldays@aol.com Fax: 3186395177	License: 2203785677 State ID: HC0012422 Originally licensed: 2018-10-23 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: WEBSTER Mailing address: 404 FINCHER ROAD, MINDEN, LA, 71055
Matters of The Heart of North Louisiana, LLC 403 Myers Street, MINDEN, LA, 71055	Trasheda K Toliver	Phone: 8335643139 Email: moth721@yahoo.com Fax: 3183773879	License: 2203783931 State ID: HC0007666 Originally licensed: 2008-06-06 Effective: 2026-05-01 License issued: 2026-03-10 Expires: 2027-04-30 Parish: WEBSTER Mailing address: 403 MYERS STREET, MINDEN, LA, 71055
North Central La Community Services 1412 Sibley Road, MINDEN, LA, 71055	MS. Lesa Hamilton	Phone: 3185173024 Email: terrih@evergreenls.org Fax: 3187061049	License: 2856 State ID: HC0005969 Originally licensed: 1993-11-15 Effective: 2025-11-01 License issued: 2025-09-03 Expires: 2026-10-31 Parish: WEBSTER Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
Share the Care, LLC 23954 Highway 157, SPRINGHILL, LA, 71075	Ember Green	Phone: 3185393418 Email:	License: 2203786178 State ID: HC0013212 Originally licensed: 2024-04-09

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		sharethecare23@gmail.com Fax: 3185393057	Effective: 2026-04-01 License issued: 2026-03-05 Expires: 2027-03-31 Parish: WEBSTER Mailing address: P.O. BOX 312, SPRINGHILL, LA, 71075
Spark Life Services 24456 Highway 371, SAREPTA, LA, 71071	Amy Vollmer	Phone: 3188474356 Email: avollmer@sparkls.org Fax: 3188474644	License: 2203786497 State ID: HC0005995 Originally licensed: 1993-01-06 Effective: 2026-03-01 License issued: 2026-01-15 Expires: 2027-02-28 Parish: WEBSTER Mailing address: P.O. BOX 351, SAREPTA, LA, 71071

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Gibsland Community Home 1682 Pearl Street, GIBSLAND, LA, 71028	SHAWNA W CHUMLEY	Phone: 3188439007 Email: schumley1979@gmail.com Fax: 3187682761	License: 798 State ID: MR0003294 Originally licensed: 1995-07-20 Effective: 2026-07-01 License issued: 2026-06-17 Expires: 2027-06-30 Parish: BIENVILLE Mailing address: P. O. BOX 548, RUSTON, LA, 71273
Arlington Place Community Home 2418 Arlington Place, BOSSIER CITY, LA, 71111	Kristen Powers	Phone: 3182218392 Email: crobinson@thearccaddobossier.org Fax: 3184592914	License: 271 State ID: MR0002887 Originally licensed: 1982-12-30 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: BOSSIER Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
Douglas Drive Group Home 2600 Douglas Drive, BOSSIER CITY, LA, 71111	NORMAN MOORE	Phone: 3187474219 Email: nmoore@evergreenls.org Fax: 3187474219	License: 471 State ID: MR0003010 Originally licensed: 1987-03-11 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: BOSSIER Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Elm Haven Group Home 429 South Elm, HAUGHTON, LA, 71037	NORMAN MOORE	Phone: 3189495022 Email: nmoore@evergreenls.org Fax: 3189495022	License: 713 State ID: MR0003223 Originally licensed: 1991-12-10 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: BOSSIER Mailing address: 4400 VIKING ROAD, BOSSIER CITY, LA, 71111
Espanita Woods Community Home 203 Espanita Drive, HAUGHTON, LA, 71037	NORMAN MOORE	Phone: 3189493399 Email: nmoore@evergreenls.org Fax: 3189493399	License: 472 State ID: MR0003013 Originally licensed: 1987-03-10 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: BOSSIER Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Flint Drive Community Home	NORMAN MOORE	Phone: 3189496715 Email:	License: 2203783516 State ID: MR0002898 Originally licensed: 1982-10-19

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
613 Flint Drive, HAUGHTON, LA, 71037		nmoore@evergreenls.org Fax: 3189496715	Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: BOSSIER Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Glenbrook Home 4708C Barksdale Boulevard, BOSSIER CITY, LA, 71112	April Lee	Phone: 3187426220 Email: april.lee@arcofacadiana.org Fax: 3187417303	License: 2203786943 State ID: MR0012792 Originally licensed: 2021-10-01 Effective: 2025-10-01 License issued: 2026-03-23 Expires: 2026-09-30 Parish: BOSSIER Mailing address: PO BOX 9610, NEW IBERIA, LA, 70562
Grace Home 115 Sherwood Drive, BENTON, LA, 71006	MATT PRICE	Phone: 3189659001 Email: mrprice035@gmail.com Fax: 3189659001	License: 2203785829 State ID: MR0003120 Originally licensed: 1989-10-27 Effective: 2025-08-01 License issued: 2025-07-14 Expires: 2026-07-31 Parish: BOSSIER Mailing address: P.O. BOX 715, RUSTON, LA, 71273
Greenbriar Community Home 111 Greenbriar Drive, BOSSIER CITY, LA, 71111	Kristen Powers	Phone: 3187419795 Email: crobinson@thearccaddobossier.org Fax: 3184592914	License: 478 State ID: MR0002876 Originally licensed: 1987-05-05 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: BOSSIER Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
Jericho Home 2515 Brownlee Road, BOSSIER CITY, LA, 71111	MATT PRICE	Phone: 3187421630 Email: mrprice035@gmail.com Fax: 3187421630	License: 2203785830 State ID: MR0003115 Originally licensed: 1989-11-01 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: BOSSIER Mailing address: P.O. BOX 715, RUSTON, LA, 71273
Pecan Lane Community Home 1212 Pecan Lane, BOSSIER CITY, LA, 71112	Kristen Powers	Phone: 3182218392 Email: crobinson@thearccaddobossier.org Fax: 3184592914	License: 270 State ID: MR0002886 Originally licensed: 1982-12-30 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: BOSSIER Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
Rosewood Home 4708B Barksdale Boulevard, BOSSIER CITY, LA, 71112	MR April Lee	Phone: 3187426220 Email: april.lee@arcofacadiana.org Fax: 3187417303	License: 2203786944 State ID: MR0002853 Originally licensed: 1982-03-08 Effective: 2025-10-01 License issued: 2026-03-23 Expires: 2026-09-30 Parish: BOSSIER Mailing address: PO BOX 9610, NEW IBERIA, LA, 70562
Woodbriar Home 4708D Barksdale Boulevard, BOSSIER CITY, LA, 71112	April Lee	Phone: 3187426220 Email: april.lee@arcofacadiana.org Fax: 3187417303	License: 2203786945 State ID: MR0012793 Originally licensed: 2021-10-01 Effective: 2025-10-01 License issued: 2026-03-23 Expires: 2026-09-30 Parish: BOSSIER Mailing address: PO BOX 9610, NEW IBERIA, LA, 70562

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Yale Community Home 532 Yale Place, BOSSIER CITY, LA, 71111	NORMAN MOORE	Phone: 3187473603 Email: nmoore@evergreenls.org Fax: 3187473603	License: 509 State ID: MR0003041 Originally licensed: 1988-01-25 Effective: 2026-03-01 License issued: 2026-02-23 Expires: 2027-02-28 Parish: BOSSIER Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Atlantic Avenue Community Home 136 Atlantic Avenue, SHREVEPORT, LA, 71105	Kristen Powers	Phone: 3182218392 Email: crobinson@thearccaddobossier.org Fax: 3184592914	License: 116 State ID: MR0002877 Originally licensed: 1981-01-08 Effective: 2026-04-01 License issued: 2026-03-16 Expires: 2027-03-31 Parish: CADDO Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
Barry Home 2052 Pepperidge Drive, SHREVEPORT, LA, 71106	MS Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 938 State ID: MR0004872 Originally licensed: 2005-04-07 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Carroll Street 181 Carroll Street, SHREVEPORT, LA, 71105	NORMAN MOORE	Phone: 3186879622 Email: nmoore@evergreenls.org Fax: 3186879622	License: 344 State ID: MR0002935 Originally licensed: 1984-02-21 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: CADDO Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Christina Home 9839 Ballantrae Drive, SHREVEPORT, LA, 71106	MS Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 1034 State ID: MR0007614 Originally licensed: 2008-04-03 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: CADDO Mailing address: 10450 ELLERBE DRIVE, SHREVEPORT, LA, 71106
Edna Marie Home 1020 Overton Brooks Road, SHREVEPORT, LA, 71106	Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 915 State ID: MR0004400 Originally licensed: 2003-07-01 Effective: 2026-07-01 License issued: 2026-06-10 Expires: 2027-06-30 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Fay Home 10430 Ellerbe Road, SHREVEPORT, LA, 71106	Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 913 State ID: MR0004398 Originally licensed: 2003-07-01 Effective: 2026-07-01 License issued: 2026-06-09 Expires: 2027-06-30 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Grace Anne Home 1620 Overton Brooks Road, SHREVEPORT, LA, 71106	Laurie Boswell	Phone: 3186291706 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 914 State ID: MR0004399 Originally licensed: 2003-07-01 Effective: 2026-07-01 License issued: 2026-06-09 Expires: 2027-06-30 Parish: CADDO

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Holy Angels Residential Facility 10450 Ellerbe Road, SHREVEPORT, LA, 71106	MS Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 124 State ID: MR0002864 Originally licensed: 1982-09-16 Effective: 2026-02-01 License issued: 2025-11-19 Expires: 2027-01-31 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Hoyte Drive Community Home 2709 Hoyte Drive, SHREVEPORT, LA, 71101	Kristen Powers	Phone: 3186886769 Email: crobinson@thearccaddobossier.org Fax: 3184592914	License: 493 State ID: MR0002875 Originally licensed: 1987-10-08 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: CADDO Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
Meadowbrook Community Home 319 Meadowbrook Lane, SHREVEPORT, LA, 71104	Norman Moore	Phone: 3184297516 Email: nmoore@evergreenls.org Fax: 3184297516	License: 934 State ID: MR0003151 Originally licensed: 1990-06-12 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: CADDO Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Old Mooringsport Road Community Home 3023 Old Mooringsport Road, SHREVEPORT, LA, 71107	Kristen Powers	Phone: 3182218392 Email: crobinson@thearccaddobossier.org Fax: 3184592914	License: 162 State ID: MR0002880 Originally licensed: 1981-09-24 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: CADDO Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
Pack Home 5517 Bent Tree, SHREVEPORT, LA, 71106	MS Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 942 State ID: MR0004895 Originally licensed: 2005-05-12 Effective: 2026-06-01 License issued: 2026-05-19 Expires: 2027-05-31 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Ravendale Community Home 815 Ravendale Drive, SHREVEPORT, LA, 71107	NORMAN MOORE	Phone: 3184248547 Email: nmoore@evergreenls.org Fax: 3184248547	License: 496 State ID: MR0003037 Originally licensed: 1987-10-19 Effective: 2026-03-01 License issued: 2026-02-13 Expires: 2027-02-28 Parish: CADDO Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Scottwood Home 1 9842 Scottwood Drive, SHREVEPORT, LA, 71118	MS Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 929 State ID: MR0004671 Originally licensed: 2004-03-05 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Scottwood Home II 9803 Scottwood Drive, SHREVEPORT, LA, 71106	Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 939 State ID: MR0004873 Originally licensed: 2005-05-25 Effective: 2026-06-01 License issued: 2026-05-19

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-05-31 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Scovell Community Home 412 S. Dresden, SHREVEPORT, LA, 71115	NORMAN MOORE	Phone: 3187976914 Email: nmoore@evergreenls.org Fax: 3187976914	License: 677 State ID: MR0003193 Originally licensed: 1991-03-01 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: CADDO Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Sisters Home 1024 Overton Brooks Road, SHREVEPORT, LA, 71106	Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 6671 State ID: MR0010745 Originally licensed: 2012-06-20 Effective: 2026-07-01 License issued: 2026-06-10 Expires: 2027-06-30 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Smith Home 10450 Ellerbe Road, SHREVEPORT, LA, 71106	MS Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 931 State ID: MR0004673 Originally licensed: 2004-03-25 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
South Highland Community Home 4520 Gilbert Drive, SHREVEPORT, LA, 71106	NORMAN MOORE	Phone: 3188656716 Email: nmoore@evergreenls.org Fax: 3188656716	License: 710 State ID: MR0003220 Originally licensed: 1992-01-13 Effective: 2026-01-01 License issued: 2026-01-05 Expires: 2026-12-31 Parish: CADDO Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
St. Michael Home 1030 Overton Brooks Road, SHREVEPORT, LA, 71106	MS Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 635 State ID: MR0007651 Originally licensed: 2008-04-11 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Terrace Drive Community Home 3315 Terrace Drive, SHREVEPORT, LA, 71107	NORMAN MOORE	Phone: 3182268940 Email: nmoore@evergreenls.org Fax: 3182268940	License: 164 State ID: MR0002869 Originally licensed: 1990-12-12 Effective: 2026-03-01 License issued: 2026-02-13 Expires: 2027-02-28 Parish: CADDO Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
University Drive Community Home 7614 University Drive, SHREVEPORT, LA, 71105	Kristen Powers	Phone: 3187976825 Email: crobinson@thearccaddobossier.org Fax: 3184592914	License: 143 State ID: MR0002879 Originally licensed: 1981-08-05 Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: CADDO Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
Vivian Group Home 526 East Alabama Ave., VIVIAN, LA, 71082	Kristen Powers	Phone: 3183753999 Email: crobinson@thearccaddobossi	License: 144 State ID: MR0002881 Originally licensed: 1981-08-05

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		er.org Fax: 3184592914	Effective: 2026-04-01 License issued: 2026-03-02 Expires: 2027-03-31 Parish: CADDO Mailing address: 351 JORDAN STREET, SHREVEPORT, LA, 71101
Wenzel Home 1026 Overton Brooks Road, SHREVEPORT, LA, 71106	Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 930 State ID: MR0004672 Originally licensed: 2004-03-24 Effective: 2026-05-01 License issued: 2026-03-03 Expires: 2027-04-30 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Wild Oak Home 9900 Wild Oak Drive, SHREVEPORT, LA, 71106	MS Laurie Boswell	Phone: 3187978500 Email: tkennedy@laholyangels.org Fax: 3187970801	License: 936 State ID: MR0004848 Originally licensed: 2005-02-15 Effective: 2026-02-01 License issued: 2025-11-19 Expires: 2027-01-31 Parish: CADDO Mailing address: 10450 ELLERBE ROAD, SHREVEPORT, LA, 71106
Lake Claiborne Community Home 2195 Airport Loop, HOMER, LA, 71040	Lesa Hamilton	Phone: 3189272179 Email: terrih@evergreenls.org Fax: 3189272179	License: 736 State ID: MR0003240 Originally licensed: 1993-08-31 Effective: 2025-09-01 License issued: 2025-06-25 Expires: 2026-08-31 Parish: CLAIBORNE Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
DesNegis Community Home 100 DesNegis, NATCHITOCHES, LA, 71457	Norman J Moore	Phone: 3183565800 Email: nmoore@evergreenls.org Fax: 3183565800	License: 551 State ID: MR0003078 Originally licensed: 1988-12-19 Effective: 2025-11-01 License issued: 2025-11-04 Expires: 2026-10-31 Parish: NATCHITOCHES Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Oak Grove Group Home 195 New Town Road, NATCHITOCHES, LA, 71457	NORMAN MOORE	Phone: 3183570920 Email: nmoore@evergreenls.org Fax: 3183570920	License: 553 State ID: MR0003082 Originally licensed: 1989-03-31 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: NATCHITOCHES Mailing address: 4400 VIKING DRIVE, BOSSIER CITY, LA, 71111
Alyene Haley Community Home 1295 San Antonio Avenue, MANY, LA, 71449	TIM GOODWIN	Phone: 3182566815 Email: tgoodwin@arcofsabine.com Fax: 3182560143	License: 742 State ID: MR0003246 Originally licensed: 1982-10-26 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: SABINE Mailing address: P. O. BOX 1150, MANY, LA, 71449
Edwin R. Lites Community Home 87 Wright Wages Road, MANY, LA, 71449	TIM GOODWIN	Phone: 3182566995 Email: tgoodwin@arcofsabine.com Fax: 3182560143	License: 740 State ID: MR0003244 Originally licensed: 1987-10-19 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: SABINE Mailing address: P. O. BOX 1150, MANY, LA, 71449

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
John & Mary Hariel Community Home 174 Idlewilde Drive, MANY, LA, 71449	TIM GOODWIN	Phone: 3182560535 Email: tgoodwin@arcofsabine.com Fax: 3182560143	License: 744 State ID: MR0003248 Originally licensed: 1989-08-14 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: SABINE Mailing address: P. O. BOX 1150, MANY, LA, 71449
Provenza Community Home 144 Hamlin Street, ZWOLLE, LA, 71486	TIM GOODWIN	Phone: 3186454191 Email: tgoodwin@arcofsabine.com Fax: 3182560143	License: 745 State ID: MR0003249 Originally licensed: 1988-07-12 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: SABINE Mailing address: P. O. BOX 1150, MANY, LA, 71449
R A Haley Community Home 712 Middlecreek Road, MANY, LA, 71449	TIM GOODWIN	Phone: 3182566203 Email: tgoodwin@arcofsabine.com Fax: 3182560143	License: 743 State ID: MR0003247 Originally licensed: 1984-12-10 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: SABINE Mailing address: P. O. BOX 1150, MANY, LA, 71449
Virginia Godfrey Community Home 200 Dockens Drive, MANY, LA, 71449	TIM GOODWIN	Phone: 3182565155 Email: tgoodwin@arcofsabine.com Fax: 3182560143	License: 2203781903 State ID: MR0011180 Originally licensed: 2014-01-02 Effective: 2026-01-01 License issued: 2025-10-15 Expires: 2026-12-31 Parish: SABINE Mailing address: P.O. BOX 1150, MANY, LA, 71449
Bell Oaks - Burton House 405 Morgan Street, SPRINGHILL, LA, 71075	Winona G Foster	Phone: 3185395691 Email: winona.foster@yahoo.com Fax: 3185393621	License: 555 State ID: MR0003103 Originally licensed: 1989-04-27 Effective: 2026-03-01 License issued: 2025-12-22 Expires: 2027-02-28 Parish: WEBSTER Mailing address: 228 NORTH MAIN STREET, SPRINGHILL, LA, 71075
Bell Oaks - Hilda House 407 8th Street N.W., SPRINGHILL, LA, 71075	Winona Foster	Phone: 3185395691 Email: winona.foster@yahoo.com Fax: 3185393621	License: 2201780115 State ID: MR0002885 Originally licensed: 1979-01-12 Effective: 2026-03-01 License issued: 2025-12-22 Expires: 2027-02-28 Parish: WEBSTER Mailing address: 228 NORTH MAIN STREET, SPRINGHILL, LA, 71075
Cotton Valley Group Home 202 Maple Street, COTTON VALLEY, LA, 71018	MS Lesa Hamilton	Phone: 3188324768 Email: terrih@evergreenls.org Fax: 3187035740	License: 672 State ID: MR0003173 Originally licensed: 1990-12-28 Effective: 2026-01-01 License issued: 2025-11-03 Expires: 2026-12-31 Parish: WEBSTER Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
Dubberly Group Home 1241 Jack Martin Rd., MINDEN, LA, 71055	Terri Howell	Phone: 3183779190 Email: terrih@evergreenls.org Fax: 3183779190	License: 678 State ID: MR0003194 Originally licensed: 1991-03-05 Effective: 2026-04-01 License issued: 2026-01-28 Expires: 2027-03-31 Parish: WEBSTER

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
Lewisville Road Group Home 1303 Lewisville Road, MINDEN, LA, 71055	MS Lesa Hamilton	Phone: 3183777460 Email: terrih@evergreenls.org Fax: 3183777460	License: 320 State ID: MR0002914 Originally licensed: 1983-10-03 Effective: 2026-01-01 License issued: 2025-10-15 Expires: 2026-12-31 Parish: WEBSTER Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
Maple Community Home 323 Pennsylvania Avenue, MINDEN, LA, 71055	MR Patrick Payton	Phone: 3183770902 Email: pspayton@hotmail.com Fax: 3183770902	License: 589 State ID: MR0003116 Originally licensed: 1989-11-01 Effective: 2025-11-01 License issued: 2025-08-20 Expires: 2026-10-31 Parish: WEBSTER Mailing address: P.O. BOX 1494, MINDEN, LA, 71058
Milford Drive Community Home 115 Milford Drive, MINDEN, LA, 71055	MS Lesa Hamilton	Phone: 3183778918 Email: terrih@evergreenls.org Fax: 3183778918	License: 653 State ID: MR0003176 Originally licensed: 1990-12-28 Effective: 2026-01-01 License issued: 2025-10-15 Expires: 2026-12-31 Parish: WEBSTER Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
Rolling Hills Group Home 571 Crichton Road, SIBLEY, LA, 71073	Lesa Hamilton	Phone: 3183776997 Email: terrih@evergreenls.org Fax: 3183776997	License: 761 State ID: MR0003265 Originally licensed: 1994-07-07 Effective: 2026-07-01 License issued: 2026-05-11 Expires: 2027-06-30 Parish: WEBSTER Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
Shongaloo Community Home 108 S. Willow, SHONGALOO, LA, 71072	Lesa Hamilton	Phone: 3185394957 Email: terrih@evergreenls.org Fax: 3185394957	License: 679 State ID: MR0003195 Originally licensed: 1991-03-05 Effective: 2026-04-01 License issued: 2026-02-18 Expires: 2027-03-31 Parish: WEBSTER Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
Tenth Street Community Home 803 NW Tenth Street, SPRINGHILL, LA, 71075	MS Lesa Hamilton	Phone: 3185395005 Email: terrih@evergreenls.org Fax: 3185395005	License: 470 State ID: MR0003009 Originally licensed: 1987-02-16 Effective: 2026-03-01 License issued: 2026-01-29 Expires: 2027-02-28 Parish: WEBSTER Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055
Webster Community Home 1804 Dorcheat Road, MINDEN, LA, 71058	Elizabeth Watts	Phone: 3188789017 Email: ewatts@delamhc.com Fax: 3188782585	License: 760 State ID: MR0003264 Originally licensed: 1994-07-18 Effective: 2026-07-01 License issued: 2026-05-06 Expires: 2027-06-30 Parish: WEBSTER Mailing address: P. O. BOX 308, DELHI, LA, 71232
Woodlands Group Home 1209 Middle Road, MINDEN, LA, 71055	MS Lesa Hamilton	Phone: 3183779171 Email: terrih@evergreenls.org Fax: 3183779171	License: 191 State ID: MR0002868 Originally licensed: 1985-03-05 Effective: 2026-01-01 License issued: 2025-10-15

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-12-31 Parish: WEBSTER Mailing address: 1412 SIBLEY ROAD, MINDEN, LA, 71055

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Leslie Lakes Retirement Center 1355 6th Street, ARCADIA, LA, 71001	William L Beasley	Phone: 3182639581 Email: lladmin@paramounthcla.com Fax: 3182639606	License: 859 State ID: NH0002508 Originally licensed: 1961-09-12 Effective: 2026-01-01 License issued: 2025-11-20 Expires: 2026-12-31 Parish: BIENVILLE Mailing address: 1355 6TH STREET, ARCADIA, LA, 71001
Onyx Care of Arcadia 660 Factory Outlet Drive, ARCADIA, LA, 71001	KIMBERLY RIGDON	Phone: 3182632025 Email: admin.arcadia@onyx-hc.com Fax: 3182632821	License: 2203786860 State ID: NH0002751 Originally licensed: 1985-03-14 Effective: 2026-01-16 License issued: 2026-01-16 Expires: 2026-12-31 Parish: BIENVILLE Mailing address: P. O. BOX 726, ARCADIA, LA, 71001
Onyx Care of Ringgold 2501 Kenneth Street, RINGGOLD, LA, 71068	Jazmenique Williams	Phone: 3188949181 Email: admin.ringgold@onyx-hc.com Fax: 3188949183	License: 2203786858 State ID: NH0002799 Originally licensed: 1985-09-17 Effective: 2026-01-16 License issued: 2026-01-16 Expires: 2026-12-31 Parish: BIENVILLE Mailing address: P.O. BOX 828, RINGGOLD, LA, 71068
Adira Medical Resort 4405 Airline Dr., BOSSIER CITY, LA, 71111	Angela Hayes	Phone: 3187475440 Email: administrator@adirabossier.com Fax: 3183832699	License: 2203786204 State ID: NH0002678 Originally licensed: 1988-10-20 Effective: 2026-03-01 License issued: 2026-02-13 Expires: 2027-02-28 Parish: BOSSIER Mailing address: 4405 AIRLINE DRIVE, BOSSIER CITY, LA, 71111
Colonial Oaks Skilled Nursing and Rehabilitation 4921 Medical Drive, BOSSIER CITY, LA, 71112	Blake Wilson	Phone: 3187425420 Email: bwilson@colonialoaksnursinghome.com Fax: 8777804538	License: 2203784284 State ID: NH0002592 Originally licensed: 1964-10-01 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: BOSSIER Mailing address: 4921 MEDICAL DRIVE, BOSSIER CITY, LA, 71112
Cornerstone Post Acute Care of Bossier - SNF 4900 Medical Drive, BOSSIER CITY, LA, 71112	Sheri Burnette	Phone: 3188415555 Email: sheri.burnette@cornerstonebossier.com Fax: 3188415563	License: 2203786818 State ID: NH0012872 Originally licensed: 2049-02-01 Effective: 2049-02-01 License issued: 2025-11-20 Expires: 2050-01-01 Parish: BOSSIER Mailing address: 4900 MEDICAL DRIVE, BOSSIER CITY, LA, 71112
Cypress Point Nursing & Rehabilitation Center 4910 Airline Drive, BOSSIER CITY, LA, 71111	Clifton Hatcher	Phone: 3187472700 Email: cypresspointadmin@centralmanagement.com Fax: 3187475947	License: 2203785707 State ID: NH0002833 Originally licensed: 1976-09-15 Effective: 2026-04-01 License issued: 2026-03-18 Expires: 2027-03-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: BOSSIER Mailing address: P.O. BOX 5859, BOSSIER CITY, LA, 71171
Heritage Manor Health & Rehab 2575 Airline Drive, BOSSIER CITY, LA, 71111	Angela Green	Phone: 3187467466 Email: administrator@heritagemanorbossier.com Fax: 3185227100	License: 2203786192 State ID: NH0002732 Originally licensed: 1965-06-14 Effective: 2026-03-01 License issued: 2026-02-23 Expires: 2027-02-28 Parish: BOSSIER Mailing address: 2575 AIRLINE DRIVE, BOSSIER CITY, LA, 71111
Northwest Louisiana Veterans Home 3130 Arthur Ray Teague Parkway, BOSSIER CITY, LA, 71112	Wesley Pepitone	Phone: 3187412763 Email: wesley.pepitone@la.gov Fax: 3187412783	License: 000 State ID: NH0007231 Effective: 2049-02-01 License issued: 2017-07-21 Expires: 2050-01-01 Parish: BOSSIER Mailing address: 3130 ARTHUR RAY TEAGUE PARKWAY, BOSSIER CITY, LA, 71112
Old Brownlee Community Care Center 4680 Old Brownlee Rd., BOSSIER CITY, LA, 71111	Rhonda Gay	Phone: 3185535950 Email: rgay@commcare.com Fax: 3185535952	License: 2203784776 State ID: NH0002766 Originally licensed: 1966-06-03 Effective: 2025-12-01 License issued: 2025-09-30 Expires: 2026-11-30 Parish: BOSSIER Mailing address: 4680 OLD BROWNLEE RD., BOSSIER CITY, LA, 71111
Pilgrim Manor Skilled Nursing and Rehabilitation 1524 Doctors Drive, BOSSIER CITY, LA, 71111	Richard D Newell	Phone: 3187421623 Email: rnewell@prioritymgt.com Fax: 3187422878	License: 2203784294 State ID: NH0002538 Originally licensed: 1974-01-28 Effective: 2026-04-01 License issued: 2026-02-24 Expires: 2027-03-31 Parish: BOSSIER Mailing address: 1524 DOCTORS DRIVE, BOSSIER CITY, LA, 71111
Riverview Care Center 4820 Medical Drive, BOSSIER CITY, LA, 71112	JAMES C MANASCO	Phone: 3187471857 Email: cmanasco@asimgt.com Fax: 3187411259	License: 2203785919 State ID: NH0002580 Originally licensed: 1988-08-31 Effective: 2025-10-01 License issued: 2025-11-10 Expires: 2026-09-30 Parish: BOSSIER Mailing address: 4820 MEDICAL DRIVE, BOSSIER CITY, LA, 71112 Already listed elsewhere in this region; license details supplied here
Booker T. Washington Skilled Nursing and Rehabilitation 7605 Line Avenue, SHREVEPORT, LA, 71106	Kourtney Brownlee	Phone: 3182192608 Email: KBrownlee@BookerTWashingtonNursingHome.com Fax: 3182199301	License: 2203784279 State ID: NH0002552 Originally licensed: 1965-06-30 Effective: 2026-04-01 License issued: 2026-01-28 Expires: 2027-03-31 Parish: CADDO Mailing address: 7605 LINE AVENUE, SHREVEPORT, LA, 71106
Bradford Skilled Nursing and Rehabilitation (The) 3050 Baird Road, SHREVEPORT, LA, 71118	STEPHEN D PETERSON	Phone: 3186881010 Email: speterson@TheBradfordNursingHome.com Fax: 3186881099	License: 2203784281 State ID: NH0002585 Originally licensed: 1980-02-12 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: CADDO Mailing address: 3050 BAIRD RD., SHREVEPORT, LA, 71118
Claiborne Healthcare Center	Carroll R Smith	Phone: 3186313426 Email:	License: 812 State ID: NH0002728

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1536 Claiborne Ave., SHREVEPORT, LA, 71103		claiborne.adm@nexion-health.com Fax: 3184024582	Originally licensed: 1965-09-01 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: CADDO Mailing address: 1536 CLAIBORNE AVE., SHREVEPORT, LA, 71103
Garden Park Nursing & Rehab Ctr, LLC 9111 Linwood Avenue, SHREVEPORT, LA, 71106	MS Jennifer Peters	Phone: 3186880961 Email: gardenparkadmin@centralmanagement.com Fax: 3187018254	License: 398 State ID: NH0002679 Originally licensed: 1984-06-20 Effective: 2026-07-01 License issued: 2026-04-23 Expires: 2027-06-30 Parish: CADDO Mailing address: 9111 LINWOOD AVENUE, SHREVEPORT, LA, 71106
Guest House Skilled Nursing and Rehabilitation (The) 9225 Normandie Drive, SHREVEPORT, LA, 71118	MR Chris Bihm	Phone: 3186860515 Email: cbihm@theguesthousenursinghome.com Fax: 3186860597	License: 2203784292 State ID: NH0002776 Originally licensed: 1965-01-18 Effective: 2026-04-01 License issued: 2026-02-24 Expires: 2027-03-31 Parish: CADDO Mailing address: 9225 NORMANDIE DRIVE, SHREVEPORT, LA, 71118
Harmony House Nursing & Rehab Ctr., Inc. 1825 Laurel Street, SHREVEPORT, LA, 71103	Alex Gobert	Phone: 3184245251 Email: harmonyadmin@centralmanagement.com Fax: 3184247837	License: 283 State ID: NH0002796 Originally licensed: 1969-05-08 Effective: 2026-06-01 License issued: 2026-03-24 Expires: 2027-05-31 Parish: CADDO Mailing address: P O BOX 37573, SHREVEPORT, LA, 71133 Already listed elsewhere in this region; license details supplied here
Heritage Manor South 9712 Mansfield Road, SHREVEPORT, LA, 71118	Chelsea Bundick	Phone: 3186872080 Email: cbundick@asimgt.com Fax: 3186888103	License: 784 State ID: NH0002800 Originally licensed: 1986-06-12 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: CADDO Mailing address: 9712 MANSFIELD ROAD, SHREVEPORT, LA, 71118
Heritage Manor Stratmore Nursing & Rehab Ctr 530 Stratmore Drive, SHREVEPORT, LA, 71115	Catherine E Day	Phone: 3185242022 Email: cday@asimgt.com Fax: 3185242029	License: 940 State ID: NH0002616 Originally licensed: 1968-06-24 Effective: 2025-08-01 License issued: 2025-07-08 Expires: 2026-07-31 Parish: CADDO Mailing address: 530 STRATMORE DRIVE, SHREVEPORT, LA, 71115 Already listed elsewhere in this region; license details supplied here
Heritage Manor West 7060 Cottonwood Blvd., SHREVEPORT, LA, 71129	Jacob Banaka	Phone: 3186861400 Email: jbanaka@asimgt.com Fax: 3186861992	License: 2203782206 State ID: NH0002828 Originally licensed: 1966-09-01 Effective: 2025-11-01 License issued: 2025-09-04 Expires: 2026-10-31 Parish: CADDO Mailing address: 7060 COTTONWOOD BLVD., SHREVEPORT, LA, 71129
Highland Place Rehab and Nursing Center 1736 Irving Place, SHREVEPORT, LA, 71101	Rebecca R Myles	Phone: 3182211983 Email: rebecca.myles@highlandplacernc.com Fax: 3182222095	License: 943 State ID: NH0002755 Originally licensed: 1995-06-29 Effective: 2026-01-01 License issued: 2025-11-25

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-12-31 Parish: CADDO Mailing address: 1736 IRVING PLACE, SHREVEPORT, LA, 71101
Live Oak 600 E. Flournoy Lucas Road, SHREVEPORT, LA, 71115	RANDALL MYERS	Phone: 3182122000 Email: rmyers@wkhs.com Fax: 3182122134	License: 378 State ID: NH0002567 Originally licensed: 1982-03-30 Effective: 2026-04-01 License issued: 2026-03-13 Expires: 2027-03-31 Parish: CADDO Mailing address: 600 E. FLOURNOY LUCAS ROAD, SHREVEPORT, LA, 71115
Magnolia Manor Nursing & Rehab Ctr, LLC 1411 Claiborne Avenue, SHREVEPORT, LA, 71103	Don Flint	Phone: 3188684421 Email: magnoliaadmin@centralmanagement.com Fax: 3188684431	License: 204 State ID: NH0002798 Originally licensed: 1964-11-15 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: CADDO Mailing address: P. O. BOX 38270, SHREVEPORT, LA, 71133
Pierremont Healthcare Center 725 Mitchell Lane, SHREVEPORT, LA, 71106	Edward A Forrest	Phone: 3188682789 Email: pierremont.adm@nexion-health.com Fax: 3188686375	License: 822 State ID: NH0002724 Originally licensed: 1971-11-30 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: CADDO Mailing address: 725 MITCHELL LANE, SHREVEPORT, LA, 71106
Progressive Care Center 2550 Kings Hwy, SHREVEPORT, LA, 71103	Debra Crump	Phone: 3182128200 Email: dcrump@wkhs.com Fax: 3182128220	License: 2203786742 State ID: NH0002636 Originally licensed: 1969-06-09 Effective: 2025-10-01 License issued: 2025-10-01 Expires: 2026-09-30 Parish: CADDO Mailing address: 2550 KINGS HWY, SHREVEPORT, LA, 71103
Roseview Nursing & Rehabilitation Center 3405 Mansfield Road, SHREVEPORT, LA, 71103	MR Ed Killian	Phone: 3182223100 Email: roseviewadmin@centralmanagement.com Fax: 3186062142	License: 1006 State ID: NH0002543 Originally licensed: 1974-03-20 Effective: 2025-11-01 License issued: 2025-09-04 Expires: 2026-10-31 Parish: CADDO Mailing address: P O BOX 3610, SHREVEPORT, LA, 71133
Shreveport Manor Skilled Nursing and Rehabilitation 3302 Mansfield Road, SHREVEPORT, LA, 71103	Allyson Smith	Phone: 3182229482 Email: Alsmith@shreveportmanornursinghome.com Fax: 8777804503	License: 2203784295 State ID: NH0002549 Originally licensed: 1969-02-03 Effective: 2026-04-01 License issued: 2026-01-28 Expires: 2027-03-31 Parish: CADDO Mailing address: 3302 MANSFIELD RD., SHREVEPORT, LA, 71103
Southern Hills Healthcare and Rehabilitation 9105 Baird Road, SHREVEPORT, LA, 71118	VICKI OTT	Phone: 3186886691 Email: vott@asimgt.com Fax: 3186882608	License: 2203782204 State ID: NH0002758 Originally licensed: 1973-07-31 Effective: 2025-11-01 License issued: 2025-09-29 Expires: 2026-10-31 Parish: CADDO Mailing address: 9105 BAIRD ROAD, SHREVEPORT, LA, 71118
Southern Oaks Nursing & Rehab. Ctr. 1524 Glen Oak Place,	Marty Brunson	Phone: 3182210911 Email: soaksadmin@centralmanage	License: 944 State ID: NH0002524 Originally licensed: 1956-01-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
SHREVEPORT, LA, 71103		ment.com Fax: 3182226333	Effective: 2025-12-01 License issued: 2025-11-04 Expires: 2026-11-30 Parish: CADDO Mailing address: 1524 GLEN OAK PLACE, SHREVEPORT, LA, 71103
Spring Lake Skilled Nursing and Rehabilitation 8622 Line Avenue, SHREVEPORT, LA, 71106	CHARLES L LEBON	Phone: 3188684126 Email: llebon@SpringLakeNursingHome.com Fax: 3188612733	License: 2203784297 State ID: NH0002750 Originally licensed: 1984-11-27 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: CADDO Mailing address: 8622 LINE AVENUE, SHREVEPORT, LA, 71106
Village Health Care at The Glen 403 E. Flournoy Lucas Road, SHREVEPORT, LA, 71115	Michelle Greer	Phone: 3182133500 Email: Michelle@theglen.org Fax: 3187987730	License: 449 State ID: NH0002632 Originally licensed: 1986-04-08 Effective: 2026-05-01 License issued: 2026-04-13 Expires: 2027-04-30 Parish: CADDO Mailing address: 403 E. FLOURNOY LUCAS ROAD, SHREVEPORT, LA, 71115
Vivian Healthcare Center 912 S. Pecan Street, VIVIAN, LA, 71082	Don L Sowell	Phone: 3183752203 Email: vivian.adm@nexion-health.com Fax: 2182683528	License: 825 State ID: NH0002734 Originally licensed: 1991-01-31 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: CADDO Mailing address: 912 S. PECAN STREET, VIVIAN, LA, 71082
Claiborne Rehabilitation 6942 HWY. 79, HOMER, LA, 71040	Angela Smith	Phone: 3189273586 Email: ppadmin@paramounthcla.com Fax: 3186248059	License: 2203782944 State ID: NH0002829 Originally licensed: 1984-11-08 Effective: 2025-09-01 License issued: 2025-07-17 Expires: 2026-08-31 Parish: CLAIBORNE Mailing address: P.O. BOX 1030, HOMER, LA, 71040
Heritage Nursing Center 1745 Bailey Avenue, HAYNESVILLE, LA, 71038	Willam L Beasley	Phone: 3186241166 Email: hncadmin@paramounthcla.com Fax: 3186240269	License: 772 State ID: NH0002836 Originally licensed: 1972-01-04 Effective: 2026-01-01 License issued: 2025-11-20 Expires: 2026-12-31 Parish: CLAIBORNE Mailing address: P O BOX 510, HAYNESVILLE, LA, 71038
Presbyterian Village of Homer 3700 Hwy. 79, South, HOMER, LA, 71040	Jimmy Williams	Phone: 3189276133 Email: jwilliams@pvillageofhomer.com Fax: 3189274200	License: 248 State ID: NH0002541 Originally licensed: 1966-05-23 Effective: 2025-10-01 License issued: 2025-07-22 Expires: 2026-09-30 Parish: CLAIBORNE Mailing address: P.O. BOX 149, HOMER, LA, 71040
DeSoto Retirement & Rehab Center, LLC 635 Schley Street, MANSFIELD, LA, 71052	Megan Ponder	Phone: 3188720276 Email: desotoadmin@trustcaremanagement.com Fax: 3188725867	License: 805 State ID: NH0002608 Originally licensed: 1965-01-01 Effective: 2026-03-01 License issued: 2026-01-30 Expires: 2027-02-28 Parish: DESOTO Mailing address: 635 SCHLEY STREET, MANSFIELD, LA, 71052

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Mansfield Nursing Center 1725 McArthur Dr., MANSFIELD, LA, 71052	Christian Allen	Phone: 3188729911 Email: mansfieldadmin@rightcarehs.com Fax: 3188729696	License: 474 State ID: NH0002586 Originally licensed: 1990-09-25 Effective: 2026-08-01 License issued: 2026-06-15 Expires: 2027-07-31 Parish: DESOTO Mailing address: P.O. BOX 761, MANSFIELD, LA, 71052
Courtyard of Natchitoches 708 Keyser Avenue, NATCHITOCHES, LA, 71457	ANNA WARREN	Phone: 3182145730 Email: Anna.warren@nrmchospital.org Fax: 3182144484	License: 978 State ID: NH0002667 Originally licensed: 1964-12-07 Effective: 2025-10-01 License issued: 2025-07-28 Expires: 2026-09-30 Parish: NATCHITOCHES Mailing address: 708 KEYSER AVENUE, NATCHITOCHES, LA, 71457
Natchitoches Community Care Center 781 Highway 494, NATCHITOCHES, LA, 71457	KIMBERLY NORMAND	Phone: 3183528296 Email: knormand@commcare.com Fax: 3183523837	License: 2203785547 State ID: NH0002797 Originally licensed: 1969-02-14 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: NATCHITOCHES Mailing address: 781 HIGHWAY 494, NATCHITOCHES, LA, 71457
Onyx Care of Natchitoches 750 Keyser Ave., NATCHITOCHES, LA, 71457	Allegra Marshall	Phone: 3183528779 Email: admin.natchitoches@onyx-hc.com Fax: 3183528910	License: 2203786857 State ID: NH0002709 Originally licensed: 1976-02-28 Effective: 2026-01-16 License issued: 2026-01-16 Expires: 2026-12-31 Parish: NATCHITOCHES Mailing address: P.O. BOX 2299, NATCHITOCHES, LA, 71457
Green Meadow Haven 1110 Ringgold Avenue, COUSHATTA, LA, 71019	Gabriel Reynolds	Phone: 3189325202 Email: Gabereynolds@bellsouth.net Fax: 3189323034	License: 224 State ID: NH0002546 Originally licensed: 1965-06-15 Effective: 2026-01-01 License issued: 2025-11-05 Expires: 2026-12-31 Parish: RED RIVER Mailing address: P.O. BOX 768, COUSHATTA, LA, 71019
Many Healthcare and Rehabilitation Center 120 Natchitoches Hwy. 6 East, MANY, LA, 71449	Sunny Broadway	Phone: 3182569233 Email: manynorth.adm@nexion-health.com Fax: 3182560739	License: 820 State ID: NH0002722 Originally licensed: 1988-12-12 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: SABINE Mailing address: 120 NATCHITOCHES HWY. 6 EAST, MANY, LA, 71449
Sabine Retirement & Rehab. Center 965 Fisher Road, MANY, LA, 71449	Jarred Brandon	Phone: 3185900200 Email: sabineadmin@rightcarehs.com Fax: 3185900222	License: 380 State ID: NH0002568 Originally licensed: 1985-04-30 Effective: 2026-05-01 License issued: 2026-03-13 Expires: 2027-04-30 Parish: SABINE Mailing address: 965 FISHER ROAD, MANY, LA, 71449
Meadowview Health and Rehab Center 400 Meadowview Drive, MINDEN, LA, 71055	Jamie Lucas	Phone: 3183771011 Email: Meadowview.adm@nexion-health.com Fax: 3183779814	License: 816 State ID: NH0002702 Originally licensed: 1971-07-01 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: WEBSTER

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 400 MEADOWVIEW DRIVE, MINDEN, LA, 71055
Timber Springs Rehab and Retirement 215 1st Street N.E., SPRINGHILL, LA, 71075	Lauren Llewellyn	Phone: 3185888871 Email: llewellyn@timberspringsrehab.com Fax: 3185393588	License: 2203786725 State ID: NH0002757 Originally licensed: 1998-04-08 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: WEBSTER Mailing address: 215 1ST STREET N.E., SPRINGHILL, LA, 71075
Town & Country Health & Rehab 614 Weston Street, MINDEN, LA, 71055	David Bailey	Phone: 3183775148 Email: dabailey@asimgt.com Fax: 3183773959	License: 2203784855 State ID: NH0002551 Originally licensed: 1984-05-21 Effective: 2025-11-01 License issued: 2025-09-29 Expires: 2026-10-31 Parish: WEBSTER Mailing address: 614 WESTON STREET, MINDEN, LA, 71055

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Disability Rights Louisiana	Legal services, advocacy, outreach	800-960-7705 disabilityrightsla.org	Physical/medical disability

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
Elara Caring	Manager	318-590-2722	Elara Caring's platform of care includes programs that are tailored to each home care patient's individual needs—wherever they are on their health journey and wherever they call home. ElaraConnect includes: Monitor, Check In, Engage and Transition. We believe the best place for your care is where you live.
Harmony House Nursing & Rehab Ctr., Inc.	Matt Jester	318-424-5251	Harmony House Nursing & Rehabilitation Center, Inc. in Shreveport, Louisiana, offers skilled nursing, rehabilitation, and memory care services in a warm, homelike environment. Committed to patient-centered care, the facility features spacious accommodations and personalized services tailored to residents' needs.
Heritage Manor Stratmore Nursing & Rehab Ctr	Catherine E Day	318-524-2022	Heritage Manor Stratmore is a health care community offering individuals a place to recover, rehabilitate and/or reside, depending on their specific needs. For individuals who need short-term care after a surgery or hospital stay, we provide the skilled nursing services that help speed recovery and get you back home safely. For those who have had joint replacement surgery or a medical event such as a heart attack or stroke, our rehabilitation therapies help increase your mobility, strength, and ability to function. If

Organization / Provider	Contact Person	Phone / Email	Services Provided
			you've reached a point where you need regular medical monitoring, we also provide long-term care in a homelike environment with plenty of activities to help nurture the body, mind and spirit.
Always And Forever Care Inc	Clodale Carter	318-645-6637	ALWAYS AND FOREVER CARE INC In Home Supportive Care An In Home Supportive Care Agency provides services in the patient's home with the goal of enabling the patient to remain at home. The services provided may include personal care services such as hands-on assistance with activities of daily living (ADLs), e.g., eating, bathing, dressing, and bladder and bowel requirements; homemaker services and instrumental activities of daily living (IADLs), e.g., taking medications, shopping for groceries, laundry, housekeeping, and companionship; and/or supervision or cuing so that a person can perform tasks themselves.
Riverview Care Center	JAMES CASEY MANASCO	318-747-7115	The primary purpose is to support all older adults and their caregivers by: The primary purpose is to support all older adults and their caregivers by; Assessing their needs. Identifying the most appropriate services to meet their needs. Linking Senior Citizens and Caregivers to agencies providing such services.
Delhi HomeCare	Kristina Kitchens	318-878-5152	

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Magnolia Home Health Care, Inc. 1285 Pine Street, Suite 100, ARCADIA, LA, 71001	HALEY FONTENOT	Phone: 3182632100 Email: hbasham@magnoliahhc.com Fax: 3182632700	License: 876 State ID: HH0001382 Originally licensed: 1992-05-11 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: BIENVILLE Mailing address: 1285 PINE STREET, SUITE 100, ARCADIA, LA, 71001
Elara Caring 4012 Benton Road, Suite 111, BOSSIER CITY, LA, 71111	Krystal Kendrick	Phone: 3187424026 Email: regulatory@elara.com Fax: 3187424273	License: 2203786219 State ID: HH0001286 Originally licensed: 1988-08-03 Effective: 2026-04-01 License issued: 2026-03-17 Expires: 2027-03-31 Parish: BOSSIER Mailing address: 3010 LYNDON B JOHNSON FREEWAY , STE. 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here
VitalCaring Group 2159 Airline Dr, Ste A& B, BOSSIER CITY, LA, 71111	KRISTEN TERRAL	Phone: 3187524662 Email: licensing@vitalcaring.com Fax: 3187524689	License: 2203785739 State ID: HH0001540 Originally licensed: 1995-08-01 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: BOSSIER

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 8050 NORTH CENTRAL EXPRESSWAY , SUITE 1800, DALLAS, TX, 75206
ARK-LA-TEX Home Health, Inc. 7591 Fern Avenue, Suite 1503, SHREVEPORT, LA, 71105	Sharla Heil	Phone: 3187476180 Email: mitzi@superiorhhc.com Fax: 3187462771	License: 2203782624 State ID: HH0001298 Originally licensed: 1989-05-19 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: CADDO Mailing address: 7591 FERN AVENUE, SUITE 1503, SHREVEPORT, LA, 71105
Amedisys Home Health 425 Ashley Ridge Blvd., Suite 246, SHREVEPORT, LA, 71106	AMIE MORWAY	Phone: 3188658865 Email: LicenseandCert@amedisys.com Fax: 3188650104	License: 2203781752 State ID: HH0001295 Originally licensed: 1984-01-31 Effective: 2025-09-01 License issued: 2025-08-28 Expires: 2026-08-31 Parish: CADDO Mailing address: 425 ASHLEY RIDGE BLVD., SUITE 246, SHREVEPORT, LA, 71106
CHRISTUS Homecare Shreveport-Bossier 425 Ashley Ridge Blvd, Ste 330A, SHREVEPORT, LA, 71106	MICHELLE WRIGHT	Phone: 3183836745 Email: LRA@lhcgroup.com Fax: 3183836747	License: 2203785288 State ID: HH0001212 Originally licensed: 1982-02-10 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: CADDO Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Home Health Department of Willis Knighton Hospital, Inc. 3300 Albert Bicknell Drive, Ste. 4 & 5, SHREVEPORT, LA, 71103	Anthony Martin	Phone: 3182124180 Email: amartin@wkhs.com Fax: 3182128968	License: 65 State ID: HH0001203 Originally licensed: 1979-07-01 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: CADDO Mailing address: P. O. BOX 32600, SHREVEPORT, LA, 71130
Smart Health Care, Inc. 6135 Fairfield Ave., SHREVEPORT, LA, 71106	MS Veronica Cochran	Phone: 3188659747 Email: smart_healthcare@bellsouth.net Fax: 3188659711	License: 1166 State ID: HH0001543 Originally licensed: 1995-09-01 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: CADDO Mailing address: 6135 FAIRFIELD AVE., SHREVEPORT, LA, 71106
TruCare Home Health West, LLC 2015 East 70th Street Ste A, SHREVEPORT, LA, 71105	Matt Lyon	Phone: 3187035157 Email: sbishop@premiermonroe.com Fax: 3187035158	License: 2203785439 State ID: HH0001188 Originally licensed: 1970-01-07 Effective: 2026-02-01 License issued: 2026-01-15 Expires: 2027-01-31 Parish: CADDO Mailing address: 1523 TEXAS AVE, BASTROP, LA, 71220
Claiborne Home Health 620 East College Street, HOMER, LA, 71040	Lee Jones	Phone: 3189279119 Email: ljones@claibornemedical.com Fax: 3189276057	License: 2203782051 State ID: HH0001305 Originally licensed: 1990-01-05 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: CLAIBORNE Mailing address: 620 EAST COLLEGE STREET, HOMER, LA, 71040
Elara Caring 332 Lake Road, MANSFIELD, LA, 71052	KRYSTAL KENDRICK	Phone: 3188715101 Email: regulatory@elara.com Fax: 3187979383	License: 2203783978 State ID: HH0001254 Effective: 2026-04-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-03-17 Expires: 2027-03-31 Parish: DESOTO Mailing address: 3010 LYNDON B JOHNSON FREEWAY , STE. 1100, DALLAS, TX, 75234 Already listed elsewhere in this region; license details supplied here
LAGNIAPPE HOME CARE SHREVEPORT BOSSIER LLC 1204 Polk Street, MANSFIELD, LA, 71052	CRYSTAL HANNA	Phone: 3185750520 Email: ggunter@centralmanagement.com Fax: 3185850910	License: 2203786979 State ID: HH0001184 Originally licensed: 1971-07-22 Effective: 2025-10-01 License issued: 2026-04-28 Expires: 2026-09-30 Parish: DESOTO Mailing address: 1204 POLK STREET, MANSFIELD, LA, 71052
Louisiana HomeCare 301 Jefferson Street, MANSFIELD, LA, 71052	Laurie Jones, RN	Phone: 3188720821 Email: lra@lhcgroup.com Fax: 3188711884	License: 983 State ID: HH0001202 Originally licensed: 1980-07-15 Effective: 2025-09-01 License issued: 2025-08-06 Expires: 2026-08-31 Parish: DESOTO Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Allegiance Home Health of West Central Louisiana 3117 Hwy 71, CAMPTI, LA, 71411	Mary Smith	Phone: 3185270104 Email: mary.smith@ahhmgt.com Fax: 3185270108	License: 2203785281 State ID: HH0001259 Originally licensed: 1984-10-03 Effective: 2025-12-01 License issued: 2025-11-04 Expires: 2026-11-30 Parish: NATCHITOCHES Mailing address: 3117 HWY 71, CAMPTI, LA, 71411
Elara Caring 226 South Drive, Suite A, NATCHITOCHES, LA, 71457	Sarah Cedars	Phone: 3182383933 Email: regulatory@elara.com Fax: 3182383935	License: 2203783494 State ID: HH0001238 Originally licensed: 1983-10-17 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: NATCHITOCHES Mailing address: 226 SOUTH DRIVE, SUITE A, NATCHITOCHES, LA, 71457 Already listed elsewhere in this region; license details supplied here
Lagniappe Homecare Northwest Louisiana 5770 Hwy 1 Bypass, NATCHITOCHES, LA, 71457	HEATHER CREAMER	Phone: 3183571990 Email: hcreamer@centralmanagement.com Fax: 3186662210	License: 1144 State ID: HH0001406 Originally licensed: 1992-10-02 Effective: 2025-08-01 License issued: 2025-06-26 Expires: 2026-07-31 Parish: NATCHITOCHES Mailing address: 5770 HWY 1 BYPASS, NATCHITOCHES, LA, 71457
Centerwell Home Health 622 Rush Street, COUSHATTA, LA, 71019	SHEILA VEULEMAN	Phone: 3189324442 Email: FacilityLicensure@centerwellhomehealth.com Fax: 3189324404	License: 910 State ID: HH0001345 Originally licensed: 1993-11-23 Effective: 2025-09-01 License issued: 2025-09-02 Expires: 2026-08-31 Parish: RED RIVER Mailing address: 6330 SPRINT PARKWAY, SUITE 300: LICENSING DEPT., OVERLAND PARK, KS, 66211
Allegiance Home Health of Northwest LA 802 Broadway Street, MINDEN, LA, 71055	DEEBE THOMAS	Phone: 3189326877 Email: katie.bennett@ahhmgt.com Fax: 3189325433	License: 2203785560 State ID: HH0001280 Originally licensed: 1987-03-13 Effective: 2026-07-01 License issued: 2026-06-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-06-30 Parish: WEBSTER Mailing address: 802 BROADWAY ST., MINDEN, LA, 71055
Louisiana Home Health 926 Homer Road, MINDEN, LA, 71055	KIM SISSOM	Phone: 3183770800 Email: LRA@lhcgroup.com Fax: 3183770841	License: 2203784143 State ID: HH0001267 Originally licensed: 1985-01-17 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: WEBSTER Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
Louisiana HomeCare/Springhill 1112 Doctors Drive, SPRINGHILL, LA, 71075	Kelly Rolen	Phone: 3185395980 Email: LRA@lhcgroup.com Fax: 3185395982	License: 2203784144 State ID: HH0001256 Originally licensed: 1984-10-12 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: WEBSTER Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
National Homecare Services 606 Sibley Road, MINDEN, LA, 71055	John (MEL) Whitworth	Phone: 3188692655 Email: mel@nationalhc.com Fax: 3188692657	License: 2203784175 State ID: HH0001350 Originally licensed: 1991-04-19 Effective: 2025-11-01 License issued: 2025-10-20 Expires: 2026-10-31 Parish: WEBSTER Mailing address: 2645 ONEAL LANE BLDG A SUITE A, BATON ROUGE, LA, 70816
PrimeSTAR Home Health of NWLA, Inc. 303 Green St,, MINDEN, LA, 71055	TIFFANY CASTLEMAN	Phone: 3182591410 Email: tcastleman@psnwla.net Fax: 3182597834	License: 2203786300 State ID: HH0001381 Originally licensed: 1992-05-05 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: WEBSTER Mailing address: 1527 DOCTORS DRIVE, BOSSIER CITY, LA, 71111
Professional Home Health Services Of Minden 1316 Sibley Rd, MINDEN, LA, 71055	Heather Nokes, RN	Phone: 3183771709 Email: JGentry@businessmgtservices.com. Fax: 3183771719	License: 2203785332 State ID: HH0001191 Originally licensed: 1980-07-31 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: WEBSTER Mailing address: P.O. BOX 1427, MINDEN, LA, 71058
STAT Home Health of Northwest Louisiana, LLC 364 N Main Street, Ste A, SIBLEY, LA, 71073	BRITNEY PRICE	Phone: 3183713673 Email: lmartinez@carpenterhealth.net Fax: 3183713675	License: 2203784960 State ID: HH0001471 Originally licensed: 1993-08-26 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: WEBSTER Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Premier Hospice 600 Factory Outlet Drive, Suite 15, ARCADIA, LA, 71001	MELISSA MADDOX	Phone: 3185795066 Email: sbishop@premiermonroe.com Fax: 3182812753	License: 2203783290 State ID: HP0007361 Originally licensed: 2007-10-31 Effective: 2026-02-01 License issued: 2026-01-15 Expires: 2027-01-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: BIENVILLE Mailing address: 1523 TEXAS AVENUE, BASTROP, LA, 71220
Gentiva 590 Boardwalk Blvd STE BO-590, BOSSIER CITY, LA, 71111	KIMBER LUMLEY	Phone: 3182279160 Email: facilitylicensure@gentivahs.com	License: 2203784630 State ID: HP0004539 Originally licensed: 2003-09-05 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: BOSSIER Mailing address: P.O. BOX 4060-REGULATORY, MOORESVILLE, NC, 28117
Nightingale Hospice 4530 BARKSDALE BLVD, SUITES A1 & A2, BOSSIER CITY, LA, 71112	Lisa Carson	Phone: 3184022300 Email: Nightingalehospicecare@gmail.com Fax: 3185505685	License: 2203781174 State ID: HP0010706 Originally licensed: 2012-05-08 Effective: 2025-07-01 License issued: 2025-06-24 Expires: 2026-06-30 Parish: BOSSIER Mailing address: 4530 BARKSDALE BLVD., SUITES A1 & A2, BOSSIER CITY, LA, 71112
Allegiance Healthcare 1800 Buckner St., Suite B220, SHREVEPORT, LA, 71101	MANDY BENOIT	Phone: 3186189181 Email: cindy.frazier@ahmgt.com Fax: 3186159182	License: 2203786314 State ID: HP0013310 Originally licensed: 2024-09-10 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: CADDO Mailing address: 1800 BUCKNER ST., SUITE B220, SHREVEPORT, LA, 71101
Amedisys Hospice 425 Ashley Ridge Blvd., Suite 240, SHREVEPORT, LA, 71106	LISA MICIOTTO	Phone: 3188688788 Email: LicenseandCert@amedisys.com Fax: 3188689788	License: 2203781755 State ID: HP0001772 Originally licensed: 1995-05-01 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: CADDO Mailing address: 425 ASHLEY RIDGE BLVD., SUITE 240, SHREVEPORT, LA, 71106
CHRISTUS Hospice Shreveport-Bossier 425 Ashley Ridge Blvd, Ste 330B, SHREVEPORT, LA, 71106	REBA BRISCOE	Phone: 3183836748 Email: LRA@LHCGROUP.COM Fax: 3183836750	License: 2203785269 State ID: HP0001751 Originally licensed: 1989-07-01 Effective: 2026-01-01 License issued: 2025-12-04 Expires: 2026-12-31 Parish: CADDO Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Lifepath Hospice Care Services, LLC 8720 Quimper Place, Suite 100, SHREVEPORT, LA, 71105	DEBORAH CANGELOSE	Phone: 3182225711 Email: dcangelose@asimgt.com Fax: 3182225715	License: 287 State ID: HP0004360 Originally licensed: 2003-04-08 Effective: 2025-08-01 License issued: 2025-07-16 Expires: 2026-07-31 Parish: CADDO Mailing address: 8720 QUIMPER PLACE, SUITE 100, SHREVEPORT, LA, 71105
Willis Knighton Hospice of Louisiana 616 E.Flournoy Lucas Road, SHREVEPORT, LA, 71115	Anthony Martin	Phone: 3182122170 Email: kpebenito@wkhs.com Fax: 3182122189	License: 275 State ID: HP0001760 Originally licensed: 1989-07-01 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: CADDO Mailing address: 616 E. FLOURNOY LUCAS ROAD, SHREVEPORT, LA, 71115

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Superior Hospice 511 Jenkins Street, Suite B, MANSFIELD, LA, 71052	STEPHEN BISHOP	Phone: 3188722000 Email: sbishop@premiermonroe.com Fax: 3188722021	License: 314 State ID: HP0007360 Originally licensed: 2007-10-25 Effective: 2026-05-01 License issued: 2026-04-21 Expires: 2027-04-30 Parish: DESOTO Mailing address: 1523 TEXAS AVENUE, BASTROP, LA, 71220
Hand In Hand Hospice Care, LLC 135 East 5h Street, NATCHITOCHES, LA, 71457	SHERRY SPIVEY	Phone: 3185218068 Email: JGentry@businessmgtservices.com Fax: 3183523644	License: 2203784360 State ID: HP0012517 Originally licensed: 2019-08-13 Effective: 2025-08-01 License issued: 2025-07-14 Expires: 2026-07-31 Parish: NATCHITOCHES Mailing address: 135 EAST 5TH STREET, NATCHITOCHES, LA, 71457
Hospice of Natchitoches, Inc. 336 2nd Street, NATCHITOCHES, LA, 71457	DOMINICK METOYER	Phone: 3182140944 Email: info@hospiceofnatchitoches.com Fax: 3182140567	License: 2203784368 State ID: HP0004037 Originally licensed: 2001-01-23 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: NATCHITOCHES Mailing address: 336 2ND STREET, NATCHITOCHES, LA, 71457
Saint Mark Hospice And Palliative Care, LLC 298 Army Road, COUSHATTA, LA, 71019	Ryan Cox	Phone: 3187801401 Email: drcoxwecare@gmail.com Fax: 3186267064	License: 2203784221 State ID: HP0012446 Originally licensed: 2019-03-07 Effective: 2026-03-01 License issued: 2026-02-24 Expires: 2027-02-28 Parish: RED RIVER Mailing address: 657 JORDAN ST., SHREVEPORT, LA, 71101
Bristol Hospice-NW Louisiana 1634 Hwy 531, MINDEN, LA, 71055	AMANDA ROGERS	Phone: 3183829396 Email: regulatory@bristolhospice.com Fax: 3183772120	License: 2203783956 State ID: HP0006551 Originally licensed: 2006-01-05 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: WEBSTER Mailing address: 206 N 2100 W, STE. 202, SALT LAKE CITY, UT, 84116
Compassus-Ruston 1132 Homer Road, Ste 1A, MINDEN, LA, 71055	CATHERINE MANASCO	Phone: 3182552033 Email: licensure@compassus.com Fax: 3182552077	License: 2203785631 State ID: HP0004756 Originally licensed: 2004-09-20 Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: WEBSTER Mailing address: 1132 HOMER ROAD, STE 1A, MINDEN, LA, 71055
Hand In Hand Hospice Care, LLC 1316 Sibley Rd Ste A, MINDEN, LA, 71055	SHANNON FISH	Phone: 3182993012 Email: JGentry@businessmgtservices.com Fax: 3183771719	License: 2203785322 State ID: HP0012596 Originally licensed: 2020-03-17 Effective: 2026-03-01 License issued: 2026-02-24 Expires: 2027-02-28 Parish: WEBSTER Mailing address: PO BOX 1427, MINDEN, LA, 71058
Passages Hospice 909 Elm Street, Ste B, MINDEN, LA, 71055	Carlie Day	Phone: 3183711140 Email: Carlie@passages-hospice.com Fax: 3183711142	License: 2203785080 State ID: HP0001774 Originally licensed: 1995-08-01 Effective: 2026-07-01 License issued: 2026-06-25 Expires: 2027-06-30 Parish: WEBSTER

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 909 ELM STREET, STE B, MINDEN, LA, 71055
The Carpenter Hospice of Northwest Louisiana, LLC 364 North Main Street,, SIBLEY, LA, 71073	SAMUEL YOUNT II	Phone: 3183775648 Email: lmartinez@carpenterhealth.net Fax: 3183713675	License: 2203784396 State ID: HP0004418 Originally licensed: 2003-07-02 Effective: 2025-08-01 License issued: 2025-07-16 Expires: 2026-07-31 Parish: WEBSTER Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809

Nurse Staffing Agencies — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Alpha Nursing Services, Inc 820 Jordan St. Suite 308, SHREVEPORT, LA, 71101	Alice Cooper	Phone: 3182221070 Email: acooper@alphanursinginc.com Fax: 3184250081	License: 2203786091 State ID: NS0013178 Originally licensed: 2024-02-01 Effective: 2026-02-01 License issued: 2025-12-11 Expires: 2028-01-31 Parish: CADDO Mailing address: 820 JORDAN ST. SUITE 308, SHREVEPORT, LA, 71101
Elite Health Solutions 7591 Fern Ave Ste. 1602, SHREVEPORT, LA, 71105	Carla Anderson	Phone: 3182135483 Email: carla@elitehealthsolution.com Fax: 3182135484	License: 2203786036 State ID: NS0013146 Originally licensed: 2024-01-17 Effective: 2026-01-01 License issued: 2025-11-05 Expires: 2027-12-31 Parish: CADDO Mailing address: 7591 FERN AVE STE. 1602, SHREVEPORT, LA, 71105
LifeLine Plus LLC 820 Jordan St. Suite 208, SHREVEPORT, LA, 71101	Marvin Ettredge	Phone: 3182272500 Email: tritonx06@aol.com Fax: 3182273555	License: 2203786237 State ID: NS0013279 Originally licensed: 2024-06-06 Effective: 2026-06-01 License issued: 2026-03-24 Expires: 2028-05-31 Parish: CADDO Mailing address: 820 JORDAN ST. SUITE 208, SHREVEPORT, LA, 71101
Per Diem Nursing 670 Albemarle Drive Suite 103, SHREVEPORT, LA, 71106	Kay Lanier	Phone: 3187464420 Email: kaylanier@pdnursing.com Fax: 3186064565	License: 2203786081 State ID: NS0013168 Originally licensed: 2024-01-12 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2027-12-31 Parish: CADDO Mailing address: 670 ALBEMARLE DRIVE SUITE 103, SHREVEPORT, LA, 71106
VitalHire Inc. 401 Edwards St. Suite 830, SHREVEPORT, LA, 71101	Jennifer Bertoglio	Phone: 7044123352 Email: jbertoglio@vitalhire.com Fax: 7044123352	License: 2203787062 State ID: NS0013591 Originally licensed: 2026-05-28 Effective: 2026-05-28 License issued: 2026-05-28 Expires: 2028-04-30 Parish: CADDO Mailing address: 401 EDWARDS ST. SUITE 830, SHREVEPORT, LA, 71101

Hospitals

Organization / Provider	Contact Person	Phone / Email	Services Provided
Natchitoches Parish Hospital Service District DBA Natchitoches Regional Medical Center	Kirk Soileau	318-414-5917	Hospitals are specialized, licensed institutions designed to diagnose, treat, and care for individuals with acute or chronic illnesses and injuries. Their primary purpose is to provide 24/7 medical and nursing services, ranging from emergency care to complex surgeries and rehabilitation. They also serve as hubs for community health, medical education, and clinical research.
Sabine Medical Center	Debbie whitten-Byles	318-256-5691	Diagnostic and Treatment Services: Offering advanced medical imaging, laboratory services, and surgical interventions to address diverse illnesses. Acute Care and Emergency Services: Providing immediate, 24-hour care for trauma, accidents, and sudden illnesses, as well as inpatient care.
Red River Treatment Facility	HUNTER PERRET	318-441-5900	
DeSoto Healthcare Center, Inc.	Detries Morris	318-871-1633	
Cornerstone Post Acute Care of Bossier	Ms. Sheri Burnette	318-677-3300	
Christus Shreveport-Bossier Health System	Casey Robertson	318-681-5000	

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bienville Medical Center 1175 Pine Street, Suite 200, ARCADIA, LA, 71001	KIRK LEMOINE	Phone: 3182634700 Email: klemoine@ahmgt.com Fax: 3182639843	License: 552 State ID: HO0004842 Originally licensed: 2005-01-11 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: BIENVILLE Mailing address: 1175 PINE STREET, SUITE 200, ARCADIA, LA, 71001
Cornerstone Post Acute Care of Bossier 4900 Medical Drive, BOSSIER CITY, LA, 71112	MR Sheri Burnette	Phone: 3186773300 Email: sburnette@chghospitals.com Fax: 3187477878	License: 2203786601 State ID: HO0001697 Originally licensed: 1991-02-04 Effective: 2026-02-01 License issued: 2025-12-29 Expires: 2027-01-31 Parish: BOSSIER Mailing address: 4900 MEDICAL DRIVE, BOSSIER CITY, LA, 71112 Already listed elsewhere in this region; license details supplied here
Red River Behavioral Center, L.L.C. 2800 Melrose Avenue, BOSSIER CITY, LA, 71111	MS Susan Kottenbrook	Phone: 3185492033 Email: SKottenbrook@rrbc.la Fax: 3185493745	License: 572 State ID: HO0004962 Originally licensed: 2005-09-09 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: BOSSIER Mailing address: 2800 MELROSE AVENUE, BOSSIER CITY, LA, 71111
Brentwood Hospital 1006 Highland Avenue,	WILLIAM WEAVER	Phone: 3186787500 Email:	License: 529 State ID: HO0001728 Originally licensed: 1985-08-13

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
SHREVEPORT, LA, 71101		william.weaver@uhsinc.com Fax: 3182279296	Effective: 2026-03-01 License issued: 2026-01-06 Expires: 2027-02-28 Parish: CADDO Mailing address: 1006 HIGHLAND AVE., SHREVEPORT, LA, 71101
Christus Shreveport-Bossier Health System 1453 E. Bert Kouns Industrial Loop, SHREVEPORT, LA, 71105	CASEY ROBERTSON	Phone: 3186815000 Email: casey.robertson@christushealth.org Fax: 3186815475	License: 2203781886 State ID: HO0001596 Originally licensed: 1963-05-08 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: CADDO Mailing address: 1453 E. BERT KOUNS INDUSTRIAL DRIVE, SHREVEPORT, LA, 71105 Already listed elsewhere in this region; license details supplied here
Encompass Health Rehabilitation Hospital of Shreve 8650 Millicent Way, SHREVEPORT, LA, 71115	CHRISTOPHER PHILLIPS	Phone: 3186428100 Email: Christopher.Phillips3@encompasshealth.com Fax: 3186428495	License: 2203785005 State ID: HO0012769 Originally licensed: 2021-07-21 Effective: 2026-07-01 License issued: 2026-05-21 Expires: 2027-06-30 Parish: CADDO Mailing address: 9001 LIBERTY PARKWAY, BIRMINGHAM, AL, 35242
Intensive Specialty Hospital 1800 Irving Place Suite 100, SHREVEPORT, LA, 71101	Shawn Reed	Phone: 3184254096 Email: Shawn.Reed@intensivespecialty.com Fax: 3184242627	License: 2203784420 State ID: HO0001701 Originally licensed: 1992-12-29 Effective: 2025-08-01 License issued: 2025-07-16 Expires: 2026-07-31 Parish: CADDO Mailing address: 1800 IRVING PLACE, SHREVEPORT, LA, 71101
Louisiana Behavioral Health 9320 Linwood Avenue, SHREVEPORT, LA, 71106	LEE EDGE	Phone: 3186448830 Email: lee.edge@oceanshealthcare.com Fax: 3187163458	License: 2203784822 State ID: HO0012692 Originally licensed: 2021-01-05 Effective: 2026-01-01 License issued: 2025-11-19 Expires: 2026-12-31 Parish: CADDO Mailing address: 3905 HEDGCOXE ROAD, UNIT 250249, PLANO, TX, 75025 Already listed elsewhere in this region; license details supplied here
North Caddo Medical Center 815 South Pine Street, VIVIAN, LA, 71082	David C Jones	Phone: 3183754008 Email: David.jones@ncmcla.com Fax: 3183752537	License: 2203783599 State ID: HO0001609 Originally licensed: 1965-10-21 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: CADDO Mailing address: 815 SOUTH PINE STREET, VIVIAN, LA, 71082
Ochsner LSU Health Shreveport 1541 Kings Highway, SHREVEPORT, LA, 71103	CHRISTOPHER E MANGIN	Phone: 3186755000 Email: christopher.mangin@ochsnerlsuhs.org Fax: 3183996068	License: 2203784065 State ID: HO0001620 Originally licensed: 1964-01-07 Effective: 2025-10-28 License issued: 2025-10-28 Expires: 2026-09-30 Parish: CADDO Mailing address: 1541 KINGS HIGHWAY, SHREVEPORT, LA, 71130
Ochsner LSU Health Shreveport-St. Mary Medical Cen 911 Margaret Place,	Riley W Waddell	Phone: 3186264300 Email: riley.waddell@ochsner.org Fax: 3183997683	License: 2203784611 State ID: HO0012621 Originally licensed: 2020-04-27 Effective: 2026-04-01 License issued: 2026-03-26

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
SHREVEPORT, LA, 71101			Expires: 2027-03-31 Parish: CADDO Mailing address: 1 ST. MARY PLACE, SHREVEPORT, LA, 71101
PAM Health Specialty Hospital of Shreveport 1541 Kings Hwy, 10th Fl, SHREVEPORT, LA, 71104	James Whitacre	Phone: 3182123200 Email: bsisk@pamspecialty.com Fax: 3182123195	License: 2203785669 State ID: HO0001702 Originally licensed: 1993-01-13 Effective: 2026-01-01 License issued: 2025-12-04 Expires: 2026-12-31 Parish: CADDO Mailing address: 1666 E BERT KOUNS SUITE 225, SHREVEPORT, LA, 71105
Physicians Behavioral Hospital 2025 DeSoto Street, SHREVEPORT, LA, 71103	BRAD MABRY	Phone: 3185500520 Email: brad.mabry@pbhospital.com Fax: 3185500518	License: 634 State ID: HO0007583 Originally licensed: 2008-03-13 Effective: 2026-03-01 License issued: 2026-02-04 Expires: 2027-02-28 Parish: CADDO Mailing address: 700 JEFFERSON STREET, LAFAYETTE, LA, 70501
Shreveport Rehabilitation Hospital 1451 Fern Circle, SHREVEPORT, LA, 71105	BRENT MARTIN	Phone: 3182328880 Email: BMartin@shreveport-rehab.com Fax: 3182328881	License: 2203785187 State ID: HO0012827 Originally licensed: 2022-01-26 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: CADDO Mailing address: 1451 FERN CIRCLE, SHREVEPORT, LA, 71105
Specialists Hospital Shreveport 1500 Line Avenue, SHREVEPORT, LA, 71101	DEVIN JENKINS	Phone: 3182133800 Email: djenkins@spechosp.com Fax: 3182133801	License: 626 State ID: HO0007376 Originally licensed: 2007-08-13 Effective: 2026-08-01 License issued: 2026-06-16 Expires: 2027-07-31 Parish: CADDO Mailing address: 1500 LINE AVENUE, SHREVEPORT, LA, 71101
Willis-Knighton Medical Center 2600 Greenwood Road, SHREVEPORT, LA, 71103	Jerry Fielder	Phone: 3182124008 Email: jfielder@wkhs.com Fax: 3182124091	License: 232 State ID: HO0001627 Originally licensed: 1963-05-08 Effective: 2025-10-01 License issued: 2025-10-07 Expires: 2026-09-30 Parish: CADDO Mailing address: P O BOX 32600, SHREVEPORT, LA, 71103
Claiborne Memorial Medical Center 620 East College Street, HOMER, LA, 71040	TINA HAYNES	Phone: 3189272024 Email: thaynes@claibornemedical.com Fax: 3189279212	License: 206 State ID: HO0001630 Originally licensed: 1963-08-20 Effective: 2025-08-01 License issued: 2025-07-17 Expires: 2026-07-31 Parish: CLAIBORNE Mailing address: 620 EAST COLLEGE STREET, HOMER, LA, 71040
DeSoto Regional Health System 207 Jefferson Street, MANSFIELD, LA, 71052	Todd Eppler	Phone: 3188724610 Email: toddeppler@desotoregional.com Fax: 3188726134	License: 229 State ID: HO0001633 Originally licensed: 1963-05-08 Effective: 2025-10-01 License issued: 2025-08-26 Expires: 2026-09-30 Parish: DESOTO Mailing address: P.O. BOX 1636, MANSFIELD, LA, 71052
Louisiana Extended Care Hospital of Natchitoches 501 Keyser Avenue, 4th	TAMEKIA COLBERT	Phone: 3183542044 Email: Tamekia.Colbert@nrmchospit	License: 608 State ID: HO0004245 Originally licensed: 2002-03-27

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
floor, NATCHITOCHES, LA, 71457		al.org Fax: 3183542041	Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: NATCHITOCHES Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Natchitoches Regional Medical Center 501 Keyser Avenue, NATCHITOCHES, LA, 71457	KIRK SOILEAU	Phone: 3184712628 Email: kirk.soileau@nrmchospital.org Fax: 3182144354	License: 208 State ID: HO0001575 Originally licensed: 1963-06-15 Effective: 2025-08-01 License issued: 2025-07-11 Expires: 2026-07-31 Parish: NATCHITOCHES Mailing address: P. O. BOX 2009, NATCHITOCHES, LA, 71457
Christus Coushatta Health Care Center 1635 Marvel St., COUSHATTA, LA, 71019	Brandon Hillman	Phone: 3189322000 Email: brandon.hillman@christushealth.org Fax: 3189322198	License: 551 State ID: HO0001694 Originally licensed: 1998-05-04 Effective: 2026-02-24 License issued: 2026-04-30 Expires: 2026-12-31 Parish: RED RIVER Mailing address: 1635 MARVEL STREET, COUSHATTA, LA, 71019
Specialty Rehabilitation Hospital 1110 Ringgold Avenue Suite B, COUSHATTA, LA, 71019	Lisa Miller	Phone: 3189321770 Email: lmiller@specialtyhealthcare.com Fax: 3189329415	License: 630 State ID: HO0004283 Originally licensed: 2002-07-03 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: RED RIVER Mailing address: P.O. BOX 309, COUSHATTA, LA, 71019
Sabine Medical Center 240 Highland Drive, MANY, LA, 71449	Debra Byles	Phone: 3182565691 Email: debbi.byles@ahmgt.com Fax: 3182561298	License: 643 State ID: HO0001687 Originally licensed: 1992-11-10 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: SABINE Mailing address: 240 HIGHLAND DRIVE, MANY, LA, 71449 Already listed elsewhere in this region; license details supplied here
Minden Medical Center No. 1 Medical Plaza, MINDEN, LA, 71055	Keith Cox	Phone: 3183772321 Email: keith.cox@ahmgt.com Fax: 3183715606	License: 2203784145 State ID: HO0001646 Originally licensed: 1984-11-30 Effective: 2025-08-01 License issued: 2025-07-30 Expires: 2026-07-31 Parish: WEBSTER Mailing address: P.O. BOX 5003, MINDEN, LA, 71058
Springhill Medical Center 2001 Doctors Drive, SPRINGHILL, LA, 71075	Robert Peltzer	Phone: 3185391001 Email: robert.peltzer@emailsmc.com Fax: 3185394085	License: 441 State ID: HO0001616 Originally licensed: 1961-06-17 Effective: 2025-12-01 License issued: 2025-11-12 Expires: 2026-11-30 Parish: WEBSTER Mailing address: POST OFFICE BOX 920, SPRINGHILL, LA, 71075

Law Enforcement

Organization / Provider	Contact Person	Phone / Email	Services Provided
Sabine Parish	Sheriff Aaron Mitchell	318-256-3241	Is to protect lives, property, and constitutional rights while maintaining public order, safety, and security. Officers enforce laws, prevent and investigate crime, and apprehend suspects. They act as the first line of defense to foster community security, enforce criminal/civil statutes, and ensure justice.
Vernon Parish	Sheriff John S. "Sam" Craft	337-238-1311	A sheriff serves as the chief law enforcement officer of a county, typically elected to manage county-wide law enforcement, operate the county jail, and provide court security. Core duties include patrolling unincorporated areas, executing legal processes (warrants, subpoenas, evictions), transporting prisoners, and investigating crimes.
Caddo Parish	Sheriff Henry Whitehorn, Sr.	318-681-0611	A sheriff is the chief law enforcement officer of a county, responsible for maintaining peace, enforcing laws, and running the county jail, often overseeing patrols in unincorporated areas, providing court security (acting as bailiff), serving legal papers, investigating crimes, and managing corrections, with duties varying by location but generally covering law enforcement, courts, and corrections within their county jurisdiction.
Claiborne Parish	Sheriff Sam Dowies	318-927-2011	A sheriff is the chief law enforcement officer in a county. This position is typically elected by the public. Sheriffs are responsible for maintaining peace and order, which includes pursuing and arresting criminals, managing the county jail, and providing bailiffs for court security.
BIENVILLE PARISH	Sheriff John E Ballance	318--236-2215	Law Enforcement: Patrolling county areas, investigating crimes, making arrests, controlling traffic, and handling emergency responses, including search and rescue. Corrections: Managing the county jail and overseeing the housing and transportation of inmates. Court Security: Providing security for courthouses, protecting judges and juries, and acting as bailiff during sessions. Civil Process: Serving legal documents like warrants, subpoenas, and eviction notices. Community Programs: Running community outreach, such as Neighborhood Watch, school programs, and public safety initiatives. Jurisdiction: Sheriffs operate county-wide, especially in areas without city police, while city police focus on incorporated cities. Leadership: Sheriffs are often elected officials, accountable to the county's citizens, rather than appointed by a mayor or city council.
WEBSTER PARISH	Sheriff Jason Parker	318-377-1515	Sheriff's offices cover entire counties (especially unincorporated areas) and are led by an elected sheriff, who also manages county jails and court security, answering directly to the voters. Sheriffs often have broader countywide responsibilities, including

Organization / Provider	Contact Person	Phone / Email	Services Provided
			running jails and providing court security, whereas police focus on municipal law enforcement.
RED RIVER PARISH	Sheriff Glen Edwards	318-932 or 318-932-5753	The Sheriff or Deputy Sheriff must serve or execute all documents issued by our courts. These include summonses, notices, warrants and court orders. What must you do if the Sheriff comes to your home or work? Remember the Sheriff acts under orders from the court.
SABINE PARISH	Sheriff Aaron Mitchell	318-590-9475	A sheriff is responsible for enforcing the law, typically at the county level. The role of a sheriff can vary depending on the country and its legal system, but in general, in the United States, a sheriff's job scope includes: Patrolling unincorporated areas of the county that lack local police forces.
NATCHITOCHES PARISH	Sheriff Stuart Wright	318-352-6432	The Natchitoches Parish Sheriff, currently, acts as the chief law enforcement officer for the parish, managing a force responsible for patrolling unincorporated areas, enforcing state laws, and investigating crimes. Key duties include operating the parish jail, providing court security, serving civil/criminal legal documents, conducting tax sales, and providing school resource officers.
BOSSIER PARISH	Sheriff Julian C. Whittington	318-326-4572	A sheriff is an elected or appointed chief law enforcement officer for a county, responsible for operating the county jail, providing security for courts, serving legal papers, and performing law enforcement duties—particularly in unincorporated areas. They maintain public peace, investigate crimes, transport prisoners, and execute court orders, including foreclosure sales and evictions.

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
De Soto Parish	Stacey Henderson, M.D.	318-872-0516/dpcoroner_locke@att.net	A coroner is an official who investigates deaths that are suspicious, unusual, or unnatural, or natural deaths that were not attended by a physician. Their responsibilities include overseeing the investigation of these deaths, determining the cause, and maintaining death records. The qualifications for a coroner vary significantly by location, with some being laypersons and others requiring medical training.
BOSSIER PARISH	Michael Williams, MD	318-549-3415/office@bossiercoroner.com	A coroner investigates sudden, unexpected, or violent deaths to

Organization / Provider	Contact Person	Phone / Email	Services Provided
			determine the cause and manner of death. This includes identifying the deceased, gathering evidence, ordering autopsies, notifying next of kin, and completing death certificates. Coroners work with law enforcement and medical professionals and their findings can be used in court proceedings.
BIENVILLE PARISH	Amanda Lindberg, RN, EMTP	318-549-3415/office@bossiercoroner.com	A coroner is a government or judicial official who is empowered to conduct or order an inquest into the manner or cause of death. The official may also investigate or confirm the identity of an unknown person who has been found dead within the coroner's jurisdiction.
CADDO PARISH	Todd Thoma, M.D.	318-226-6881/tthoma@caddocoroner.com	Responsibilities of the coroner may include overseeing the investigation and certification of deaths related to mass disasters that occur within the coroner's jurisdiction. A coroner's office typically maintains death records of those who have died within the coroner's jurisdiction.
CLAIBORNE PARISH	William "Mark" Haynes, M.D.	318-927-3571/whaynes75@yahoo.com	The Coroner's Court is responsible to inquire into the causes and circumstances of some deaths. The Coroner is a judicial officer who has the power to: Burial orders, Cremation orders, Waivers of autopsy, Autopsy orders. Exhumation orders to remove dead bodies outside of Claiborne parish, Order police investigations of death, Order inquests, Approve removal and use of body parts of the dead body, Issue certificates of fact of death. The Coroner makes orders after considering the pathologist's report.
NATCHITOCHES PARISH	Mr. Steven Enlow Clanton, RN/EMT-P	318-357-2260/steven.clanton@npcoroner.net	The majority of deaths are not investigated by the coroner. If the deceased has been under medical care, or has been seen by a doctor within 14 days of death, then the doctor can issue a death certificate. However, if the deceased died without being seen by a doctor, or if the doctor is unwilling to make a determination, the coroner will investigate the cause and manner of death. The coroner will also investigate when a death is deemed violent or unnatural, where the cause is

Organization / Provider	Contact Person	Phone / Email	Services Provided
			unknown, where a death is the result of poisoning or industrial injury, or if it occurred in police custody or prison.
SABINE PARISH	Mark Holder, M.D.	318-256-4007	The coroner has a team of coroner's officers (previously often ex-police officers, but increasingly from a nursing or other paramedical background) who carry out the investigation on the coroner's behalf. A coroner's investigation may involve a simple review of the circumstances, ordering a post-mortem examination, or they may decide that an inquest is appropriate. When a person dies in the custody of the legal authorities (in police cells, or in prison), an inquest must be held. In England, inquests are usually heard without a jury (unless the coroner wants one). However, a case in which a person has died under the control of central authority must have a jury, as a check on the possible abuse of governmental power.
RED RIVER PARISH	Wyche Coleman, M.D.	318-422-4278/ redriverparishcoroner@gmail.com	The coroner shall be a physician licensed by the Louisiana State Board of Medical Examiners to practice medicine in the state of Louisiana. This requirement shall be waived in any parish in which no licensed physician qualifies to run for the office. The coroner shall be a resident of the parish. However, a licensed physician who is not a resident of the parish but who maintains a full-time medical practice at a principal medical office facility in the parish may qualify for and hold the office. Each coroner may appoint one or more deputy or assistant coroners to perform his duties, who need not be residents of the parish. The coroner may contract with any competent physician or other expert to assist in the conduct of an investigation or autopsy.

Veterans Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
DESOTO PARISH	Pamela Russell	318-872-4.326/pamela.russell@la.gov	Relentlessly advocate for Louisiana veterans and their families to ensure they receive superior customer service and support by connecting them to the benefits they have earned in service to our country, while meeting the economic, educational and employment needs of transitioning service members looking to make Louisiana their home.
BOSSIER PARISH	Michael Pawlik (M,1st/3rd W,F)	318-7401-839/Michael pawlik@la.gov	Louisiana will be the most veteran-friendly state in the nation! LDVA will help lead the state to better times through new ideas and programs aimed at harnessing the economic, educational and military experiences of veterans.
BIENVILLE PARISH	Jarrod Booth	318-263-7419	The U.S. Department of Veterans Affairs (VA), a federal agency that provides lifelong healthcare, benefits, and other services to eligible military veterans. Its primary responsibilities include offering medical care, processing disability claims, providing education benefits like the GI Bill, and assisting with home loans. The VA also manages national cemeteries and supports veterans with employment and transition services. Key services provided by the VA Healthcare: The VA operates the largest integrated healthcare system in the U.S., offering care at numerous medical centers and clinics nationwide. Disability compensation: Veterans can file claims for compensation for conditions related to their military service. Education and training: The VA helps eligible veterans pay for college and job training through programs like the GI Bill. Home loans: The VA provides assistance with obtaining home loans. Employment: The agency offers employment and transition services to help veterans find jobs and re-enter the civilian workforce Pensions: Veterans may be eligible to receive pensions. Burial and memorial benefits: The National Cemetery Administration manages national cemeteries and provides burial and memorial benefits, such as a burial flag, a headstone, and perpetual care. Other benefits: Additional services include life insurance, polytrauma care, spinal cord and traumatic brain injury treatment, and post-traumatic stress treatments.
CADDO PARISH	Deborah Gray	318-649-25532/deborah.gray@gov	In appreciation for your service, the federal government offers educational benefits to veterans and certain family members. LSU Health Shreveport Office of the Registrar

Organization / Provider	Contact Person	Phone / Email	Services Provided
			serves as the certifying official who act as a liaison between the Department of Veterans Affairs and the veteran student to offer various entitlement programs to students who have served in the military on active duty, are members of the selected Reserves/National Guard, or are dependents of a veteran who died while in the military or who has a service-related disability.
CLAIBORNE PARISH	Jarrod Booth	318-927-3077/jarrod.booth@la.gov	There are many state benefits for Louisiana veterans and their families, including property tax exemption and Title 29 in-state tuition assistance. After reviewing the additional information on state benefits linked below, schedule an appointment with one of our veteran's assistance counselors to get started.
NATCHITOCHES PARISH	Lisa Miller	318-357-3106/lisa.miller2@la.gov	The mission of the Louisiana Department of Veterans Affairs is to provide comprehensive care and quality service to Louisiana veterans and their families with regard to health care, education, disability benefits, long-term care and burial honors. To qualify for most state and federal veteran must first establish general eligibility outline in the law.
WEBSTER PARISH	Andrew Pastusic	318-539-5681	The VA provides a wide range of health services through the Veterans Health Administration (VHA), the largest integrated health care system in the U.S..Services include primary care, specialist appointments, home health, medical equipment, and prescriptions. The VA also offers telehealth services and community care options. Veterans can manage their health care and communicate with their care team through the My HealtheVet portal.
SABINE PARISH	Pamela Russell	318-256-4131/pamela.russell@la.gov	The Department of Veterans Affairs (VA) is the federal Cabinet-level agency responsible for providing benefits and services to U.S. military veterans, their families, and survivors. The Department of Health and Human Services (HHS) is a separate federal department that collaborates with the VA on specific initiatives, but it does not have its own dedicated "Office of Veterans Affairs" that manages all veteran benefits and services.
RED RIVER PARISH	Dalton Halladay	318-935-49110	VA.gov helps veterans find local services primarily through its comprehensive VA Facility Locator tool and various program-specific resource pages. The site centralizes information to connect veterans with

Organization / Provider	Contact Person	Phone / Email	Services Provided
			both VA-provided and associated community-based support.

Kidney Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Kidney care	Manager	318-483-1964	At every stage, we proactively strive to improve quality of life by identifying, managing, and ultimately limiting the progression of chronic kidney disease. We believe in engaging the patient as a partner in their welfare. With this patient-centered approach, we enlist providers to deliver the highest quality of coordinated care. And finally, we're committed to the continuous discovery and deployment of the absolute best-practices available in the industry — in clinical methodology and patient service alike.
Natchitoches Dialysis Center	Tood Mooney	318-352-1960	A dialysis center is an outpatient facility where people with end-stage kidney disease receive hemodialysis treatment to clean and filter their blood, as their kidneys can no longer perform this function. At these centers, a medical team monitors the patient and uses a machine to remove waste and excess fluid from the blood, typically through multiple sessions per week.
Fresenius Medical Care Pierremont	Todd Mooney	318-524-9906	These centers provide hemodialysis, which involves removing waste, salt, and excess fluid from the blood, and also help manage blood pressure and electrolytes. Cleans the blood: A dialysis center performs hemodialysis, a process that cleans the blood when the kidneys have failed. Removes waste and excess fluid: The treatment removes toxins, waste, salt, and excess fluid that the body can't filter on its own. Manages health: Staff help control blood pressure and manage electrolytes as part of the treatment. Provides medical care: A care team, including nurses and technicians, starts and ends treatments, monitors vital signs, and makes any necessary adjustments to the machines.
FMC Dialysis Services Coushatta	Todd Mooney	318-932-5378	Services: Offers hemodialysis and peritoneal dialysis services to people with chronic kidney disease. Because symptoms are often subtle or absent in early CKD, regular screening with blood and urine tests is important, especially for those with risk factors like diabetes or high blood pressure.
BMA Minden	Todd Mooney	318-371-1532	A dialysis center is a facility where patients with kidney failure receive medical treatment to clean and filter their blood, as their kidneys can no longer perform this function. or many, it is a life-sustaining treatment that can allow them to live for many years with end-stage kidney disease (ESKD), especially

Organization / Provider	Contact Person	Phone / Email	Services Provided
			if a transplant is possible. However, for some patients, particularly older or frail individuals, the treatment can become physically and emotionally taxing, and stopping dialysis may be a choice to prioritize comfort in their final weeks or months, with hospice care helping to manage symptoms.
Fresenius Medical Care North Bossier	Cindi Addison	318-746-4818	Fresenius Medical Care is the world's leading provider of products and services for individuals with renal diseases of which around 4,2 million patients worldwide regularly undergo dialysis treatment. Dialysis is a vital blood cleansing procedure that substitutes the function of the kidneys in case of kidney failure.

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Bossier Regional Dialysis Center 2907 Plantation Drive, BOSSIER CITY, LA, 71111	CINDI ADDISON	Phone: 3187468440 Email: scott.grabener@freseniusmedicalcare.com Fax: 3187468442	License: 049 State ID: ES0001103 Originally licensed: 2003-09-23 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: BOSSIER Mailing address: 2907 PLANTATION DRIVE, BOSSIER CITY, LA, 71111
Fresenius Medical Care North Bossier 4251 Viking Drive, BOSSIER CITY, LA, 71111	CINDI ADDISON	Phone: 3187464818 Email: Scott.Grabener@freseniusmedicalcare.com Fax: 3187464823	License: 2203782919 State ID: ES0011461 Originally licensed: 2016-01-11 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: BOSSIER Mailing address: 4251 VIKING DRIVE, BOSSIER CITY, LA, 71111 Already listed elsewhere in this region; license details supplied here
Fresenius Medical Care of South Bossier 3087 Stafford Street, BOSSIER CITY, LA, 71112	CINDI ADDISON	Phone: 3187415167 Email: clinic4148@fmc-na.com Fax: 3187415157	License: 181 State ID: ES0007821 Originally licensed: 2008-10-13 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: BOSSIER Mailing address: 3087 STAFFORD DR., BOSSIER CITY, LA, 71112
Broadmoor Dialysis 1815 E 70th Street, SHREVEPORT, LA, 71105	Sheryl Glass	Phone: 3187977940 Email: laticia.young@davita.com Fax: 3187978143	License: 2203781771 State ID: ES0007729 Originally licensed: 2008-07-14 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: CADDO Mailing address: 5200 VIRGINIA WAY 4TH FLOOR L&C DEPT, BRENTWOOD, TN, 37027
Dialysis Center of Shreveport 3949 Southern Avenue, SHREVEPORT, LA, 71106	CINDI ADDISON	Phone: 3188693016 Email: Clinic1357@fmc-na.com Fax: 3188693602	License: 007 State ID: ES0001101 Originally licensed: 2003-02-06 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: CADDO Mailing address: 3949 SOUTHERN AVENUE, SHREVEPORT, LA, 71106
Dialysis Clinic, Inc. - East Shreveport 102 Ardmore Avenue, SHREVEPORT, LA, 71105	Samantha Jackson	Phone: 3188615051 Email: Erin.Bradley@dciinc.org Fax: 3188615054	License: 008 State ID: ES0004222 Originally licensed: 2003-02-11 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: CADDO Mailing address: 102 ARDMORE AVENUE, SHREVEPORT, LA, 71105
Dialysis Clinic, Inc. - Shreveport 1322 Kings Highway, SHREVEPORT, LA, 71103	Erin Bradley	Phone: 3182261020 Email: Erin.bradley@dciinc.org Fax: 3184241179	License: 062 State ID: ES0001145 Originally licensed: 2003-07-02 Effective: 2026-07-01 License issued: 2026-06-22 Expires: 2027-06-30 Parish: CADDO Mailing address: 1322 KINGS HWY., SHREVEPORT, LA, 71103

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Dialysis Clinic,Inc.- North Shreveport 1515 N Hearne Avenue, SHREVEPORT, LA, 71107	Samantha Jackson	Phone: 3182207012 Email: Erin.Bradley@dciinc.org Fax: 3182207013	License: 140 State ID: ES0004845 Originally licensed: 2005-02-02 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: CADDO Mailing address: 1515 N HEARNE AVENUE, SHREVEPORT, LA, 71107
FMC Dialysis Services South Shreveport 410 Ashley Ridge Boulevard, SHREVEPORT, LA, 71106	TODD MOONEY	Phone: 3188688320 Email: Clinic2206@fmc-na.com Fax: 3188612337	License: 114 State ID: ES0003854 Originally licensed: 2003-12-23 Effective: 2025-12-01 License issued: 2025-11-10 Expires: 2026-11-30 Parish: CADDO Mailing address: 410 ASHLEY RIDGE BOULEVARD, SHREVEPORT, LA, 71106
FMCNA Dialysis Services of West Shreveport 4338 Pines Road, SHREVEPORT, LA, 71119	Scott Grabener	Phone: 3186210759 Email: Clinic2758@fmc-na.com Fax: 3186210733	License: 040 State ID: ES0004423 Originally licensed: 2003-06-16 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: CADDO Mailing address: 4338 PINES ROAD, SHREVEPORT, LA, 71119
Fresenius Kidney Care North Caddo Dialysis Center 110 Airport Drive, VIVIAN, LA, 71082	Scott Grabener	Phone: 3183752787 Email: scott.grabener@freseniusmedicalcare.com Fax: 3183752792	License: 2203783965 State ID: ES0012374 Originally licensed: 2018-06-11 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: CADDO Mailing address: 110 AIRPORT DRIVE, VIVIAN, LA, 71082
Fresenius Medical Care Pierremont 2240 E Bert Kouns Industrial Loop, SHREVEPORT, LA, 71105	James Carman	Phone: 3185249906 Email: Clinic4167@fmc-na.com Fax: 3185249907	License: 182 State ID: ES0007828 Originally licensed: 2008-11-03 Effective: 2025-11-01 License issued: 2025-10-25 Expires: 2026-10-31 Parish: CADDO Mailing address: 2240 E BERT KOUNS INDUSTRIAL LOOP, SHREVEPORT, LA, 71105 Already listed elsewhere in this region; license details supplied here
Fresenius Medical Care of Southwest Shreveport 9076 Kingston Road, SHREVEPORT, LA, 71118	Todd Mooney	Phone: 3186833296 Email: Clinic1915@fmc-na.com Fax: 3186869283	License: 175 State ID: ES0001139 Originally licensed: 2003-12-08 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: CADDO Mailing address: 9076 KINGSTON ROAD, SHREVEPORT, LA, 71118
North Shreveport Dialysis Center 990 Aero Drive, SHREVEPORT, LA, 71107	TODD MOONEY	Phone: 3184257371 Email: Clinic1486@fmc-na.com Fax: 3184257373	License: 063 State ID: ES0001126 Originally licensed: 2003-06-30 Effective: 2026-06-01 License issued: 2026-06-01 Expires: 2027-05-31 Parish: CADDO Mailing address: 990 AERO DRIVE, SHREVEPORT, LA, 71107
Red River Dialysis 9205 Linwood Avenue, SHREVEPORT, LA, 71106	Sheryl Glass	Phone: 3186030548 Email: bobbie.reese@davita.com Fax: 3186038905	License: 197 State ID: ES0010477 Originally licensed: 2010-09-30 Effective: 2025-09-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-08-25 Expires: 2026-08-31 Parish: CADDO Mailing address: 5200 VIRGINIA WAY L&C DEPT, BRENTWOOD, TN, 37027
Shreveport Regional Dialysis Center 1130 Kings Highway, SHREVEPORT, LA, 71104	James Carman	Phone: 3186705387 Email: todd.mooney@freseniusmedicalcare.com Fax: 3186705388	License: 2203783796 State ID: ES0001090 Originally licensed: 2003-07-23 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: CADDO Mailing address: 1130 KINGS HIGHWAY, SHREVEPORT, LA, 71104
WK Renal Dialysis 1111 Line Avenue, SHREVEPORT, LA, 71101	Charles D Daigle	Phone: 3187164550 Email: jivey@wkhs.com Fax: 3187164560	License: 2203783147 State ID: ES0001074 Originally licensed: 2004-01-29 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: CADDO Mailing address: P.O. BOX 32600, SHREVEPORT, LA, 71130
Fresenius Medical Care of Homer 3680 Highway 79, HOMER, LA, 71040	MS Cindi Addison	Phone: 3189278987 Email: clinic3281@fmc-na.com Fax: 3189275965	License: 123 State ID: ES0004678 Originally licensed: 2004-03-03 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: CLAIBORNE Mailing address: 3680 HIGHWAY 79, HOMER, LA, 71040
BMA Desoto Parish 1410 McArthur Drive, MANSFIELD, LA, 71052	Erin Young	Phone: 3188718700 Email: clinic1883@fmc-na.com Fax: 3188718707	License: 006 State ID: ES0001163 Originally licensed: 2003-01-23 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: DESOTO Mailing address: 1410 MCARTHUR DRIVE, MANSFIELD, LA, 71052
BMA East Natchitoches 111 Masonic Drive, NATCHITOCHES, LA, 71458	erin young	Phone: 3183541170 Email: erin.young@freseniusmedicalcare.com Fax: 3183541175	License: 015 State ID: ES0001169 Originally licensed: 2003-03-06 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: NATCHITOCHES Mailing address: 111 MASONIC DRIVE, NATCHITOCHES, LA, 71458
Natchitoches Dialysis Center 700 Keyser Avenue, NATCHITOCHES, LA, 71457	TODD MOONEY	Phone: 3183521960 Email: Clinic1387@fmc-na.com Fax: 3183521962	License: 125 State ID: ES0001099 Originally licensed: 2004-02-11 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: NATCHITOCHES Mailing address: 700 KEYSER AVENUE, NATCHITOCHES, LA, 71457 Already listed elsewhere in this region; license details supplied here
FMC Dialysis Services Coushatta 501 Wilkerson Street, COUSHATTA, LA, 71019	TODD MOONEY	Phone: 3189325378 Email: clinic2675@fmc-na.com Fax: 3189328108	License: 017 State ID: ES0004029 Originally licensed: 2003-01-31 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: RED RIVER Mailing address: 501 WILKERSON STREET, COUSHATTA, LA, 71019

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
FMC of Many 100 Devera Drive, MANY, LA, 71449	Todd Mooney	Phone: 3182563122 Email: Clinic4238@fmc-na.com Fax: 3182561231	License: 160 State ID: ES0007123 Originally licensed: 2007-01-09 Effective: 2025-12-01 License issued: 2025-11-12 Expires: 2026-11-30 Parish: SABINE Mailing address: 100 DEVERA DRIVE, MANY, LA, 71449
BMA Minden 610 Fleming Lane, MINDEN, LA, 71055	Todd Mooney	Phone: 3183711532 Email: Clinic1400@fmc-na.com Fax: 3183711534	License: 102 State ID: ES0001110 Originally licensed: 2003-12-09 Effective: 2025-12-01 License issued: 2025-11-07 Expires: 2026-11-30 Parish: WEBSTER Mailing address: 610 FLEMING LANE, MINDEN, LA, 71055 Already listed elsewhere in this region; license details supplied here
DCI Minden 121 Pearl Street, MINDEN, LA, 71055	Samantha Jackson	Phone: 3182683764 Email: Erin.Bradley@dciinc.org Fax: 3182683765	License: 2203785526 State ID: ES0012921 Originally licensed: 2022-11-07 Effective: 2025-11-01 License issued: 2025-10-22 Expires: 2026-10-31 Parish: WEBSTER Mailing address: 121 PEARL STREET, MINDEN, LA, 71055
FMC Dialysis Services East Minden 10000 Industrial Drive, MINDEN, LA, 71055	James Carman	Phone: 3183719400 Email: clinic2203@fmc-na.com Fax: 3183716782	License: 009 State ID: ES0003980 Originally licensed: 2003-01-28 Effective: 2026-01-01 License issued: 2025-12-16 Expires: 2026-12-31 Parish: WEBSTER Mailing address: 10000 INDUSTRIAL DRIVE, MINDEN, LA, 71055

REGION 8

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Mental Health Clinic	Manager	866-925-2604	Behavioral Health Hospital offers comprehensive treatment for mental health disorders, setting the standard for clinical excellence and client safety. Contact us today to learn more about how we can help you achieve lasting recovery.
kandela Recovery Center	Manager	866-973-6041	Providing high-quality care to those who are working towards overcoming their mental illness and mental health challenges. Kandela Recovery Center is certified by the Joint Commission. Why should this matter to you? Because it means our dedicated staff and facility meet the gold standard for inpatient rehab and treatment
Northeast Delta Human Service	Manager	318-362-3270	Serve as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to help realize their full

Organization / Provider	Contact Person	Phone / Email	Services Provided
			human potential by offering quality, excellent care with greater accessibility.
Broken Wings Recovery Center	Manager	318-538-500	Broken Wings is a Christian and Alcoholics Anonymous-based addiction recovery facility that focuses on mind, body, and spiritual wellness.
Enrich Behavioral Health, LLC	ASHLEY HAYES-HINTON	318-816-5102	Providing high-quality care to those who are working towards overcoming their psychiatric illness and mental health challenges. Prisma Recovery Center is certified by the Joint Commission. Why should this matter to you? Because it means our dedicated staff and facility meet the gold standard for rehab and treatment.
First Choice Counseling, LLC	Jessica Bass	318-239-2325	Offering compassionate support and professional care to individuals seeking to improve their mental well-being. The clinic provides a range of therapeutic services tailored to meet the unique needs of each client, fostering a welcoming and safe environment for healing and growth.

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Columbia Behavioral Health Clinic 5159 Highway 4 East, COLUMBIA, LA, 71418	Christopher Waters	Phone: 3186432333 Email: Integratedcare@nedeltahsa.org Fax: 3186490149	License: 2203782560 State ID: BH0007116 Originally licensed: 2016-01-01 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: CALDWELL Mailing address: 2513 FERRAND STREET, MONROE, LA, 71201
Delta Community Enhancement Program-Delta Recovery 411 Sparrow Street, LAKE PROVIDENCE, LA, 71254	Joseph Jackson	Phone: 3185593356 Email: dceprogram@yahoo.com Fax: 3185592044	License: 2203783406 State ID: BH0012037 Originally licensed: 2017-07-11 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: EAST CARROLL Mailing address: PO BOX 88, LAKE PROVIDENCE, LA, 71254
Fresh Start 7060 Prairie Road, WINNSBORO, LA, 71291	Clay Russell	Phone: 3188054775 Email: clayrussellins@yahoo.com Fax: 3184357063	License: 2203782525 State ID: BH0007495 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-10-31 Expires: 2026-10-31 Parish: FRANKLIN Mailing address: P.O. BOX 593, WINNSBORO, LA, 71295
Northeast Louisiana Substance Abuse, Inc. 6564 Main Street, WINNSBORO, LA, 71295	Gloria Wright	Phone: 3184357558 Email: gwright@nelsa.net Fax: 3184350480	License: 2203782558 State ID: BH0003497 Originally licensed: 2016-01-01 Effective: 2026-01-01 License issued: 2025-12-11 Expires: 2026-12-31 Parish: FRANKLIN Mailing address: 6564 MAIN STREET, WINNSBORO, LA, 71295

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Stepping Stones Counseling Agency 103 4th Street, JONESBORO, LA, 71251	Otis C Brooks	Phone: 3182591500 Email: steppingstonesjb@gmail.com Fax: 3182591580	License: 2203782749 State ID: BH0011580 Originally licensed: 2016-05-06 Effective: 2025-05-01 License issued: 2025-05-15 Expires: 2026-04-30 Parish: JACKSON Mailing address: 103 4TH STREET, JONESBORO, LA, 71251
A Journey To Therapy, LLC 206 East Reynolds Drive Suite J3, RUSTON, LA, 71270	Taylor Price	Phone: 3182249098 Email: journeyrecovery2024@yahoo.com Fax: 3182249099	License: 2203786638 State ID: BH0013456 Originally licensed: 2025-06-18 Effective: 2025-06-18 License issued: 2025-07-11 Expires: 2026-05-31 Parish: LINCOLN Mailing address: 206 EAST REYNOLDS DRIVE SUITE J3, RUSTON, LA, 71270
Amazing Care Counseling and Recovering Agency 112 E. Carolina Ave. Suite B and E, RUSTON, LA, 71270	Shondra Fobbs	Phone: 3182543280 Email: jnelson@amazingcarecr.com Fax: 3184098034	License: 2203787076 State ID: BH0013560 Originally licensed: 2026-05-12 Effective: 2026-05-12 License issued: 2026-06-08 Expires: 2027-04-30 Parish: LINCOLN Mailing address: 112 E. CAROLINA AVE. SUITE AND E, RUSTON, LA, 71270
Eagle Lake Recovery, LLC 135 Highway 556, CHOUDRANT, LA, 71227	Edward J Michael	Phone: 3184363572 Email: info@eaglelakerecovery.com Fax: 3184362436	License: 2203786836 State ID: BH0013513 Originally licensed: 2025-11-25 Effective: 2025-11-25 License issued: 2025-12-03 Expires: 2026-10-31 Parish: LINCOLN Mailing address: 300 WASHINGTON STREET, MONROE, LA, 71201
La Paz, LLC 910 South Vienna Street Suite 7, RUSTON, LA, 71270	Lakysha Starts-Sampson	Phone: 3182249200 Email: lapaziop@gmail.com Fax: 3182249201	License: 2203785913 State ID: BH0012433 Originally licensed: 2019-02-08 Effective: 2025-10-01 License issued: 2025-08-08 Expires: 2026-09-30 Parish: LINCOLN Mailing address: 910 SOUTH VIENNA STREET SUITE 7, RUSTON, LA, 71270 Already listed elsewhere in this region; license details supplied here
Lincoln Nova Vital Recovery 4396 HWY 80, RUSTON, LA, 71270	JIM HENRY	Phone: 3182514659 Email: cjuneau@gambleguestcare.com Fax: 3184363630	License: 2203784231 State ID: BH0007976 Originally licensed: 2016-03-01 Effective: 2026-02-01 License issued: 2026-02-03 Expires: 2027-01-31 Parish: LINCOLN Mailing address: 8520 BUSINESS PARK DRIVE, SHREVEPORT, LA, 71105
R.I.S.E of Ruston 512 E Texas Ave, RUSTON, LA, 71270	Felicia Douglas	Phone: 3183313977 Email: feliciadouglas1020@gmail.com Fax: 3162249056	License: 2203786474 State ID: BH0013349 Originally licensed: 2025-02-07 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: LINCOLN Mailing address: 512 E TEXAS AVE, RUSTON, LA, 71270
Rehab Services of NE LA,LLC 305 East Mississippi Avenue, RUSTON, LA, 71270	KYLE JACOB	Phone: 3182023706 Email: twilliams@rehabservicesla.com Fax: 3182023707	License: 2203785201 State ID: BH0011901 Originally licensed: 2017-02-27 Effective: 2026-02-01 License issued: 2026-01-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-01-31 Parish: LINCOLN Mailing address: 1000 CHINABERRY DRIVE SUITE 900, BOSSIER CITY, LA, 71111
Rising Kare Counseling LLC 413 S. Farmerville St, RUSTON, LA, 71270	Robert Smith Jr	Phone: 3185481463 Email: hope@risingkarecounseling.com Fax: 3185489202	License: 2203783816 State ID: BH0012326 Originally licensed: 2018-03-12 Effective: 2026-06-29 License issued: 2026-06-29 Expires: 2026-08-27 Parish: LINCOLN Mailing address: 413 S.FARMEVILLE ST, RUSTON, LA, 71270
Ruston Behavioral Health Clinic 901 White Street, RUSTON, LA, 71270	Jillian Burns	Phone: 3182514125 Email: violet.lee2@la.gov Fax: 3182515000	License: 2203785977 State ID: BH0003412 Originally licensed: 2016-01-01 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: LINCOLN Mailing address: 901 WHITE STREET, RUSTON, LA, 71270
Seedlinks Behavior Management, LLC-Ruston 206 E. Reynolds Drive, RUSTON, LA, 71270	RYAN WILLIAMS	Phone: 3186265597 Email: rwilliams@seedlinks.net Fax: 3186265691	License: 2203785937 State ID: BH0012431 Originally licensed: 2018-11-20 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: LINCOLN Mailing address: 206 E. REYNOLDS DRIVE, RUSTON, LA, 71270
Superior Counseling Services, LLC - Ruston 829 East Georgia Avenue, RUSTON, LA, 71270	Katrina Boden	Phone: 3182420730 Email: Info@superiorcounseling.care Fax: 3182420750	License: 2203783288 State ID: BH0012046 Originally licensed: 2017-05-09 Effective: 2026-06-01 License issued: 2026-06-30 Expires: 2027-05-31 Parish: LINCOLN Mailing address: 829 /EAST GEORGIA AVENUE, RUSTON, LA, 71270
Inquiring Minds Behavioral Health & Consulting, Inc 805 N. Beech Street, Suite 2, TALLULAH, LA, 71282	Dr.Joey J Mitchell	Phone: 3184935147 Email: inquiringmindsbh_c@yahoo.com Fax: 3184935148	License: 2203784347 State ID: BH0012494 Originally licensed: 2019-07-10 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: MADISON Mailing address: 316 NORTHRIDGE DRIVE, VICKSBURG, MS, 39180
Living Water Family Services-Tallulah 410 East Askew Street, TALLULAH, LA, 71282	Kenneth Hall	Phone: 3185744920 Email: kennethh.lwmi@gmail.com Fax: 3183457123	License: 2203784824 State ID: BH0012666 Originally licensed: 2020-12-31 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: MADISON Mailing address: P.O. BOX 7563, MONROE, LA, 71211
Preventive Measures Programs, Inc. 805 North Beech Street Suite 1, TALLULAH, LA, 71282	Carla Holmes	Phone: 3185740098 Email: cybholmes@yahoo.com Fax: 3185740066	License: 2203782725 State ID: BH0007491 Originally licensed: 2016-05-01 Effective: 2026-05-01 License issued: 2026-04-28 Expires: 2027-04-30 Parish: MADISON Mailing address: PO BOX 9177, MONROE, LA, 71211
SUN Behavioral Louisiana - Tallulah	Emili White	Phone: 3185741232 Email:	License: 2203782499 State ID: BH0007463

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1705 Felicia Avenue, TALLULAH, LA, 71282		Ewhite2@seasidehc.com Fax: 3185748646	Originally licensed: 2015-10-01 Effective: 2025-10-01 License issued: 2026-06-23 Expires: 2026-09-30 Parish: MADISON Mailing address: 1705 FELICIA AVE, MONROE, LA, 71201
Tallulah Behavioral Health Clinic 1012 Johnston Street, TALLULAH, LA, 71282	Amy Floyd	Phone: 3185741713 Email: kinyada.gipson@la.gov Fax: 3185742299	License: 2203782765 State ID: BH0002322 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-05-14 Expires: 2027-05-31 Parish: MADISON Mailing address: 2513 FERRAND STREET, MONROE, LA, 71201
Bastrop Behavioral Health Clinic 451 East Madison Avenue, BASTROP, LA, 71220	CHERNAE MINOR	Phone: 3182830868 Email: Monetta.Givens@la.gov Fax: 3185567090	License: 2203784027 State ID: BH0003422 Originally licensed: 2016-03-01 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: MOREHOUSE Mailing address: 451 EAST MADISON AVENUE, MONROE, LA, 71201
Body and Soul Rehabilitation Services 5743 Mer Rouge Road, BASTROP, LA, 71220	Shelia Green	Phone: 3189746035 Email: bodyandsoulrehab@att.net Fax: 3185150019	License: 2203786113 State ID: BH0012507 Originally licensed: 2019-06-13 Effective: 2026-02-01 License issued: 2026-01-09 Expires: 2027-01-31 Parish: MOREHOUSE Mailing address: 5743 MER ROUGE RD, BASTROP, LA, 71220
Broken Wings Recovery Center, LLC 2869 New Monroe Road, BASTROP, LA, 71220	LUKE COENEN	Phone: 3185380500 Email: luke@brokenwingsla.com Fax: 3185380506	License: 2203784558 State ID: BH0012604 Originally licensed: 2020-02-27 Effective: 2026-02-01 License issued: 2026-01-09 Expires: 2027-01-31 Parish: MOREHOUSE Mailing address: 2869 NEW MONROE ROAD, BASTROP, LA, 71220
First Choice Counseling, LLC 626 East Jefferson Avenue, BASTROP, LA, 71220	Latasha Larkin	Phone: 3182392325 Email: jessica.b@guidancebhs.com Fax: 3182392327	License: 2203784754 State ID: BH0011581 Originally licensed: 2016-07-13 Effective: 2025-11-01 License issued: 2025-10-23 Expires: 2026-10-31 Parish: MOREHOUSE Mailing address: 626 EAST JEFFERSON AVENUE, BASTROP, LA, 71220 Already listed elsewhere in this region; license details supplied here
Northeast Counseling, LLC 343 North Washington Street, BASTROP, LA, 71220	Terrance Key	Phone: 3189745075 Email: northeastcounseling16@gmail.com Fax: 3189745079	License: 2203784997 State ID: BH0011904 Originally licensed: 2017-05-04 Effective: 2025-07-01 License issued: 2025-07-07 Expires: 2026-06-30 Parish: MOREHOUSE Mailing address: 343 NORTH WASHINGTON STREET, BASTROP, LA, 71220
Absolute Care, INC 500 N 21st Street, MONROE, LA, 71201	Markus Bosley	Phone: 3184504911 Email: absolutecare@ymail.com Fax: 3188556519	License: 2203783086 State ID: BH0011867 Originally licensed: 2017-02-17 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: OUACHITA Mailing address: 500 N 21ST STREET, MONROE, LA, 71201
Aimwell Recovery Center, LLC 219 North Park Drive, MONROE, LA, 71203	Catherine Estis	Phone: 3188165329 Email: reestis@aimwellrecovery.com Fax: 3188165332	License: 2203785278 State ID: BH0012009 Originally licensed: 2017-06-07 Effective: 2025-04-01 License issued: 2025-03-19 Expires: 2026-03-31 Parish: OUACHITA Mailing address: PO BOX 7319, MONROE, LA, 71211
Alliance Northeast Healthcare, LLC 2116 Justice Street, MONROE, LA, 71201	Sonya Douglas	Phone: 3188072025 Email: 1stladydouglas@gmail.com Fax: 3188072028	License: 2203783366 State ID: BH0011939 Originally licensed: 2017-06-22 Effective: 2025-08-01 License issued: 2025-07-24 Expires: 2026-07-31 Parish: OUACHITA Mailing address: 2116 JUSTICE STREET, MONROE, LA, 71201
Another Chance Enterprise Support Services 2901 Evangeline Street, MONROE, LA, 71201	BILLY FOSTER	Phone: 3185825115 Email: ripperfoster@yahoo.com Fax: 3185825766	License: 2203785242 State ID: BH0012824 Originally licensed: 2022-03-08 Effective: 2025-06-02 License issued: 2025-06-13 Expires: 2026-02-28 Parish: OUACHITA Mailing address: 2901 EVANGELINE STREET, MONROE, LA, 71201
Arise Counseling & Wellness 1110 N. 7th Street, WEST MONROE, LA, 71291	Christian Gullette	Phone: 3188550111 Email: christian@therisecounseling.com Fax: 3188550117	License: 2203786532 State ID: BH0013374 Originally licensed: 2025-04-16 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 1110 N. 7TH STREET, WEST MONROE, LA, 71291
BHG Monroe Treatment Center 1910 Ruffin Drive, MONROE, LA, 71202	Marlin Martin	Phone: 3183409596 Email: licensingteam@bhgrecovery.com Fax: 3183409598	License: 2203785218 State ID: BH0011060 Originally licensed: 2015-11-01 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 5001 SPRING VALLEY ROAD, STE 600, DALLAS, TX, 75244
Behavioral Management & Addictive Disorders, Inc 1300 Hudson Lane, Suite 5, MONROE, LA, 71201	Carlie Taylor	Phone: 3183885553 Email: sccs@bellsouth.net Fax: 3183882190	License: 2203786659 State ID: BH0006741 Originally licensed: 2016-02-01 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: OUACHITA Mailing address: 1300 HUDSON LANE, SUITE 5, MONROE, LA, 71201
Behavioral Solutions, LLC 1761 N. 19th Street, MONROE, LA, 71201	Yolanda Dupre	Phone: 3185098073 Email: behavioral_solutions@comcast.net Fax: 3187035765	License: 2203785014 State ID: BH0011962 Originally licensed: 2017-03-17 Effective: 2026-07-01 License issued: 2026-06-18 Expires: 2027-06-30 Parish: OUACHITA Mailing address: 1761 N. 19TH STREET, MONROE, LA, 71201
Bold Horizons 1205 N. 18TH Street, Suite 210, MONROE, LA, 71201	Martika Dismuke	Phone: 3185038553 Email: info@boldhorizonsla.com Fax: 8006134669	License: 2203786440 State ID: BH0013341 Originally licensed: 2025-01-01 Effective: 2026-01-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2025-10-03 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 1205 N. 18TH STREET, SUITE 210, MONROE, LA, 71201
Branches of Monroe 1281 Lamy Lane Suite 150, MONROE, LA, 71201	Megan Zarucha	Phone: 3185161800 Email: megan.zarucha@uhsinc.com Fax: 3187035053	License: 2203786824 State ID: BH0013512 Originally licensed: 2025-11-11 Effective: 2025-11-13 License issued: 2025-11-25 Expires: 2026-10-31 Parish: OUACHITA Mailing address: 1281 LAMY LANE SUITE 150, MONROE, LA, 71201
Community Rehabilitation Center, LLC 2414 Ferrand Street, Suite 1, MONROE, LA, 71201	CHELSEA WYATT	Phone: 3183250072 Email: crcrehab@att.net Fax: 3183142194	License: 2203783644 State ID: BH0012273 Originally licensed: 2017-12-01 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 2414 FERRAND STREET SUITE 1, MONROE, LA, 71201
Cornerstone Behavioral Health, LLC 3100 Kilpatrick Blvd Suite 102, MONROE, LA, 71201	Adrian Williams	Phone: 3183258048 Email: cornerstonecmhc@yahoo.com Fax: 3183255385	License: 2203783975 State ID: BH0011246 Originally licensed: 2016-03-01 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 3100 KILPATRICK, SUITE 102, MONROE, LA, 71201
Easter Seals Louisiana - Monroe 1103 Hudson Lane, Suite 1, MONROE, LA, 71201	Eric Odom	Phone: 3183880293 Email: quality@laeasterseals.com Fax: 3183880267	License: 2203784280 State ID: BH0011686 Originally licensed: 2017-02-21 Effective: 2025-05-01 License issued: 2025-08-01 Expires: 2026-04-30 Parish: OUACHITA Mailing address: 1103 HUDSON LANE, SUITE 1, MONROE, LA, 71201
Enrich Behavioral Health, LLC 114 Betin Ave, MONROE, LA, 71201	ASHLEY HAYES-HINTON	Phone: 3185702981 Email: luecamille@gmail.com Fax: 3183227061	License: 2203785956 State ID: BH0011808 Originally licensed: 2017-03-20 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: OUACHITA Mailing address: 114 BETIN AVENUE, MONROE, LA, 71201 Already listed elsewhere in this region; license details supplied here
Faith and Hope Behavioral Health 112 Catalpa Street, MONROE, LA, 71201	Neal Angrum	Phone: 3183818584 Email: angrumn@gmail.com Fax: 8778199001	License: 2203785673 State ID: BH0012144 Originally licensed: 2017-08-24 Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 112 CATALPA STREET, MONROE, LA, 71203
Family New Life Rehabilitation Center, Inc 3100 Kilpatrick Blvd Suite 100, MONROE, LA, 71201	Adrian Williams	Phone: 3183258050 Email: fnlr@bellsouth.net Fax: 3183255385	License: 2203783976 State ID: BH0012224 Originally licensed: 2017-10-31 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 3100 KILPATRICK, SUITE 100, MONROE, LA, 71201

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Forever And A Day, LLC 2905 Cameron Street, Suite C, MONROE, LA, 71201	Dustin Ebanks	Phone: 3188553868 Email: foreverandadayllc@comcast.net Fax: 3185379688	License: 2203786477 State ID: BH0011649 Originally licensed: 2016-03-01 Effective: 2026-02-01 License issued: 2026-02-03 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 801 NORTH 31ST STREET, SUITE 2, MONROE, LA, 71201
Freedom Recovery 205 Grayson Street, WEST MONROE, LA, 71292	Grant Ezell	Phone: 3185705907 Email: mrodgers@freedomrecoveryoflouisiana.com Fax: 3186544957	License: 2203785728 State ID: BH0012987 Originally licensed: 2023-05-02 Effective: 2026-05-01 License issued: 2026-04-28 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 205 GRAYSON STREET, WEST MONROE, LA, 71292
Freedom Recovery IOP 2001 Bailey Street, WEST MONROE, LA, 71292	Grant Ezell	Phone: 3185705907 Email: abentz@freedomrecoveryoflouisiana.com Fax: 3186544957	License: 2203786628 State ID: BH0013455 Originally licensed: 2025-06-17 Effective: 2026-06-01 License issued: 2026-06-08 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 205 GRAYSON STREET, WEST MONROE, LA, 71292
Good News Counseling LLC 1010 North 9th Street, MONROE, LA, 71201	Mary Comanche	Phone: 3188554509 Email: goodnewscounseling@yahoo.com Fax: 3188554372	License: 2203785687 State ID: BH0012701 Originally licensed: 2021-04-06 Effective: 2026-03-01 License issued: 2026-02-19 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 1010 NORTH 9TH STREET, MONROE, LA, 71201
Greater New Orleans Teen Challenge, Inc 1009 Glenwood Drive, WEST MONROE, LA, 71291	Chris Salter	Phone: 3182782793 Email: c.salter@laatc.com Fax: 3185515030	License: 2203786656 State ID: BH0013386 Originally licensed: 2025-07-17 Effective: 2025-07-17 License issued: 2025-07-17 Expires: 2026-06-30 Parish: OUACHITA Mailing address: 1009 GLENWOOD DRIVE, WEST MONROE, LA, 71291
Growing Hope Recovery 1002 North 6th Street, MONROE, LA, 71210	Cecilia Sullivan	Phone: 3185702860 Email: cecilia@growinghoperecovery.com Fax: 3187377639	License: 2203786443 State ID: BH0013338 Originally licensed: 2025-01-17 Effective: 2026-01-21 License issued: 2026-01-30 Expires: 2026-12-31 Parish: OUACHITA Mailing address: P.O. BOX 2862, MONROE, LA, 71207
Guidance for Behavioral Health, LLC 1204 Stubbs Ave, Suite B, MONROE, LA, 71201	Tonia Freeman	Phone: 3185825633 Email: tonia.f@guidancebhs.com Fax: 3185825646	License: 2203783384 State ID: BH0011956 Originally licensed: 2017-06-30 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 1204 STUBBS AVE, SUITE B, MONROE, LA, 71201
Healing Life Health Center, LLC 2410 Ferrand Street Suites 9 & 10, MONROE, LA, 71201	Henry Harris, III	Phone: 3183231560 Email: healinglifecenter2015@yahoo.com Fax: 3183235682	License: 2203784905 State ID: BH0011769 Originally licensed: 2017-01-19 Effective: 2026-04-01 License issued: 2026-03-18 Expires: 2027-03-31 Parish: OUACHITA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 2404 FERRAND STREET, SUITES 9& 10, MONROE, LA, 71201
Horizon Rehabilitation Center, Inc. 2911 Cameron Street Suite B, MONROE, LA, 71201	Antonio Thrower	Phone: 3186519363 Email: hrcc2911@yahoo.com Fax: 3186519251	License: 2203782513 State ID: BH0007487 Originally licensed: 2015-11-01 Effective: 2025-11-01 License issued: 2025-11-03 Expires: 2026-10-31 Parish: OUACHITA Mailing address: 2911 CAMERON STREET SUITE B, MONROE, LA, 71201
Immanuels Healing Center, LLC 2404 Ferrand Street, Suite 23, MONROE, LA, 71201	Kelvin C Horne	Phone: 3183230463 Email: imman_healing_center@yahoo.com Fax: 3183230465	License: 2203783591 State ID: BH0012223 Originally licensed: 2017-10-31 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: OUACHITA Mailing address: 2404 FERRAND STREET, SUITE 23, MONROE, LA, 71201
Life Changing Solutions, LLC Monroe 1500 North 19th Street Ste 14, MONROE, LA, 71201	Juanice Moses	Phone: 3183322542 Email: jmoses@lifechangingsolutionsllc.com Fax: 3182130922	License: 2203786680 State ID: BH0013468 Originally licensed: 2025-08-05 Effective: 2025-08-05 License issued: 2025-08-14 Expires: 2026-07-31 Parish: OUACHITA Mailing address: P.O. BOX 1792, SHREVEPORT, LA, 71166
Living Water Family Services 645 Highway 80 East, MONROE, LA, 71203	Kenneth Hall	Phone: 3185825236 Email: kennethh.lwmi@gmail.com Fax: 3185825192	License: 2203783168 State ID: BH0011823 Originally licensed: 2017-02-21 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 7563 MONROE, MONROE, LA, 71211
Merakey Pennsylvania - Monroe 1808 Glenmar Ave, MONROE, LA, 71201	Heidi Bordeleon	Phone: 3183275344 Email: heidi.bordelon@merakey.org Fax: 3183275348	License: 2203784169 State ID: BH0012438 Originally licensed: 2018-12-27 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 620 E GERMANTOWN PIKE, LAFAYETTE HILL, PA, 19444
Milestone Recovery, LLC 1805 Martin Luther King Jr Dr, MONROE, LA, 71202	Whitley Lewis	Phone: 3187372020 Email: annabelle@milestone-recovery.com Fax: 3188550644	License: 2203784761 State ID: BH0012678 Originally licensed: 2020-11-12 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: OUACHITA Mailing address: 1805 MARTIN LUTHER KING JR DR, MONROE, LA, 71202
Monroe Behavioral Health Clinic 4800 South Grand Street, MONROE, LA, 71202	COURTNEY WORTHY	Phone: 3183623339 Email: integratedcare@nedeltahsa.org Fax: 3185567090	License: 2203782610 State ID: BH0003417 Originally licensed: 2016-02-01 Effective: 2026-02-01 License issued: 2026-02-09 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 4800 SOUTH GRAND, MONROE, LA, 71202
New Day Recovery 1416 Natchitoches Street, WEST MONROE, LA, 71292	DONALD GOAD	Phone: 3185626320 Email: licensing@baymark.com Fax: 3188558779	License: 2203782843 State ID: BH0011020 Originally licensed: 2016-08-01 Effective: 2025-08-01 License issued: 2025-07-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-07-31 Parish: OUACHITA Mailing address: 1720 LAKEPOINTE DRIVE, SUITE 117, LEWISVILLE, TX, 75057
New Hope Addiction Recovery 215 North Park Drive, MONROE, LA, 71203	Christina Bible	Phone: 3189779100 Email: intake@nhrecovery.com Fax: 3189779105	License: 2203785695 State ID: BH0012681 Originally licensed: 2020-12-10 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 215 NORTH PARK DR, MONROE, LA, 71203
Ouachita Rehabilitation 1300 Finks Hideaway Road, MONROE, LA, 71203	LaToya Jackson	Phone: 3187377597 Email: ouachitarehabilitation@gmail.com Fax: 3187377598	License: 2203786864 State ID: BH0013434 Originally licensed: 2025-12-19 Effective: 2026-01-20 License issued: 2026-01-30 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 1300 FINKS HIDEAWAY ROAD, MONROE, LA, 71203
Pecan Haven Addiction Recovery Center 2321 Highway 80 East, MONROE, LA, 71203	Tiffany Pommier	Phone: 3186003333 Email: wcalhoun@pecanhaven.com Fax: 3186003334	License: 2203782709 State ID: BH0011589 Originally licensed: 2015-08-25 Effective: 2025-08-01 License issued: 2025-08-06 Expires: 2026-07-31 Parish: OUACHITA Mailing address: 2321 HIGHWAY 80 EAST, MONROE, LA, 71203
People United Behavioral Health 2101 Tower Drive, Suite B, MONROE, LA, 71201	Matrice Holland	Phone: 3183231300 Email: peopleunitedr8@gmail.com Fax: 3183231400	License: 2203785518 State ID: BH0011489 Originally licensed: 2016-05-03 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: OUACHITA Mailing address: PO BOX 77053, BATON ROUGE, LA, 70879
Precision Caregivers 1401 Hudson Lane Ste 135, MONROE, LA, 71201	Gwendolyn Bynum	Phone: 3185825533 Email: precisioncaregivers@gmail.com Fax: 3185825534	License: 2203783817 State ID: BH0012231 Originally licensed: 2018-03-06 Effective: 2026-03-01 License issued: 2026-03-04 Expires: 2027-02-28 Parish: OUACHITA Mailing address: PO BOX 77055, BATON ROUGE, LA, 70879
Preventive Measures Programs-West Monroe 198 Parkway Circle Suite 1, WEST MONROE, LA, 71291	Carla Holmes	Phone: 3186004225 Email: cybholmes@yahoo.com Fax: 3186004228	License: 2203784384 State ID: BH0012528 Originally licensed: 2019-09-05 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: OUACHITA Mailing address: P.O. BOX 9177, MONROE, LA, 71211
Renewed Minds Behavioral Center, LLC 1201 North 5th Street, MONROE, LA, 71201	Karlin Richardson	Phone: 3185124997 Email: krichardson@renewedmindsla.com Fax: 3186006095	License: 2203784260 State ID: BH0011524 Originally licensed: 2016-02-09 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: OUACHITA Mailing address: PO BOX 2911, MONROE, LA, 71201
River City Professional Counseling Services, LLC	Deborah Doublin	Phone: 3183258748 Email:	License: 2203784391 State ID: BH0007486

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1210 Stubbs Avenue, MONROE, LA, 71201		rivercitypcs@bellsouth.net Fax: 3183258749	Originally licensed: 2015-10-01 Effective: 2025-09-01 License issued: 2025-08-22 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 1210 STUBBS AVENUE, MONROE, LA, 71201
SOAR Transitional Homes and Recovery Centers NELA 196 Parkway Circle, Unit 4, WEST MONROE, LA, 71292	Nasir Muhammed	Phone: 3183956619 Email: info@soarcommunity.org Fax: 3185754054	License: 2203786679 State ID: BH0012947 Originally licensed: 2023-05-31 Effective: 2025-08-13 License issued: 2025-08-14 Expires: 2026-07-31 Parish: OUACHITA Mailing address: 132 CURRY CREEK DRIVE, MONROE, LA, 71203
SUN Behavioral Louisiana - Monroe 1162 Oliver Road, Suite 4, MONROE, LA, 71201	Shameka Simien	Phone: 3183401535 Email: ssimien@seasidehc.com Fax: 3183401539	License: 2203786408 State ID: BH0010541 Originally licensed: 2016-06-01 Effective: 2025-11-01 License issued: 2026-06-22 Expires: 2026-10-31 Parish: OUACHITA Mailing address: 1216 STUBBS AVENUE, MONROE, LA, 71201
Serenity House Monroe 4600 Reddix Lane, MONROE, LA, 71202	Seth Dawson	Phone: 3185824480 Email: crystal@serenityhousemonroe.com Fax: 3188555084	License: 2203784970 State ID: BH0012758 Originally licensed: 2021-06-17 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 4600 REDDIX LANE, MONROE, LA, 71202
Shoulders of Strength - Monroe 2807 Evangeline Street, MONROE, LA, 71201	Ann Hampton-Hawkins	Phone: 3186547667 Email: sosinc130@aol.com Fax: 3188165923	License: 2203783225 State ID: BH0011985 Originally licensed: 2017-03-01 Effective: 2025-09-01 License issued: 2025-08-27 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 2807 EVANGELINE ST, MONROE, LA, 71201
The Bridge Family Therapy, LLC 1900 N 18th Street, MONROE, LA, 71201	Kimberly Johnson	Phone: 3186006838 Email: kmj@thebridgefamilytherapy.com Fax: 2813942725	License: 2203783345 State ID: BH0012078 Originally licensed: 2017-06-09 Effective: 2026-06-01 License issued: 2026-04-28 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 1900 N 18TH STREET, MONROE, LA, 71201
The Center for Children and Families - Monroe 622 Riverside Drive, MONROE, LA, 71201	Matthew Thornton	Phone: 3183980945 Email: KRichardson@standforhope.org Fax: 3183984314	License: 2203783433 State ID: BH0012128 Originally licensed: 2017-07-19 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: OUACHITA Mailing address: PO BOX 9493, MONROE, LA, 71211
The Macro Group LLC 1602 Royal Avenue, MONROE, LA, 71201	Dustin Ebanks	Phone: 3183257725 Email: themacrogroup@yahoo.com Fax: 3183257735	License: 2203782976 State ID: BH0011567 Originally licensed: 2016-11-30 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 1602 ROYAL AVENUE, MONROE, LA, 71201

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The Truth Center 801 Stubbs Avenue Unit C, MONROE, LA, 71201	Roderick M Handy	Phone: 3187377242 Email: thetruthcenter318@gmail.com Fax: 3188554495	License: 2203786777 State ID: BH0013507 Originally licensed: 2025-10-15 Effective: 2025-10-15 License issued: 2025-10-23 Expires: 2026-09-30 Parish: OUACHITA Mailing address: 801 STUBBS AVENUE UNIT C, MONROE, LA, 71201
Transforming Lives Consultant Firm 2805 Evangeline St, MONROE, LA, 71201	Bruce Taylor	Phone: 3186920225 Email: tlcfirmllc@gmail.com Fax: 3184133843	License: 2203787027 State ID: BH0013021 Originally licensed: 2023-07-26 Effective: 2026-05-05 License issued: 2026-05-05 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 2805 EVANGELINE ST, MONROE, LA, 71201
Transitions Counseling and Development Center 1020 North 3rd Street, MONROE, LA, 71201	Adrian Turner	Phone: 3183614482 Email: transitionscdc@att.net Fax: 3183614880	License: 2203783161 State ID: BH0011804 Originally licensed: 2017-02-17 Effective: 2026-04-01 License issued: 2026-04-01 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 1020 NORTH 3RD STREET, MONROE, LA, 71201
Triumph Clinical Services, LLC 300 Washington Street Suite, 104, MONROE, LA, 71201	Kyle Smith	Phone: 9313100010 Email: ksmith@thecarpentershed.com Fax: 3186089095	License: 2203785849 State ID: BH0013027 Originally licensed: 2023-08-02 Effective: 2025-08-01 License issued: 2025-07-08 Expires: 2026-07-31 Parish: OUACHITA Mailing address: 300 WASHINGTON STREET, SUITE 104, MONROE, LA, 71201
Changing Lives Counseling & Mentoring, LLC 414 Madeline Street, RAYVILLE, LA, 71269	Quaone Anders	Phone: 3187328941 Email: clcmllc@yahoo.com Fax: 3184098024	License: 2203784646 State ID: BH0012132 Originally licensed: 2017-11-06 Effective: 2026-04-10 License issued: 2026-04-10 Expires: 2027-05-31 Parish: RICHLAND Mailing address: 414 MADELINE STREET, RAYVILLE, LA, 71269
M & M Behavioral Health Center, LLC 712 First Street, DELHI, LA, 71232	Felicia Davis-Modicue	Phone: 3188786696 Email: feleciam.mmbhc@outlook.com Fax: 3188786698	License: 2203783185 State ID: BH0011605 Originally licensed: 2017-02-20 Effective: 2026-04-14 License issued: 2026-04-14 Expires: 2027-04-30 Parish: RICHLAND Mailing address: 712 FIRST STREET, DELHI, LA, 71232
Palmetto Addiction Recovery-Rayville 86 Palmetto Road, RAYVILLE, LA, 71269	Hollye Rogers	Phone: 3187282970 Email: hrogers@palmettocenter.com Fax: 3187282272	License: 2203782887 State ID: BH0003552 Originally licensed: 2016-09-01 Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: RICHLAND Mailing address: 86 PALMETTO ROAD, RAYVILLE, LA, 71269
Rayville Recovery 307 Hayes Street, RAYVILLE, LA, 71269	Ryan Felder	Phone: 3187285488 Email: ryan@rayvillerecovery.com Fax: 3187286828	License: 2203782681 State ID: BH0007620 Originally licensed: 2016-04-01 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: RICHLAND

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 307 HAYES STREET, RAYVILLE, LA, 71269
Red Hill Recovery 66 HWY 854, DELHI, LA, 71232	Daniel Greer	Phone: 3184020000 Email: daniel@redhillrecovery.com Fax: 3184020002	License: 2203785520 State ID: BH0012929 Originally licensed: 2022-10-31 Effective: 2025-11-01 License issued: 2025-10-31 Expires: 2026-10-31 Parish: RICHLAND Mailing address: 66 HWY 854, DELHI, LA, 71232
Second Chances Recovery Center 161 Comeaux Rd, RAYVILLE, LA, 71269	PATRICIA R MCEACHARN	Phone: 3183035500 Email: Rileym@secondchancesrehab.com Fax: 3183035993	License: 2203784769 State ID: BH0012679 Originally licensed: 2020-11-19 Effective: 2025-11-01 License issued: 2025-10-21 Expires: 2026-10-31 Parish: RICHLAND Mailing address: 161 COMEAUX RD, RAYVILLE, LA, 71269
Exodus Behavioral Health Center 112 Jacoby Street, NEWELLTON, LA, 71357	Terry I Wells	Phone: 3184672399 Email: exodusbhc@yahoo.com Fax: 3184672400	License: 2203785488 State ID: BH0012193 Originally licensed: 2017-10-31 Effective: 2025-09-01 License issued: 2025-08-07 Expires: 2026-08-31 Parish: TENSAS Mailing address: P.O. BOX 1841, TALLULAH, LA, 71284
LAARK 100 McVicker Street, MARION, LA, 71260	ALICE JONES	Phone: 3184362421 Email: ajones@laarkaddictionrehab.com Fax: 3184362419	License: 2203783248 State ID: BH0011983 Originally licensed: 2017-04-12 Effective: 2026-04-01 License issued: 2026-04-08 Expires: 2027-03-31 Parish: UNION Mailing address: 100 MCVICKER STREET, MARION, LA, 71260
Safe Haven Counseling, LLC 107 Miller Street, FARMERVILLE, LA, 71241	Bobby Church	Phone: 3183684755 Email: unionsafehaven@gmail.com Fax: 3189828050	License: 2203782874 State ID: BH0011657 Originally licensed: 2016-08-24 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: UNION Mailing address: 107 MILLER STREET, FARMERVILLE, LA, 71241
Spiritual Journey Counseling, LLC 511 Sterlington Highway, FARMERVILLE, LA, 71241	Ebonee McKeel	Phone: 3183091449 Email: spiritualjourneycounselingllc@yahoo.com Fax: 3183091317	License: 2203785908 State ID: BH0013043 Originally licensed: 2023-10-10 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: UNION Mailing address: 511 STERLINGTON HIGHWAY, FARMERVILLE, LA, 71241

Psychiatric Residential Treatment Facilities — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Louisiana Methodist Childrens Home 904 DEVILLE LANE, RUSTON, LA, 71270	Luke Allen	Phone: 3182555020 Email: luke.allen@LMCH.org Fax: 3182424653	License: 2203781291 State ID: PT0000003 Originally licensed: 2012-12-11 Effective: 2025-12-01 License issued: 2025-11-25 Expires: 2026-11-30 Parish: LINCOLN

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 929, RUSTON, LA, 71270
Living Water Residential Services Spurgeon 4201 Spurgeon Dr, MONROE, LA, 71203	LaShunta Pringle	Phone: 3183436966 Email: lashuntap@yahoo.com Fax: 3183437145	License: 2203786737 State ID: PT0013360 Originally licensed: 2025-09-24 Effective: 2025-09-24 License issued: 2025-09-24 Expires: 2026-08-31 Parish: OUACHITA Mailing address: P.O. BOX 7563, MONROE, LA, 71203

Therapeutic Group Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Louisiana Love Home for Children 9120 Beechwood Drive, BASTROP, LA, 71220	Sharon Pleasant	Phone: 3185060070 Email: hr@louisianalove.net Fax: 3182392074	License: 2203785391 State ID: TG0012873 Originally licensed: 2022-07-18 Effective: 2026-07-01 License issued: 2026-06-08 Expires: 2027-06-30 Parish: MOREHOUSE Mailing address: 9120 BEECHWOOD DRIVE, BASTROP, LA, 71220
The Carter House For Youth -Hickory 222 West Hickory Street, BASTROP, LA, 71220	Misty Hollis	Phone: 3182392060 Email: peopleunitedr8@gmail.com Fax: 3189745088	License: 2203784639 State ID: TG0012056 Originally licensed: 2017-07-05 Effective: 2025-10-01 License issued: 2025-09-29 Expires: 2026-09-30 Parish: MOREHOUSE Mailing address: P.O. BOX 77053, BATON ROUGE, LA, 70879
The Carter House for Youth 406 Tisdale Drive, BASTROP, LA, 71220	Melissa Williams	Phone: 3189746000 Email: peopleunitedr8@gmail.com Fax: 3189746015	License: 2203783676 State ID: TG0012152 Originally licensed: 2017-12-05 Effective: 2025-12-01 License issued: 2025-12-15 Expires: 2026-11-30 Parish: MOREHOUSE Mailing address: P O BOX 77053, BATON ROUGE, LA, 70879
The Carter House for Youth II - Riis St 1104 Riis St, BASTROP, LA, 71220	Calvin Walker MD	Phone: 3182392323 Email: peopleunitedr8@gmail.com Fax: 3189745088	License: 2203784973 State ID: TG0012748 Originally licensed: 2021-06-25 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: MOREHOUSE Mailing address: P O BOX 77053, BATON ROUGE, LA, 70879
Celia and Willie Mae TGH 100 Short Pink St., WEST MONROE, LA, 71292	Amanda Harris	Phone: 3187373511 Email: celiamaewilliemae@gmail.com Fax: 3187373511	License: 2203786977 State ID: TG0013543 Originally licensed: 2026-04-22 Effective: 2026-04-22 License issued: 2026-04-22 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 100 SHORT PINK ST., WEST MONROE, LA, 71292
House of Ruth LLC 1314 Wellerman Road, WEST MONROE, LA, 71291	Linda Gilbert	Phone: 3185825187 Email: houseofruthllp@yahoo.com Fax: 3183341140	License: 2203786642 State ID: TG0013413 Originally licensed: 2025-07-14 Effective: 2026-07-01 License issued: 2026-05-20 Expires: 2027-06-30 Parish: OUACHITA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1314 WELLERMAN ROAD, WEST MONROE, LA, 71291
The House of Mercy Therapeutic Group Home 236 Rowland Road, MONROE, LA, 71203	Jerika Reese	Phone: 3186006273 Email: homtghceo@yahoo.com Fax: 3186006274	License: 2203786940 State ID: TG0013535 Originally licensed: 2026-03-19 Effective: 2026-03-19 License issued: 2026-03-19 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 6824 CYPRESS POINT DRIVE, MONROE, LA, 71203
M & M Therapeutic Group Home LLP 617 Tennessee Street, DELHI, LA, 71232	Felecia Davis-Modicue	Phone: 3185380600 Email: felecia.mmtgh@outlook.com Fax: 3185380602	License: 2203785860 State ID: TG0013023 Originally licensed: 2023-09-12 Effective: 2025-09-01 License issued: 2025-08-15 Expires: 2026-08-31 Parish: RICHLAND Mailing address: 617 TENNESSEE STREET, DELHI, LA, 71232

Substance Abuse Provider

Organization / Provider	Contact Person	Phone / Email	Services Provided
Good Landing Recovery	Director	770-373-5653	Good Landing Recovery was developed to provide services to individuals who have or are at risk of developing an abusive relationship with alcohol, drugs, and/or other addictions. Through a team approach, and with the active and ongoing participation of the patient, our overall goal is to improve the quality of life of those who come to us for treatment for addiction.
Vermillion Behavioral Health	Director	844-502-0459	he mission of Vermilion Behavioral Health Systems is to ensure an optimal treatment experience, featuring evidence-based services provided in an atmosphere of compassion and respect, for each person who is entrusted to our care.
Morehouse School of Medicine	Director	404-752-1016	The National Center for Primary Care Substance Use, Prevention and Treatment Division is located at Morehouse School of Medicine. This division is devoted to cultivating effective evidence-based research, practices that improve treatment access and outcomes, develop alliances to support and implement best treatment and prevention practices to increase the awareness, knowledge and skills of practitioners and pre-service professionals.
LaPaz LLC	Director	318-224-9200	We’re committed to providing you with the most exceptional care in a compassionate and friendly atmosphere.
Ruston Behvioral Health Clinic	Director	318-251-4125	"Northeast Delta Human Service Authority manages the operation of community-based programs to improve the quality of life for individuals with major mental illness, developmental disabilities and addictive disorders."
Jackson Parish Police Jury	Director	1-800-304-2219	Drug Rehab Services runs, Addicted.org, a substance abuse resources website that has

Organization / Provider	Contact Person	Phone / Email	Services Provided
			been helping people struggling with addiction for over 15 years. This is done through our constantly updated database of treatments and through our blog providing education to addicts and family members. On the site you'll find comprehensive listing off every addiction service available in your state. People can search by county and have access to all the 70+ types of services we cover in our database such as treatment, prevention services,
Woodlake Addiction Recovery Center	Director	225-924-1910	Woodlake Addiction Recovery Center is located in Ethel, Louisiana. They provide a range of services if you are experiencing an addiction to drugs or alcohol. They also offer services if you're struggling with an opioid addiction.

Dental Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Turpin | Bradley Family Dentistry	Manager	318-855-0931	Our care is guided by faith, built on trust, and rooted right here in heart of West Monroe. For over 20 years, we've been honored to serve our neighbors with integrity, compassion, and a commitment to treating every patient like family. Whether it's a child's first dental visit or a grandparent's new smile, we provide gentle, personalized care in a peaceful, welcoming environment. Come experience the difference that genuine community and faith-driven service can make
Dr. Chad Gardner	Manager	318-281-5972	Dentists are healthcare providers who diagnose and treat oral health conditions. They help keep your teeth and gums in tip-top shape.
DR. Keith January Jr	Manager	318-281-8926	Early Detection of Health Conditions: Dentists are often the first healthcare providers to detect early signs of systemic health problems. From heart disease to diabetes, oral health is closely linked to overall health
Dr. Joseph Huff	Manager	318-649-6451	A dentist is a doctor, scientist and clinician dedicated to the highest standards of health through prevention, diagnosis and treatment of oral diseases and conditions. Dentists play a key role in the early detection of oral cancer and other systemic conditions of the body that manifest themselves in the mouth. They often identify other health conditions, illnesses, and other problems that sometimes show up in the oral cavity before they are identified in other parts of the body.
West Carrol Dental Clinic (Oak Grove, LA	Manager	318-428-2358	While oral health is a necessary component of overall health for people of all ages, it is especially true for young children. Getting into proper habits of eating healthy food, brushing and flossing regularly, and having

Organization / Provider	Contact Person	Phone / Email	Services Provided
			checkups ensures that you will be free of cavities and more insidious issues like gum disease. If you have very young children, we can make them feel comfortable, especially if it is their first experience at a dentist's office. We know how to ease nerves and give them a fun, relaxing time in the chair. Once they are comfortable as a patient, they can come back until the age of 21, when we can suggest other great clinics nearby for continued adult care.
Robertson Karla, DDS	Manager	318-428-4255	Cavity treatment Teeth cleaning, Dental exams Tooth filling replacement or repair

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Caldwell Council on Aging	Director	dottie@caldwellcoa.org318-649-2584	The purpose of adult day programs is to provide a safe and supportive environment for adults who need daytime supervision, offering socialization, therapeutic activities, and health services to improve their quality of life and delay or prevent institutionalization. These programs also provide crucial respite for family caregivers by offering a structured and enriching day for their loved one.
Office of Aging and Adult Services	Director	Theresa.Forrester@la.gov/225-219-0643	The Office of Aging and Adult Services (OAAS) provides access to quality long-term services and supports for older adults and adults with disabilities in a manner that supports choices, informal caregiving, and effective use of public resources.
Tensas Community Health Center	Director	318-766-1967	Socialization and reduced isolation: Programs offer opportunities to interact with peers, make friends, and engage in group activities, which can reduce loneliness and depression. Cognitive and physical stimulation: Participants can engage in mentally stimulating activities like games and arts and crafts, as well as physical activities like exercise and physical therapy, to maintain or improve their abilities.

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Little Helpers, LLC. 1801 Trade Drive, RUSTON, LA, 71270	Todd Craighead	Phone: 3182025949 Email: littlehelpersruston@gmail.com Fax: 3182025725	License: 2203781785 State ID: PD0011167 Originally licensed: 2013-09-23 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: LINCOLN Mailing address: 1801 TRADE DRIVE, RUSTON, LA, 71270
Bastrop Pediatric Day Health Center 1607 Park Loop Drive, BASTROP, LA, 71220	Suzanne M Smith	Phone: 3182818009 Email: suzanne@bastroppdhc.com Fax: 3182812937	License: 2203786862 State ID: PD0011131 Originally licensed: 2013-05-29 Effective: 2025-12-22 License issued: 2025-12-22 Expires: 2026-11-30 Parish: MOREHOUSE Mailing address: 1607 PARK LOOP DRIVE, BASTROP, LA, 71220
Helping Hands Pediatric Day Health Center, LLC 409 Washington Street, MONROE, LA, 71201	SIDNEY LANGSTON	Phone: 3183231930 Email: mary@helpinghandspdhc.net Fax: 3183231013	License: 2203782344 State ID: PD0011056 Originally licensed: 2012-11-09 Effective: 2026-05-01 License issued: 2026-04-23 Expires: 2027-04-30 Parish: OUACHITA Mailing address: PO BOX 2403, MONROE, LA, 71207

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Catholic Charities of North Louisiana	Manager	318-361-5198	Provides emergency financial assistance for rent and utility bills. Applicants must attend a "Money School" session to qualify. Contact the Monroe office at
START CORPORATION	Manager	1-888-879-7215	The Louisiana Balance of State Continuum of Care is dedicated to preventing and ending homelessness in Louisiana. We believe all people are entitled to safe, stable, and secure housing. We are committed to working with stakeholders across our geography, in different professional circles, and from every background to create a Louisiana in which no person lives in fear of homelessness

Financial Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Pine Belt Multi-Purpose Agency, Inc.	Director	318-259-6444	Pine Belt Multi-Purpose Community Action Agency, Inc. is dedicated to providing a wide range of services that target the diverse needs of low-income residents in North and Central Louisiana.

Food Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Food Bank of Northeast La	Manager	318-322-3567	Serves Caldwell Parish with partner pantries, direct senior & child programs, and SNAP outreach. Our member food bank serves all 64 parishes and partner with more than 900 community and faith bas-based organization to distribute millions of pound throughout the state each year.
CENLA Area Agency on Aging	Manager	318-484-2260	The CENLA Area Agency On Aging offers food boxes to local households in need. This program is designed to supply nutrition to individuals and families who lack material resources. This program Services food pantry Serving all ages individuals families low-income
His Hands Outreach Ministry	Manager	318-259-4463	Our food pantry serves everyone from low income families, single parents, senior citizens, unemployed individuals, disabled veterans, working poor, and anyone else in need of our assistance.
Jackson Parish Council on the Aging	Manager	318-259-8962	The Jackson Parish Council on Aging delivers nutritious meals to homebound seniors within Jackson Parish. This program provides: - Home delivered meals There is a requested donation of $1 per meal.
Once a Month Volunteer Prepared Meal Delivery	Manager	Lasaagna Love	Lasagna Love is a global nonprofit and grassroots movement that aims to positively impact communities by connecting neighbors with neighbors through homemade meal delivery.
Food Bank of Northeast Louisiana (NELA)	Food Pantry	318-535-3031	This program supplies critical nutrition to hungry individuals and families.

Transportation Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Jefferson Council on Aging Transportation	Janell Soileau	504-734-0817	Jefferson Council on Aging (JCOA) provides its members transportation to and from their homes to our area centers. This allows them the opportunity to engage in the community.
Paratransit	Manger	504-889-7156\jefftransitinfo@solutient.com	Jefferson Parish Transit provides paratransit service, also known as the Mobility Impaired Transportation System (MITS). MITS provides transportation for persons with disabilities who are unable to use fixed route Jefferson Parish Transit service. MITS provides origin-to-destination, demand-responsive service.
Washington Parish PublicTransit	Manger	985-732-6868	Passengers may be picked up from and transported to any destination located within the parish boundaries. Our transit

Organization / Provider	Contact Person	Phone / Email	Services Provided
			does not cross state lines. Specific routes and schedules are available upon request.

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Sunrise Senior Living	Manager	888-611-3997	We believe our memory care residents deserve to live each day to the fullest. Our caring, highly trained team members deliver both expert support and enriching days. We foster social connections through small-group programming and provide one-on-one attention to help residents feel secure, happy, and fulfilled.
Office of Aging and Adult Services	Manager	877-456-1146	The Office of Aging and Adult Services aims to develop, provide, and enhance services that offer meaningful choices for people in need of long-term care. The office is committed to developing a long-term care system that provides choice, ensures quality, meets the needs of consumers and caregivers, and does so in a fiscally responsible manner.
About You in Home Care	Manager	985-246-6475	Our aging loved one can safely remain in the comfort of their home with our compassionate, in home care. Our experienced, friendly caregivers offer the help and companionship needed.
Capital Area Agency on Aging	Leona Magee, Director	985-732-6869	Enhancing the Quality of Life for Aging Adults. The mission of Capital Area Agency on Aging is to advocate and provide services to enhance the quality of life for aging adults.
Washington Parish COA	Manager	985-732-6869/washcoa@washingtoncoa.org	The Washington Parish Council on Aging is a non-profit corporation that promotes the overall welfare and independence of the seniors in our community. The mission of Council on Aging is to advocate and provide services to enhance the quality of life for older adults. We provide various social services such as home-delivered meals, congregate meals, group activities, and assistance with social services for Washington Parish residents aged 60 and above

Organization / Provider	Contact Person	Phone / Email	Services Provided
Elaine's Personal Care Services	Manager	985-241-5601	For many seniors, living at home for long as possible is a priority. But the natural aging process can make that difficult over time. At Elaine's Personal Care Services, we provide in-home care services that can help prolong independent living. We exist to make a difference in people's lives through excellent patient care. That is mission and is central to everything we do. Our Clients and their families have a right to expect excellent patient care. They also have a right to expect privacy, respect and information about their care, plus the highest levels of service. Our program presents a unique opportunity for recipients and families to become actively involved in caring for their needs.
Caldwell Council on Aging (CCOA)	Director	318-649-2584	CCOA has played a significant role in serving the elderly community in Caldwell Parish, Louisiana, since its establishment in May 1964. Over the years, it has grown and adapted to better meet the needs of seniors, becoming a leading organization in the field of elderly services.
Home & Community Based Services (HCBS)	Lakeisha Robertson	Lakeisha.Robertson2@la.gov	Home and Community-Based Services (HCBS) refer to a range of supportive services and programs designed to assist individuals with disabilities, chronic illnesses, or aging-related needs to live in their own homes or within their communities rather than in institutional settings. HCBS programs aim to promote independence, enhance quality of life, and provide necessary supports to individuals in their preferred environment.

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The Arbor and Terrace Senior Center of Ruston-Level 3 4518 Highway 80 East, RUSTON, LA, 71270	Murial Ryder-Jones	Phone: 3182513116 Email: muriel.ryder@atruston.com Fax: 3182513152	License: 2203785183 State ID: AC0010317 Originally licensed: 2011-06-28 Effective: 2026-06-01 License issued: 2026-05-11 Expires: 2027-05-31 Parish: LINCOLN Mailing address: 4518 HIGHWAY 80 EAST, RUSTON, LA, 71270
Trustwell Living at Ruston - Level 3	Greg Futch	Phone: 3182519068 Email:	License: 2203786379 State ID: AC0010361 Originally licensed: 2013-07-11

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
165 Jefferson Avenue, RUSTON, LA, 71270		gfutch@trustwellliving.net Fax: 3182514033	Effective: 2025-09-01 License issued: 2025-09-03 Expires: 2026-08-31 Parish: LINCOLN Mailing address: 600 THIRD AVENUE, 21ST FLOOR, NYC, NY, 10016
The Columns of Bastrop Assisted Living Community - Level 3 10280 Boswell Street, BASTROP, LA, 71220	Leslie Houston	Phone: 3182834238 Email: Lhouston@valiantcommunities.com Fax: 3182834232	License: 2203786210 State ID: AC0010590 Originally licensed: 2011-05-03 Effective: 2026-05-01 License issued: 2026-04-07 Expires: 2027-04-30 Parish: MOREHOUSE Mailing address: 10280 BOSWELL STREET, BASTROP, LA, 71220
Amera Senior Living & Memory Care 110 Regency Place, WEST MONROE, LA, 71291	Christy Thomas	Phone: 3183291021 Email: christy@fortunemd.com Fax: 3183293964	License: 2203785692 State ID: AC0010323 Originally licensed: 1999-06-03 Effective: 2026-02-01 License issued: 2026-01-07 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 110 REGENCY PLACE, WEST MONROE, LA, 71291
Azalea Estates of Monroe -Level 3 4380 Old Sterlington Rd., MONROE, LA, 71203	BROOKE TAYLOR	Phone: 3183431626 Email: brooke.taylor@ssmgrp.com Fax: 3183454825	License: 2203784562 State ID: AC0010372 Originally licensed: 2007-08-31 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 4380 OLD STERLINGTON RD., MONROE, LA, 71203
Columns of West Monroe 3702 Cypress Street, WEST MONROE, LA, 71291	Roberta Andrajack	Phone: 3183972220 Email: ed.westmonroe@valiantcommunities.com Fax: 3185144344	License: 2203786463 State ID: AC0010586 Originally licensed: 2011-05-03 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 3702 CYPRESS STREET, WEST MONROE, LA, 71291
Gardens of Somerset, LLC 340 Lonewa Road, MONROE, LA, 71203	Tara Gilbert	Phone: 3183728348 Email: Tgilbert@gardensofsomerset.com Fax: 8889999999	License: 2203785392 State ID: AC0012754 Originally licensed: 2022-07-18 Effective: 2026-07-01 License issued: 2026-06-05 Expires: 2027-06-30 Parish: OUACHITA Mailing address: P.O. BOX 3457, LITTLE ROCK, AR, 72203
St. Joseph Assisted Living and Transitional Care 2299 Sterlington Road, MONROE, LA, 71203	Eileen Storz	Phone: 3183259459 Email: estorz@stjosephmonroe.com Fax: 3183232527	License: 2203786899 State ID: AC0008906 Originally licensed: 1999-07-19 Effective: 2025-12-01 License issued: 2026-02-06 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 2299 STERLINGTON ROAD, MONROE, LA, 71203
Stoneybrook Senior Care Center, LLC - Level 2 308 Norris Lane, WEST MONROE, LA, 71291	Lisa Hughes	Phone: 3183963130 Email: stoneybrookseniorcare@gmail.com Fax: 3183965405	License: 2203785258 State ID: AC0010343 Originally licensed: 2001-09-27 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 308 NORRIS LANE, WEST MONROE, LA, 71291

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The Gardens at Georgia Tucker - Level 3 405 Stubbs Avenue, MONROE, LA, 71201	Sheila Hatten	Phone: 3185380040 Email: SHATTEN@GEORGIATUCKER.COM Fax: 3185380064	License: 2203784025 State ID: AC0012376 Originally licensed: 2018-08-08 Effective: 2025-08-01 License issued: 2025-07-23 Expires: 2026-07-31 Parish: OUACHITA Mailing address: 405 STUBBS AVENUE, MONROE, LA, 71201
Arbor Rose Assisted Living - Level 3 243 Sistrunk Road, FARMERVILLE, LA, 71241	LEAH SPANGLER	Phone: 3183681848 Email: lspangler@paramounthcla.com Fax: 3183686364	License: 13917 State ID: AC0010398 Originally licensed: 2008-03-11 Effective: 2026-03-01 License issued: 2026-01-20 Expires: 2027-02-28 Parish: UNION Mailing address: 1905 N 7TH STREET, WEST MONROE, LA, 71291

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Caldwell Parish Council on Aging, Inc. 307 Main Street, COLUMBIA, LA, 71418	Monica Pauley	Phone: 3186492584 Email: monica@caldwellcoa.org Fax: 3186497600	License: 2302 State ID: CM0006477 Effective: 2026-07-01 License issued: 2026-04-23 Expires: 2027-06-30 Parish: CALDWELL Mailing address: P.O. BOX 1498, COLUMBIA, LA, 71418
1st Essential Case Management, LLC 1406 S. Vienna Street, RUSTON, LA, 71270	Fredicka White	Phone: 3185133680 Email: essentialregion8@yahoo.com Fax: 3185133679	License: 2203787065 State ID: CM0013368 Originally licensed: 2025-02-25 Effective: 2026-05-29 License issued: 2026-06-01 Expires: 2027-04-01 Parish: LINCOLN Mailing address: P.O. BOX 21, RUSTON, LA, 71273
Center for Personal Development, Inc 409 Sheridan Avenue, MONROE, LA, 71201	Ashley Muse	Phone: 3183610590 Email: cfpd@bellsouth.net Fax: 3186004985	License: 2203782822 State ID: CM0008168 Originally licensed: 2009-10-12 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: OUACHITA Mailing address: P. O. BOX 4381, MONROE, LA, 71211
Guidance 1204 Stubbs Avenue Suite A, MONROE, LA, 71201	Latasha Larkin	Phone: 3185825124 Email: latasha.l@guidancebhs.com Fax: 3185825394	License: 2203786882 State ID: CM0013534 Originally licensed: 2026-01-20 Effective: 2026-02-19 License issued: 2026-02-18 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 1204 STUBBS AVE SUITE B, MONROE, LA, 71201
Katch Me Up Case Management, LLC 201 Victory Blvd Suite #236, MONROE, LA, 71203	Chardell Young	Phone: 3189007575 Email: chardell@katchmeup.com Fax: 3189007574	License: 2203786623 State ID: CM0013454 Originally licensed: 2025-06-25 Effective: 2026-06-01 License issued: 2026-04-16 Expires: 2027-05-31 Parish: OUACHITA Mailing address: P.O.BOX 14 HWY 134, MONROE, LA, 71203
Living Water Family Services	VERNESHA GOODEN	Phone: 3183436966 Email:	License: 2203783403 State ID: CM0012105

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
645 Hwy. 80 East, MONROE, LA, 71203		adrianfisher.cognitive@gmail.com Fax: 3183457123	Originally licensed: 2017-02-13 Effective: 2026-02-01 License issued: 2025-12-02 Expires: 2027-01-31 Parish: OUACHITA Mailing address: P.O. BOX 7563, MONROE, LA, 71211
People United of Louisiana, LLC 2101 Tower Drive Suite A, MONROE, LA, 71201	Matrice Holland	Phone: 3183231300 Email: peopleunitedr8@gmail.com Fax: 3183231400	License: 2203785427 State ID: CM0008992 Originally licensed: 2010-12-06 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: OUACHITA Mailing address: P O BOX 77053, BATON ROUGE, LA, 70879
People Unlimited, Inc. 250 Desiard Plaza, MONROE, LA, 71203	Gregory Scott	Phone: 3183233236 Email: people.unlimited@pulcm.com Fax: 3183233291	License: 2203784523 State ID: CM0006506 Effective: 2025-08-01 License issued: 2025-06-04 Expires: 2026-07-31 Parish: OUACHITA Mailing address: 1201 ATKINS RD, RUSTON, LA, 71270
Shoulders of Strength,Inc(Contracted RFP Case Mgt Region 8) 2900 Cameron Street, MONROE, LA, 71201	Antoinette Clark	Phone: 3183239995 Email: sosinc130@aol.com Fax: 3183258943	License: 2203781175 State ID: CM0006536 Effective: 2025-09-01 License issued: 2025-08-13 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 2900 CAMERON STREET, MONROE, LA, 71201
Partners In Care, LLC 11 Cabuck Lane, RAYVILLE, LA, 71269	Vonda Turner	Phone: 3187280010 Email: vturner@partnersincare.llc Fax: 3187280011	License: 2203785472 State ID: CM0012911 Originally licensed: 2022-09-13 Effective: 2025-09-01 License issued: 2025-08-18 Expires: 2026-08-31 Parish: RICHLAND Mailing address: 11 CABUCK LANE, RAYVILLE, LA, 71269

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Advanced Sitting Solutions, Inc. 405 Wall Street, COLUMBIA, LA, 71418	Schanell Smith	Phone: 3186498846 Email: sittingsolutions@yahoo.com Fax: 3186495980	License: 11225 State ID: HC0005288 Originally licensed: 2005-10-01 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: CALDWELL Mailing address: 320 PRAIRIE RD., COLUMBIA, LA, 71418
Attentive Hands LLC 6912 Hwy 165, COLUMBIA, LA, 71418	Danielle Littleberry	Phone: 8338289881 Email: attentivehands2023@gmail.com Fax: 3185024088	License: 2203786433 State ID: HC0013315 Originally licensed: 2024-12-18 Effective: 2025-12-01 License issued: 2025-10-17 Expires: 2026-11-30 Parish: CALDWELL Mailing address: 6912 HWY 165, COLUMBIA, LA, 71418
Express Medical Staffing, Inc. 8475 Hwy 165, COLUMBIA, LA, 71418	Amy M Dannehl	Phone: 3186493565 Email: expressmedi69529@bellsouth.net Fax: 3186495299	License: 15017 State ID: HC0007394 Originally licensed: 2007-09-17 Effective: 2026-05-01 License issued: 2026-05-20

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-04-30 Parish: CALDWELL Mailing address: P O BOX 388, GRAYSON, LA, 71435
Komfort Keepers Sitting Services 115 Scarborough Street, LAKE PROVIDENCE, LA, 71254	Brittany Lyons	Phone: 3185525066 Email: komfortkeeperssittingservice@gmail.com Fax: 3185525067	License: 2203786873 State ID: HC0012917 Originally licensed: 2022-10-26 Effective: 2025-12-29 License issued: 2026-01-09 Expires: 2026-11-30 Parish: EAST CARROLL Mailing address: 115 SCARBOROUGH STREET, LAKE PROVIDENCE, LA, 71254
Loving Touch Personal Care Services, Inc. 1512 Railroad Street, LAKE PROVIDENCE, LA, 71254	MRS. Tillnice Newson	Phone: 3185590018 Email: lovingtouch6431@yahoo.com Fax: 3185593818	License: 7193 State ID: HC0007193 Originally licensed: 2007-05-08 Effective: 2026-06-01 License issued: 2026-04-30 Expires: 2027-05-31 Parish: EAST CARROLL Mailing address: 1512 RAILROAD STREET, LAKE PROVIDENCE, LA, 71254
Eternal Blessings, Inc. 6603 Highway 34, CHATHAM, LA, 71226	Wendy McDougald	Phone: 3182494562 Email: eternalblessings2@hotmail.com Fax: 3182494460	License: 9807 State ID: HC0006427 Originally licensed: 2003-01-22 Effective: 2026-02-01 License issued: 2025-11-25 Expires: 2027-01-31 Parish: JACKSON Mailing address: P. O. BOX 386, CHATHAM, LA, 71226
A Better Home Care LLC 1105 Farmerville Hwy. Suite A, RUSTON, LA, 71270	Tonnette S Lewis	Phone: 3187283080 Email: abettercare318@gmail.com Fax: 3182249104	License: 2203785708 State ID: HC0007926 Originally licensed: 2009-01-26 Effective: 2026-03-01 License issued: 2026-01-16 Expires: 2027-02-28 Parish: LINCOLN Mailing address: 1105 FARMERVILLE HWY. SUITE A, RUSTON, LA, 71270
Assisted Family Services, LLC 712 Celebrity Drive, Suite 102, RUSTON, LA, 71270	Darryl Nightingale	Phone: 3187283651 Email: troydc1974@gmail.com Fax: 3187289943	License: 2203785732 State ID: HC0005192 Originally licensed: 2005-01-11 Effective: 2026-05-01 License issued: 2026-04-10 Expires: 2027-04-30 Parish: LINCOLN Mailing address: 712 CELEBRITY DRIVE, SUITE 102, RUSTON, LA, 71270
Parish Pathfinders CLE 2304 Commons Court, Suite 2, RUSTON, LA, 71270	Misty Wood	Phone: 3182459845 Email: schumley1979@gmail.com Fax: 3186956009	License: 2203787091 State ID: HC0013588 Originally licensed: 2026-06-16 Effective: 2026-06-16 License issued: 2026-06-18 Expires: 2027-05-31 Parish: LINCOLN Mailing address: P.O. BOX 548, RUSTON, LA, 71270
People Centered Support Services, LLC 1201 Atkins Road, RUSTON, LA, 71270	Gregory Scott	Phone: 3182559171 Email: greg.scott@peoplecenteredss.com Fax: 3182540191	License: 2203787106 State ID: HC0006145 Originally licensed: 1999-04-23 Effective: 2026-02-16 License issued: 2026-07-01 Expires: 2027-01-31 Parish: LINCOLN Mailing address: 1201 ATKINS ROAD, RUSTON, LA, 71270
Quality Care at Home II 268 Main Street, GRAMBLING, LA, 71245	LaToya Houston	Phone: 3182450779 Email: qualitycareruston@yahoo.co	License: 2203785668 State ID: HC0012966 Originally licensed: 2023-03-06

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		m Fax: 3186563735	Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: LINCOLN Mailing address: 268 MAIN STREET, GRAMBLING, LA, 71245
Reflected Grace 2913 N. Trenton, RUSTON, LA, 71270	Petrena D Bilberry	Phone: 8884655595 Email: cantcallu@hotmail.com Fax: 3182023768	License: 2203785989 State ID: HC0007951 Originally licensed: 2009-05-12 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: LINCOLN Mailing address: P.O. BOX 716, RUSTON, LA, 71273
A & D Helping Hands, LLC 405 North Cedar Street, TALLULAH, LA, 71282	Danielle Davis	Phone: 3184935142 Email: adhelpinghandsllc@gmail.com Fax: 3184935143	License: 2203784972 State ID: HC0012538 Originally licensed: 2019-09-24 Effective: 2026-06-01 License issued: 2026-05-13 Expires: 2027-05-31 Parish: MADISON Mailing address: PO BOX 2, SONDHEIMER, LA, 71276
Marie''s Family Healthcare & Sitter Services, Inc 402 East Craig Street, TALLULAH, LA, 71282	MS. Matilda Johnson	Phone: 3185749009 Email: mfhcss1@gmail.com Fax: 3185749926	License: 14056 State ID: HC0006420 Originally licensed: 2005-10-01 Effective: 2025-12-01 License issued: 2025-11-13 Expires: 2026-11-30 Parish: MADISON Mailing address: P.O. BOX 1404, TALLULAH, LA, 71284
Preventive Measures Programs, Inc. 805 N. Beech Street, Suite 2, TALLULAH, LA, 71282	Tamesha T Sims	Phone: 3185740098 Email: cybholmes@yahoo.com Fax: 3185740066	License: 2203784049 State ID: HC0007855 Originally licensed: 2008-12-15 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: MADISON Mailing address: P. O. BOX 9177, MONROE, LA, 71211
Body & Soul Services, Inc. 5743 Mer Rouge Rd., BASTROP, LA, 71220	Sheila Green	Phone: 3182833299 Email: bodyandsoulinc@bellsouth.net Fax: 3182833298	License: 2203785967 State ID: HC0007233 Originally licensed: 2005-10-01 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: MOREHOUSE Mailing address: 5743 MER ROUGE RD., BASTROP, LA, 71220
Good Shepherd Personal Care, LLC 915 North Washington Street, BASTROP, LA, 71220	Roblean Harris	Phone: 3182830220 Email: goodshepherdpers@att.net Fax: 3182830210	License: 15135 State ID: HC0006936 Originally licensed: 2006-08-29 Effective: 2025-11-01 License issued: 2025-09-18 Expires: 2026-10-31 Parish: MOREHOUSE Mailing address: 915 NORTH WASHINGTON STREET, BASTROP, LA, 71220
Quality Long Term Care, LLC 300 West Walnut Drive, BASTROP, LA, 71220	Preston Goodson	Phone: 3182814925 Email: preston@qualitylongterm.care Fax: 3182814927	License: 2203784539 State ID: HC0008121 Originally licensed: 2005-10-01 Effective: 2026-02-01 License issued: 2026-01-06 Expires: 2027-01-31 Parish: MOREHOUSE Mailing address: 300 W. WALNUT DRIVE, BASTROP, LA, 71220

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
The ARC of Morehouse 10640 Lucy Hudson Drive, BASTROP, LA, 71220	SHAWANNA LAVALL	Phone: 3182832338 Email: slavall@arcofmorehouse.onmicrosoft.com Fax: 3182832340	License: 2492 State ID: HC0005912 Originally licensed: 1991-05-14 Effective: 2026-06-01 License issued: 2026-05-19 Expires: 2027-05-31 Parish: MOREHOUSE Mailing address: 10640 LUCY HUDSON DRIVE, BASTROP, LA, 71220
A First Name Basis Home Care 1888 Hudson Circle Suite 6, MONROE, LA, 71201	Lanita Washington	Phone: 3183233960 Email: admin@afirstnamebasis.com Fax: 3183231092	License: 2203785352 State ID: HC0005802 Originally licensed: 2005-10-01 Effective: 2026-05-01 License issued: 2026-04-09 Expires: 2027-04-30 Parish: OUACHITA Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70506
Absolute Care, Inc 500 North 21st Street, MONROE, LA, 71201	Kentario Aubrey	Phone: 3184504911 Email: absolutecare@ymail.com Fax: 3188556519	License: 2203781066 State ID: HC0007718 Originally licensed: 2008-08-04 Effective: 2026-06-01 License issued: 2026-06-03 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 500 NORTH 21ST STREET, MONROE, LA, 71201
Always Best Care Senior Services 201 Trenton Street, Suite 2, WEST MONROE, LA, 71291	Kristen Lambrecht	Phone: 3183222223 Email: klambrecht@abc-seniors.com Fax: 3183222267	License: 2203781670 State ID: HC0010610 Originally licensed: 2011-09-19 Effective: 2026-05-01 License issued: 2026-04-17 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 201 TRENTON STREET, SUITE 2, WEST MONROE, LA, 71291
Americare 1810 Glenmar Avenue, MONROE, LA, 71201	Katie Gay	Phone: 3183291101 Email: americare@americarela.com Fax: 3183291107	License: 2203786633 State ID: HC0005225 Originally licensed: 2004-08-12 Effective: 2026-07-01 License issued: 2026-05-29 Expires: 2027-06-30 Parish: OUACHITA Mailing address: 1810 GLENMAR AVENUE, MONROE, LA, 71201
Ann""s Helping Hands 804 North 4th Street, MONROE, LA, 71201	Sheila Howell	Phone: 8664923865 Email: annshands08@yahoo.com Fax: 3183429960	License: 2203786291 State ID: HC0007724 Originally licensed: 2008-07-17 Effective: 2026-06-01 License issued: 2026-05-04 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 804 NORTH 4TH STREET, MONROE, LA, 71201
Another Chance Enterprise Personal Care Attendant Services 2808 Evangeline Street, MONROE, LA, 71201	Billy Foster	Phone: 8773428404 Email: anotherchancebusiness@gmail.com Fax: 3183259504	License: 2203782795 State ID: HC0006953 Originally licensed: 2006-08-14 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: OUACHITA Mailing address: 2808 EVANGELINE STREET, MONROE, LA, 71201
Bayou Care Sitters LLC 1651 Louisville Ave, Suite 128, MONROE, LA, 71201	Bonnie Williams	Phone: 3185825069 Email: BayouCareSittersLLC@gmail.com Fax: 3185825220	License: 2203786403 State ID: HC0013332 Originally licensed: 2024-11-06 Effective: 2025-11-01 License issued: 2025-10-06 Expires: 2026-10-31 Parish: OUACHITA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 2571, MONROE, LA, 71207
Care Solutions, Inc. 509 North Second Street, MONROE, LA, 71201	Dennitia Lenard	Phone: 3183620036 Email: ajacola@caresolutions-inc.com Fax: 3183620165	License: 2203782611 State ID: HC0005182 Originally licensed: 2003-12-04 Effective: 2026-01-01 License issued: 2025-11-05 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 509 NORTH SECOND STREET, MONROE, LA, 71201
Center For Personal Development 1701 Lamy Lane, MONROE, LA, 71201	KENYA TRICE	Phone: 3183290240 Email: cfpd@bellsouth.net Fax: 3183290239	License: 2203781186 State ID: HC0007268 Originally licensed: 2007-06-25 Effective: 2025-11-01 License issued: 2025-10-14 Expires: 2026-10-31 Parish: OUACHITA Mailing address: P. O. BOX 4381, MONROE, LA, 71211
Cognitive Development Center Personal Care Services 1811 Roselawn Avenue, MONROE, LA, 71201	Adrian Fisher	Phone: 3186518080 Email: adrianfisher.cognitive@gmail.com Fax: 3186518081	License: 10839 State ID: HC0005191 Originally licensed: 2005-10-01 Effective: 2025-12-01 License issued: 2025-09-26 Expires: 2026-11-30 Parish: OUACHITA Mailing address: P. O. BOX 7563, MONROE, LA, 71211
D & D Community Connections, Inc. 1041 North 9th Street, MONROE, LA, 71201	MS. Diann Beckwith	Phone: 3186510201 Email: browndsdcc@aol.com Fax: 3186510221	License: 9098 State ID: HC0006319 Originally licensed: 2002-02-04 Effective: 2026-03-01 License issued: 2026-02-23 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 1041 NORTH 9TH STREET, MONROE, LA, 71201
Enrich Personal Care Service, LLC 3200 Concordia Street, MONROE, LA, 71201	Michael A Hayes	Phone: 3183227022 Email: enrichpcs@yahoo.com Fax: 3183227061	License: 2203785697 State ID: HC0007285 Originally licensed: 2007-07-09 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 3200 CONCORDIA STREET, MONROE, LA, 71201
Faith And Hope Independent Living 1006 North 3rd Street, MONROE, LA, 71201	Neal Angrum	Phone: 3183886808 Email: angrumn@gmail.com Fax: 3183886893	License: 2203786909 State ID: HC0007691 Originally licensed: 2008-06-16 Effective: 2026-02-15 License issued: 2026-02-20 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 130 VIEUX CARRE PLACE, MONROE, LA, 71203
Families First Choice, Inc. 2912 Evangeline Street, MONROE, LA, 71201	MS. Lydia Martin	Phone: 3183875484 Email: lydiamartin56@gmail.com Fax: 3183875547	License: 2203781181 State ID: HC0005153 Originally licensed: 2003-12-11 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: OUACHITA Mailing address: P.O. BOX 9593, MONROE, LA, 71211
G. B. Cooley Services District 211 North 3rd Street, MONROE, LA, 71201	MR. Ben Pitts	Phone: 8006557753 Email: bpitts@gbc.la Fax: 3183976618	License: 15233 State ID: HC0007021 Originally licensed: 2006-10-16 Effective: 2026-07-01 License issued: 2026-06-22

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-06-30 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
Guidance Personal Care 1204 Stubbs Avenue Suite C, MONROE, LA, 71201	Tonia Freeman	Phone: 3185825633 Email: tonia.f@guidancebhs.com Fax: 3185825646	License: 2203784950 State ID: HC0012729 Originally licensed: 2021-05-26 Effective: 2026-05-01 License issued: 2026-04-23 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 1204 STUBBS AVENUE SUITE C, MONROE, LA, 71201
Heart""s Desire, LLC 3114 Mercedes Drive, MONROE, LA, 71201	SONYA GRAY	Phone: 3183875765 Email: heartsdesire4652@aol.com Fax: 3183292936	License: 15364 State ID: HC0005123 Originally licensed: 2003-11-13 Effective: 2026-04-01 License issued: 2026-03-09 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 3114 MERCEDES DRIVE, MONROE, LA, 71201
Inspirational Care, LLC 211 Chatham Street, MONROE, LA, 71203	Lucille Tuesno	Phone: 3186547641 Email: inspirationalcare@comcast.net Fax: 3186547657	License: 2203781033 State ID: HC0007860 Originally licensed: 2009-01-12 Effective: 2026-01-01 License issued: 2025-12-30 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 211 CHATHAM STREET, MONROE, LA, 71203
Jadan, Inc. 3100 Kilpatrick Blvd., Ste. 101, MONROE, LA, 71201	MS. Adrian Williams	Phone: 3185575086 Email: jadan_inc@yahoo.com Fax: 3183253245	License: 2203783999 State ID: HC0006622 Originally licensed: 2006-01-18 Effective: 2025-08-01 License issued: 2025-06-13 Expires: 2026-07-31 Parish: OUACHITA Mailing address: 3100 KILPATRICK BLVD., STE. 101, MONROE, LA, 71201
KEA, Inc. 2911 Cameron Street, Suite A, MONROE, LA, 71201	Kerry J Scott	Phone: 3186998606 Email: kea2911@yahoo.com Fax: 3186519251	License: 11403 State ID: HC0005344 Originally licensed: 2005-10-01 Effective: 2026-02-01 License issued: 2026-02-02 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 2911 CAMERON STREET, STE. A, MONROE, LA, 71201
Leading Home Care 2360 Tower Drive Suite 102, MONROE, LA, 71201	Rosie Lewis	Phone: 3183304001 Email: info@lhcla.com Fax: 3184503213	License: 2203786238 State ID: HC0005948 Originally licensed: 1992-10-09 Effective: 2026-06-01 License issued: 2026-04-24 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 206 LA RUE FRANCE, LAFAYETTE, LA, 70508
Miracle Outlook Family Services 2404 Ferrand Street, Suite 21, MONROE, LA, 71201	RONITA T CALHOUN	Phone: 3183240048 Email: outlook43@comcast.net Fax: 3183240199	License: 2203781239 State ID: HC0005055 Originally licensed: 2005-10-01 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: OUACHITA Mailing address: P.O. BOX 4095, MONROE, LA, 71211
My PCA 617 North 2nd Street, MONROE, LA, 71201	MRS. Detria S Jenkins	Phone: 3183873545 Email: mypca@mypca.us Fax: 3183873541	License: 2203784953 State ID: HC0007472 Originally licensed: 2007-12-10

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 617 NORTH 2ND STREET, MONROE, LA, 71201
New Horizons Independent Living Center 1401 Hudson Lane Suite 200, MONROE, LA, 71201	Sandy Wall	Phone: 3183234374 Email: swall@nhilc.org Fax: 3183235445	License: 2203784063 State ID: HC0005179 Originally licensed: 2005-10-01 Effective: 2025-09-01 License issued: 2025-08-05 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 1401 HUDSON LANE SUITE 200, MONROE, LA, 71201
Precision Caregivers 1401 Hudson Lane Suite 228, MONROE, LA, 71201	Stephanie Roach	Phone: 8772919396 Email: precisioncaregivers@gmail.com Fax: 2257564495	License: 2203781551 State ID: HC0007052 Originally licensed: 2006-10-26 Effective: 2026-02-01 License issued: 2026-02-12 Expires: 2027-01-31 Parish: OUACHITA Mailing address: P O BOX 77055, BATON ROUGE, LA, 70879
Renewed Care, LLC 2908 Cameron Street, Suite A, MONROE, LA, 71201	Lindsay Fonong	Phone: 3186054697 Email: info@renewedcare.net Fax: 3188555036	License: 2203784290 State ID: HC0012484 Originally licensed: 2019-04-29 Effective: 2026-04-01 License issued: 2026-03-03 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 2908 CAMERON STREET, SUITE A, MONROE, LA, 71201
Serenity Care Provider, LLC 2417 NORTH 7TH STREET, WEST MONROE, LA, 71291	Robin C Cox	Phone: 3186003453 Email: info@serenitycareproviders.com Fax: 3186006999	License: 2203784680 State ID: HC0007747 Originally licensed: 2008-08-05 Effective: 2026-07-01 License issued: 2026-06-11 Expires: 2027-06-30 Parish: OUACHITA Mailing address: 2417 NORTH 7TH STREET, WEST MONROE, LA, 71291
Supreme Home Health Service, Inc. 1110 Jackson Street, MONROE, LA, 71202	Carolyn W Braggs	Phone: 3183235489 Email: nichelle@supremehomehealth.com Fax: 3183238602	License: 3586 State ID: HC0006793 Originally licensed: 2005-10-01 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 1110 JACKSON STREET, MONROE, LA, 71202
T & B Home Care Services, Inc. 3101 Armand Street, Suite 6, MONROE, LA, 71201	Bertha p Mitchell	Phone: 3186006143 Email: tbhomecaresvcs@bellsouth.net Fax: 3186006490	License: 2203781575 State ID: HC0007367 Originally licensed: 2007-09-24 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 3101 ARMAND STREET, SUITE 6, MONROE, LA, 71201
The ARC of Ouachita 3101 Mercedes Drive, MONROE, LA, 71201	Roma Kidd	Phone: 3183877817 Email: romak@arcomonroe.org Fax: 3183220914	License: 2203785854 State ID: HC0005907 Originally licensed: 1990-12-21 Effective: 2025-08-01 License issued: 2025-07-08 Expires: 2026-07-31 Parish: OUACHITA Mailing address: P.O. BOX 1462, MONROE, LA, 71210

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Therapeutic Approaches, Inc. 3001 Armand Street Suite C, MONROE, LA, 71201	ARETHA FUDGE	Phone: 3183420003 Email: Tapproaches@gmail.com Fax: 3183420031	License: 2203786108 State ID: HC0007733 Originally licensed: 2008-08-11 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: OUACHITA Mailing address: P.O. BOX 7563, MONROE, LA, 71211
Twin City Home Care Services Inc. 2410 Ferrand Street Suite 11, MONROE, LA, 71201	LARRY BURRELL, SR	Phone: 3183401775 Email: twincityhomecare@yahoo.com Fax: 3183400515	License: 2203783901 State ID: HC0005691 Originally licensed: 2005-10-01 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 2410 FERRAND STREET SUITE 11, MONROE, LA, 71201
Unique Guidance Provider Services Inc 208 Cole Avenue Suite 3, MONROE, LA, 71203	Regina Mays	Phone: 3188554619 Email: supreme3037@yahoo.com Fax: 3188554308	License: 2203786247 State ID: HC0007936 Originally licensed: 2009-02-09 Effective: 2026-05-01 License issued: 2026-04-22 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 208 COLE AVENUE SUITE 3, MONROE, LA, 71203
All About You Support Services 1002 First Street, DELHI, LA, 71232	LEROY MCDOWELL	Phone: 3188784510 Email: Youallabou@yahoo.com Fax: 3188780228	License: 2203785176 State ID: HC0004990 Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-11-04 Expires: 2026-12-31 Parish: RICHLAND Mailing address: 1002 FIRST STREET, DELHI, LA, 71232
Caring Angel Connection Inc 213 Newsome Street, RAYVILLE, LA, 71269	SHAROD DAVISON-BRAGG	Phone: 3187283488 Email: cacprogramdirector@dfallc03.com Fax: 3187281065	License: 2203785638 State ID: HC0007911 Originally licensed: 2009-02-18 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: RICHLAND Mailing address: 213 NEWSOME STREET, RAYVILLE, LA, 71269
Community Care Services, Inc. 59 McGowen Lane, RAYVILLE, LA, 71269	JOEY STRONG	Phone: 3184177145 Email: ccs@ccareservices.com Fax: 3183034840	License: 2203783900 State ID: HC0006408 Originally licensed: 2005-10-01 Effective: 2026-04-01 License issued: 2026-01-22 Expires: 2027-03-31 Parish: RICHLAND Mailing address: 59 MCGOWEN LANE, RAYVILLE, LA, 71269
Community Waiver Services, LLC 727 Ohio Street, DELHI, LA, 71232	Pamela B Knight	Phone: 3188783063 Email: cws71232@yahoo.com Fax: 3188785655	License: 2203781871 State ID: HC0008244 Originally licensed: 2010-06-17 Effective: 2025-10-01 License issued: 2025-08-05 Expires: 2026-09-30 Parish: RICHLAND Mailing address: P.O. BOX 802, DELHI, LA, 71232
Delta American Healthcare, Inc. 119 Broadway Street, DELHI, LA, 71232	Elizabeth K Watts	Phone: 3188789011 Email: ewatts@delamhc.com Fax: 3188785035	License: 3913 State ID: HC0005997 Originally licensed: 1995-09-27 Effective: 2025-11-01 License issued: 2025-10-09 Expires: 2026-10-31 Parish: RICHLAND

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 308, DELHI, LA, 71232
Mangham Home Care Inc. 714 Broadway Street, MANGHAM, LA, 71259	Krystal Casey	Phone: 3182482849 Email: kgilley12@hotmail.com Fax: 3182482852	License: 10355 State ID: HC0005038 Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: RICHLAND Mailing address: P.O. BOX 427, MANGHAM, LA, 71259
At Home Services Of West Carroll Health Systems 708 East Main Street, OAK GROVE, LA, 71263	MR. Raymond R Morris	Phone: 3184286240 Email: rdowning@wchsystems.com Fax: 3184281360	License: 2203785665 State ID: HC0005421 Originally licensed: 2005-10-01 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2026-12-31 Parish: WEST CARROLL Mailing address: 706 ROSS STREET, OAK GROVE, LA, 71263
Mary Biggs Day Developmental Training Center 611 West Jefferson Street, OAK GROVE, LA, 71263	CYNTHIA B STEPHENS	Phone: 3184284675 Email: cynthias.marybiggs@gmail.com Fax: 3184284675	License: 2259 State ID: HC0005851 Originally licensed: 1968-12-16 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: WEST CARROLL Mailing address: P. O. BOX 1391, OAK GROVE, LA, 71263

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Baskin Community Residence 257 Roger Miller Road, BASKIN, LA, 71219	Curtis Hilbun	Phone: 3182482727 Email: franklincommunityservices@yahoo.com Fax: 3182482727	License: 490 State ID: MR0003026 Originally licensed: 1987-08-11 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: FRANKLIN Mailing address: 3590 FRONT STREET, WINNSBORO, LA, 71295
Coax Community Residence 1154 Highway 867, WINNSBORO, LA, 71295	Curtis Hilbun	Phone: 3184357095 Email: franklincommunityservices@yahoo.com Fax: 3184357095	License: 763 State ID: MR0003267 Originally licensed: 1994-07-07 Effective: 2026-07-01 License issued: 2026-06-11 Expires: 2027-06-30 Parish: FRANKLIN Mailing address: 3590 FRONT STREET, WINNSBORO, LA, 71295
Metro Community Residence 818 Hwy 876, WISNER, LA, 71378	MR Curtis Hilbun	Phone: 3184353580 Email: franklincommunityservices@yahoo.com Fax: 3184353580	License: 706 State ID: MR0003216 Originally licensed: 1991-11-27 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: FRANKLIN Mailing address: 3590 FRONT STREET, WINNSBORO, LA, 71295
Tram Community Residence 2253 Dummyline Road, WINNSBORO, LA, 71295	Curtis Hilbun	Phone: 3187234693 Email: cwhilbun@yahoo.com Fax: 3184357035	License: 700 State ID: MR0003211 Originally licensed: 1991-08-09 Effective: 2025-09-01 License issued: 2025-07-23 Expires: 2026-08-31 Parish: FRANKLIN

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 3590 FRONT STREET, WINNSBORO, LA, 71295
Winnsboro Community Residence 8318 Highway 17, WINNSBORO, LA, 71295	MR Curtis Hilbun	Phone: 3184357034 Email: franklincommunityservices@yahoo.com Fax: 3184357034	License: 732 State ID: MR0003233 Originally licensed: 1993-06-24 Effective: 2026-06-01 License issued: 2026-05-06 Expires: 2027-05-31 Parish: FRANKLIN Mailing address: 3590 FRONT STREET, WINNSBORO, LA, 71295
Jonesboro Community Home 1564 South Hudson St., JONESBORO, LA, 71251	SHAWNA W CHUMLEY	Phone: 3182598906 Email: schumley1979@gmail.com Fax: 3187682862	License: 159 State ID: MR0002893 Originally licensed: 1981-03-21 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: JACKSON Mailing address: P.O. BOX 548, RUSTON, LA, 71273
Benton Street Home 1400 Benton Street, RUSTON, LA, 71270	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 899 State ID: MR0003062 Originally licensed: 1991-03-01 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: LINCOLN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Braswell Home 560 Braswell Lane, SIMSBORO, LA, 71275	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 900 State ID: MR0003095 Originally licensed: 1989-07-13 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: LINCOLN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Campbell Street Home 1406 Campbell Street, RUSTON, LA, 71270	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 901 State ID: MR0003045 Originally licensed: 1988-04-18 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: LINCOLN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Lilinda Street Home 2600 South Vienna, RUSTON, LA, 71270	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 902 State ID: MR0002987 Originally licensed: 1985-10-31 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: LINCOLN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Maple Street Home 225 Maple Street, RUSTON, LA, 71270	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 903 State ID: MR0002992 Originally licensed: 1986-03-15 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: LINCOLN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Moriah Home 1215 Maple Street, RUSTON, LA, 71270	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 2203785828 State ID: MR0004825 Originally licensed: 2004-11-24 Effective: 2025-08-01 License issued: 2025-07-24

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-07-31 Parish: LINCOLN Mailing address: P.O. BOX 715, RUSTON, LA, 71273
Ruston Community Residence 2909 South Vienna, RUSTON, LA, 71270	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 904 State ID: MR0002947 Originally licensed: 1984-04-04 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: LINCOLN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Trace Drive Home 150 Trace Drive, RUSTON, LA, 71270	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 905 State ID: MR0002984 Originally licensed: 1985-09-09 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: LINCOLN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
Woodshire Group Residence 155 Woodshire Lane, RUSTON, LA, 71270	MATT PRICE	Phone: 3182559137 Email: mrprice035@gmail.com Fax: 3182558233	License: 906 State ID: MR0003076 Originally licensed: 1988-11-30 Effective: 2026-07-01 License issued: 2026-06-01 Expires: 2027-06-30 Parish: LINCOLN Mailing address: P. O. BOX 715, RUSTON, LA, 71273
4-B Group Home 434 Charles Brown Road, TALLULAH, LA, 71284	Laura Nickelson	Phone: 3188788164 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 980 State ID: MR0003225 Originally licensed: 1992-06-05 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: MADISON Mailing address: P. O. BOX 607, DELHI, LA, 71232
Darrow Street Group Home 618 East Darrow Street, TALLULAH, LA, 71282	Laura Nickelson	Phone: 3185743886 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 975 State ID: MR0003177 Originally licensed: 1990-01-11 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: MADISON Mailing address: P. O. BOX 607, DELHI, LA, 71232
Richmond Group Home 100 Caroline Street, TALLULAH, LA, 71282	Laura Nickelson	Phone: 3185745102 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 976 State ID: MR0003228 Originally licensed: 1992-08-21 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: MADISON Mailing address: P. O. BOX 607, DELHI, LA, 71232
Sharkey Road Group Home 112 Wallace Road, TALLULAH, LA, 71282	Laura Nickelson	Phone: 3185740455 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 977 State ID: MR0003206 Originally licensed: 1991-05-23 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: MADISON Mailing address: P. O. BOX 607, DELHI, LA, 71232
Southfork Group Home 149 Afton Road, TALLULAH, LA, 71282	Laura Nickelson	Phone: 3185740704 Email:	License: 978 State ID: MR0003212 Originally licensed: 1991-08-16

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		lauranickelson@yahoo.com Fax: 3188788671	Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: MADISON Mailing address: P. O. BOX 607, DELHI, LA, 71232
Twin Oaks Group Home 613 Verhagen Rd, TALLULAH, LA, 71282	Laura Nickelson	Phone: 3185742294 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 979 State ID: MR0003227 Originally licensed: 1992-02-28 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: MADISON Mailing address: P. O. BOX 607, DELHI, LA, 71232
Crossett Road Group Home 12460 Crossett Road, BASTROP, LA, 71220	SHAWANNA LAVALL	Phone: 3182832338 Email: slavall@arcofmorehouse.onmicrosoft.com Fax: 3182832340	License: 420 State ID: MR0002977 Originally licensed: 1985-05-06 Effective: 2026-05-01 License issued: 2026-03-30 Expires: 2027-04-30 Parish: MOREHOUSE Mailing address: 10640 LUCY HUDSON DRIVE, BASTROP, LA, 71220
East Morehouse Community Home 505 North 22nd Street, MER ROUGE, LA, 71261	SHAWANNA LAVALL	Phone: 3182382338 Email: slavall@arcofmorehouse.onmicrosoft.com Fax: 3182832340	License: 311 State ID: MR0002908 Originally licensed: 1983-06-24 Effective: 2026-05-01 License issued: 2026-03-30 Expires: 2027-04-30 Parish: MOREHOUSE Mailing address: 10640 LUCY HUDSON DRIVE, BASTROP, LA, 71220
G. B. Cooley Beech Group Home 611 Cooley Circle, WEST MONROE, LA, 71291	MR Ben Pitts	Phone: 3188553093 Email: benpitts@gbcooley.org Fax: 3183976618	License: 1048 State ID: MR0007899 Originally licensed: 2009-02-03 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Clay Street Group Home 200 Clay Street, WEST MONROE, LA, 71291	MR Ben Pitts	Phone: 3183259704 Email: benpitts@gbcooley.org Fax: 3183976618	License: 2203785067 State ID: MR0002957 Originally licensed: 1984-06-10 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Emerson Community Home 1810 Emerson, MONROE, LA, 71201	MR Ben Pitts	Phone: 3183976680 Email: bpitts@gbc.la Fax: 3183976618	License: 1047 State ID: MR0007898 Originally licensed: 2009-02-03 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Franciscan Group Home 101 South 4th Street, MONROE, LA, 71202	Ben Pitts	Phone: 3183556753 Email: bpitts@gbc.la Fax: 3183976618	License: 2203782474 State ID: MR0002980 Originally licensed: 1985-01-29 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: OUACHITA Mailing address: 211 N. 3RD STREET, MONROE, LA, 71201

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
G. B. Cooley Hillcrest Group Home 609 Cooley Circle, WEST MONROE, LA, 71291	MR Ben Pitts	Phone: 3185379749 Email: bpitts@gbc.la Fax: 3183976618	License: 527 State ID: MR0003060 Originally licensed: 1984-08-17 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Magnolia Group Home 814 Cooley Court, WEST MONROE, LA, 71291	MR Ben Pitts	Phone: 3183976680 Email: bpitts@gbc.la Fax: 3183976618	License: 504 State ID: MR0003036 Originally licensed: 1988-01-05 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Moore-Weatherford Group Home 612 Moore Road, MONROE, LA, 71202	MR Ben Pitts	Phone: 3183233205 Email: aandrews@gbc.la Fax: 3183976618	License: 657 State ID: MR0003180 Originally licensed: 1990-11-19 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Prairie Road Group Home 2043 Prairie Road, MONROE, LA, 71202	MR Ben Pitts	Phone: 3183976680 Email: bpitts@gbc.la Fax: 3183976618	License: 671 State ID: MR0003188 Originally licensed: 1991-02-01 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Shannon Group Home 1591 Shannon Ave, MONROE, LA, 71201	MR Ben Pitts	Phone: 3183251101 Email: bpitts@gbc.la Fax: 3183976618	License: 2203785459 State ID: MR0002956 Originally licensed: 1984-06-14 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Stubbs Vinson Home 2163 Stubbs Vinson Road, MONROE, LA, 71203	MR Ben Pitts	Phone: 3188556513 Email: bpitts@gbc.la Fax: 3183976618	License: 808 State ID: MR0003303 Originally licensed: 1999-09-01 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Sue Dr Group Home 214 Sue Drive, MONROE, LA, 71202	Ben Pitts	Phone: 3183252884 Email: bpitts@gbc.la Fax: 3183976618	License: 539 State ID: MR0003070 Originally licensed: 1988-09-28 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Sunshine Group Home 102 Sunshine Avenue, WEST MONROE, LA, 71291	MR Ben Pitts	Phone: 3183252283 Email: bpitts@gbc.la Fax: 3183976618	License: 2203783293 State ID: MR0003042 Originally licensed: 1988-01-19 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: OUACHITA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Walnut Group Home 2045 Prairie Road, MONROE, LA, 71202	MR Ben Pitts	Phone: 3183257495 Email: bpitts@gbc.la Fax: 3183976618	License: 2203785071 State ID: MR0002965 Originally licensed: 1984-08-08 Effective: 2025-09-01 License issued: 2025-08-19 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 211 NORTH 3RD STREET, MONROE, LA, 71201
G. B. Cooley Webb Group Home 311 South 1st Street, MONROE, LA, 71202	MR Ben Pitts	Phone: 3183454942 Email: bpitts@gbc.la Fax: 3183976618	License: 2203786809 State ID: MR0003308 Originally licensed: 1996-02-26 Effective: 2025-11-03 License issued: 2025-11-19 Expires: 2026-10-31 Parish: OUACHITA Mailing address: 311 SOUTH 1ST STREET, MONROE, LA, 71202
Mallard Community Home 103 Mallard Avenue, WEST MONROE, LA, 71291	Roma Kidd	Phone: 3183877817 Email: romak@arcomonroe.org Fax: 3183220914	License: 2102890357 State ID: MR0003882 Originally licensed: 2000-04-26 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: OUACHITA Mailing address: PO BOX 1462, MONROE, LA, 71210
Bailey Group Home 80 Teer Street, DELHI, LA, 71232	MS Laura Nickelson	Phone: 3188785014 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1060 State ID: MR0008167 Originally licensed: 2009-10-22 Effective: 2025-11-01 License issued: 2025-09-04 Expires: 2026-10-31 Parish: RICHLAND Mailing address: P.O. BOX 607, DELHI, LA, 71232
Bayou Macon Community Home 671 Baskin Parks Rd, DELHI, LA, 71232	Elizabeth Watts	Phone: 3188789017 Email: ewatts@delamhc.com Fax: 3188782585	License: 600 State ID: MR0003129 Originally licensed: 1990-01-11 Effective: 2025-09-01 License issued: 2025-07-22 Expires: 2026-08-31 Parish: RICHLAND Mailing address: P. O. BOX 308, DELHI, LA, 71232
Bear Den Group Home 204 Hall Street, DELHI, LA, 71232	Laura Nickelson	Phone: 3188786682 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1042 State ID: MR0007787 Originally licensed: 2008-08-26 Effective: 2025-09-01 License issued: 2025-06-25 Expires: 2026-08-31 Parish: RICHLAND Mailing address: P. O. BOX 607, DELHI, LA, 71232
Bee Bayou Community Home 77 Hwy 584, RAYVILLE, LA, 71269	Elizabeth Watts	Phone: 3188789017 Email: ewatts@delamhc.com Fax: 3188782585	License: 601 State ID: MR0003130 Originally licensed: 1990-01-11 Effective: 2025-09-01 License issued: 2025-07-22 Expires: 2026-08-31 Parish: RICHLAND Mailing address: P. O. BOX 308, DELHI, LA, 71232
Bush Road Community Home 101 Donahoe Road, DELHI, LA, 71232	Elizabeth Watts	Phone: 3188789017 Email: ewatts@delamhc.com Fax: 3188782585	License: 585 State ID: MR0003112 Originally licensed: 1989-09-18 Effective: 2025-09-01 License issued: 2025-07-22

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-08-31 Parish: RICHLAND Mailing address: P. O. BOX 308, DELHI, LA, 71232
Cuthbert Group Home 210 3rd Street, DELHI, LA, 71232	Laura Nickelson	Phone: 3188785110 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1665 State ID: MR0008307 Originally licensed: 2010-07-15 Effective: 2025-08-01 License issued: 2025-06-24 Expires: 2026-07-31 Parish: RICHLAND Mailing address: P. O. BOX 607, DELHI, LA, 71232
Delhi Community Home 422 Hwy 854, DELHI, LA, 71232	Elizabeth Watts	Phone: 3188789017 Email: ewatts@delamhc.com Fax: 3188782585	License: 602 State ID: MR0003131 Originally licensed: 1990-01-04 Effective: 2025-09-01 License issued: 2025-07-22 Expires: 2026-08-31 Parish: RICHLAND Mailing address: P. O. BOX 308, DELHI, LA, 71232
Dickens Group Home 126 College Road, DELHI, LA, 71232	MS Laura Nickelson	Phone: 3188786644 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1043 State ID: MR0007830 Originally licensed: 2008-12-22 Effective: 2026-01-01 License issued: 2025-11-03 Expires: 2026-12-31 Parish: RICHLAND Mailing address: P.O. BOX 607, DELHI, LA, 71232
Gabe White Group Home 128 College Road, DELHI, LA, 71232	Laura Nickelson	Phone: 3188785005 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1044 State ID: MR0007831 Originally licensed: 2009-01-27 Effective: 2026-03-01 License issued: 2026-02-03 Expires: 2027-02-28 Parish: RICHLAND Mailing address: PO BOX 607, DELHI, LA, 71232
Kleibert Group Home 4449 HWY 17, DELHI, LA, 71232	MS Laura Nickelson	Phone: 3188782838 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1669 State ID: MR0010497 Originally licensed: 2010-11-09 Effective: 2025-12-01 License issued: 2025-11-03 Expires: 2026-11-30 Parish: RICHLAND Mailing address: P.O. BOX 607, DELHI, LA, 71232
Madeline Group Home 98 Teer Street, DELHI, LA, 71232	Laura Nickelson	Phone: 3188783559 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1059 State ID: MR0008158 Originally licensed: 2009-08-25 Effective: 2025-09-01 License issued: 2025-06-25 Expires: 2026-08-31 Parish: RICHLAND Mailing address: P. O. BOX 607, DELHI, LA, 71232
Norris Group Home 652 Midway Church Road, DELHI, LA, 71232	Laura Nickelson	Phone: 3188786790 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1663 State ID: MR0008236 Originally licensed: 2010-02-25 Effective: 2026-03-01 License issued: 2026-02-03 Expires: 2027-02-28 Parish: RICHLAND Mailing address: P.O. BOX 607, DELHI, LA, 71232
North Rayville Community Home	Elizabeth Watts	Phone: 3188789017 Email: ewatts@delamhc.com Fax: 3188782585	License: 584 State ID: MR0003111 Originally licensed: 1989-09-18

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
733 Hwy 852, RAYVILLE, LA, 71269			Effective: 2025-09-01 License issued: 2025-07-22 Expires: 2026-08-31 Parish: RICHLAND Mailing address: P. O. BOX 308, DELHI, LA, 71232
Phillips Group Home 606 Midway Church Lane, DELHI, LA, 71232	MS Laura Nickelson	Phone: 3188783001 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1668 State ID: MR0010472 Originally licensed: 2010-09-15 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: RICHLAND Mailing address: P.O. BOX 607, DELHI, LA, 71232
Pilley Group Home 668 Midway Church Lane, DELHI, LA, 71232	Laura Nickelson	Phone: 3188782331 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1664 State ID: MR0008308 Originally licensed: 2010-05-24 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: RICHLAND Mailing address: P. O. BOX 607, DELHI, LA, 71232
Rayville Community Home 45 Stephens Road, RAYVILLE, LA, 71269	Elizabeth Watts	Phone: 3188789017 Email: ewatts@delamhc.com Fax: 3188782585	License: 520 State ID: MR0003057 Originally licensed: 1999-05-31 Effective: 2026-06-01 License issued: 2026-04-14 Expires: 2027-05-31 Parish: RICHLAND Mailing address: P. O. BOX 308, DELHI, LA, 71232
Richland Group Home 596 Midway Church Lane, DELHI, LA, 71232	Laura Nickelson	Phone: 3188783005 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 974 State ID: MR0002858 Originally licensed: 1978-05-01 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: RICHLAND Mailing address: P.O. BOX 607, DELHI, LA, 71232
Schamburger Group Home 40 Carrie May Road, DELHI, LA, 71232	MS Laura Nickelson	Phone: 3188782424 Email: lauranickelson@yahoo.com Fax: 3188788671	License: 1028 State ID: MR0007509 Originally licensed: 2007-11-19 Effective: 2025-12-01 License issued: 2025-11-03 Expires: 2026-11-30 Parish: RICHLAND Mailing address: P.O. BOX 607, DELHI, LA, 71232
Tallulah Community Home 68 Luffey Lane, RAYVILLE, LA, 71269	Elizabeth Watts	Phone: 3188789017 Email: ewatts@delamhc.com Fax: 3188782585	License: 499 State ID: MR0003030 Originally licensed: 1987-11-09 Effective: 2026-07-01 License issued: 2026-05-06 Expires: 2027-06-30 Parish: RICHLAND Mailing address: P. O. BOX 308, DELHI, LA, 71232
Bernice Community Home 308 8th Street, BERNICE, LA, 71222	SHAWNA W CHUMLEY	Phone: 3182857081 Email: schumley1979@gmail.com Fax: 3187773585	License: 2203785745 State ID: MR0003282 Originally licensed: 1995-02-20 Effective: 2026-07-01 License issued: 2026-06-22 Expires: 2027-06-30 Parish: UNION Mailing address: P.O. BOX 548, RUSTON, LA, 71273

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Acadiana Legal Service Corp	Manager	318-699-0191	We serve vulnerable individuals and families facing critical legal challenges without the means to afford an attorney. Each year we strive to meet people where they are by going beyond legal advice to help stabilize families, prevent homelessness, and protect survivors.
Southeast Louisiana Legal Services (SLLS)	Manager	1-844-244-7871	Southeast Louisiana Legal Services (SLLS) provides free, civil legal aid to low-income people throughout southeast Louisiana.
Jackson Parish Legal Aid & Pro Bono Services	Manager	318-352-7220	Compare and research legal aid and pro bono legal service organizations in Jackson Parish, Louisiana on Justia
Free Legal Aid Consultation	Manager	318-252-8539	A fast and free service connecting you with options for legal assistance.

Volunteer and Faith-Based Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Washington Parish Council on Aging	Director	985-752-6869	Washington Parish Council on Aging provides various services to promote independence and improve the overall welfare for seniors in Washington Parish. Our services encompass senior nutrition, medical services, group activities, and assistance with everyday tasks.

Heating Ventilation and Air Conditioning (HVAC)

Organization / Provider	Contact Person	Phone / Email	Services Provided
Southern Air of Monroe	Manager	318-407-3587	AC maintenance, Clean ducts & vents, Ductless heating and AC services, Heating maintenance, HVAC maintenance, Install AC, Install ducts
Faith Heat and Cool	Manager	318-249-5300	AC maintenance, Clean ducts & vents, Ductless heating and AC services, Heating maintenance, HVAC maintenance, Install AC, Install ducts
Albritton Service Co	Manager	318-252-9555	AC maintenance, Clean ducts & vents, Ductless heating and AC services, Heating maintenance, HVAC maintenance, Install AC, Install ducts
Holstead's Air Conditioning & Heating	Manager	318-407-3417	AC maintenance, Clean ducts & vents, Ductless heating and AC services, Heating maintenance, HVAC maintenance, Install AC, Install ducts

Pharmacy/Medication Delivery and Discounts

Organization / Provider	Contact Person	Phone / Email	Services Provided
Farmville Drug Company	Manager	318-368-9711	Recognized as a community social hub and a specialized service provider. It is notably known for the following: The pharmacy provides a range of professional medical services beyond standard prescription refills: Vaccinations: Includes Flu, COVID-19, Pneumonia, Shingles, RSV, and T-DAP. Clinical Services: Birth control prescribing, administration of long-acting injectable and C OVID\flu testing.
Northside Pharmacy	Manager	318-368-8340	
Walmart Pharmacy	Manager	318-368-3280	
Cladwell Drug	Manager	318-502-4032	
The Medicine Cabinet	Manager	318-649-6410	

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
Tender Care Home Health of Tensas Parish, Inc.	Angela Goodman	318-467-5152	The purpose of home health care is to provide medical and personal assistance to individuals in their own homes to help them recover from illness or injury, manage chronic conditions, improve their quality of life, and remain independent for as long as possible. This can include skilled nursing care, rehabilitation like physical or occupational therapy, help with daily activities such as bathing and dressing, and monitoring a patient's condition. The goal is often to avoid hospital stays and prevent or delay the need for long-term care facilities.
Farmerville Nursing and Rehabilitation Center, LLC	Jarvis GilliamAdministrator	318-368-2256	Skilled nursing services are medical care provided by licensed professionals, such as registered nurses and therapists, to manage health conditions and assist with recovery from illness, injury, or surgery. These services require specialized skills and include treatments like wound care, medication management, and intravenous (IV) therapy. Physical, occupational, and speech therapy are also common components of skilled nursing care.
Arbor Lake Skilled Nursing and Rehab Center	Administrator	318-368-3103	Certified Nurse Aide Training Schools
Haven Nursing Center	Administrator	318-649-9825	Residents who require ongoing skilled nursing care live in our Long Term Care households. In Long Term Care, each household consists spacious bedrooms grouped around a shared family-style kitchen, small dining room and living room that are similar to those found in a private

Organization / Provider	Contact Person	Phone / Email	Services Provided
			home and allow the residents a high degree of flexibility to set their own schedules for sleeping and waking, meal times and other activities.

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Louisiana Surgery Center 2480 Hwy 33, RUSTON, LA, 71270	John Moak	Phone: 3182242404 Email: jmoak@louisianasurgerycenter.com Fax: 3182244402	License: 2203786232 State ID: AS0013269 Originally licensed: 2024-05-31 Effective: 2026-05-01 License issued: 2026-03-31 Expires: 2027-04-30 Parish: LINCOLN Mailing address: 2480 HWY 33, RUSTON, LA, 71270
Advanced Surgery Center of Northern Louisiana, LLC 1601 Louisville Avenue, MONROE, LA, 71201	Adam Clampit	Phone: 3189985555 Email: aclampit@uspi.com Fax: 3189981305	License: 2203781475 State ID: AS0011050 Originally licensed: 2013-01-09 Effective: 2026-04-02 License issued: 2026-04-08 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 1601 LOUISVILLE AVENUE, MONROE, LA, 71201
ArkLaMiss Surgery Center, LLC 210 Layton Avenue, Suite 10, MONROE, LA, 71201	James Gordon	Phone: 3188070206 Email: hgordon@lapaincare.com Fax: 3186517422	License: 142 State ID: AS0006765 Originally licensed: 2006-02-06 Effective: 2026-02-01 License issued: 2025-12-03 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 210 LAYTON AVENUE, SUITE 10, MONROE, LA, 71201
Broussard Surgery Institute Inc. 1250 Pecanland Rd. Suite E1, MONROE, LA, 71203	Courtney Gibboney	Phone: 3183872015 Email: courtney@broussardeye.com Fax: 3183872097	License: 124 State ID: AS0001027 Originally licensed: 1988-12-12 Effective: 2026-04-29 License issued: 2026-04-30 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 1250 PECANLAND ROAD, SUITE E1, MONROE, LA, 71203
Endoscopy Center of Monroe, Inc. 316 South Sixth Street, MONROE, LA, 71201	Andrew Waldo	Phone: 3183273107 Email: awaldo@gastromds.com Fax: 3183273110	License: 2203782534 State ID: AS0001026 Originally licensed: 1988-11-08 Effective: 2025-12-01 License issued: 2025-10-09 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 316 SOUTH SIXTH STREET, MONROE, LA, 71201
Endoscopy Center of West Monroe 102 Thomas Rd., Suite 506, WEST MONROE, LA, 71291	Andrew W Waldo IV	Phone: 3183888878 Email: awaldo@gastromds.com Fax: 3183888870	License: 2203785754 State ID: AS0001054 Originally licensed: 1996-07-01 Effective: 2026-01-01 License issued: 2025-10-28 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 102 THOMAS RD., SUITE 506, WEST MONROE, LA, 71291
Surgery Center of West Monroe, LLC	kasey l smalling	Phone: 3183224888 Email:	License: 111 State ID: AS0004253

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
102 Regency Street, WEST MONROE, LA, 71291		klsmalling@eyenela.com Fax: 3183220919	Originally licensed: 2002-05-03 Effective: 2026-05-01 License issued: 2026-04-07 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 102 REGENCY STREET, WEST MONROE, LA, 71291

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BMA Winnsboro 3982 Front Street, WINNSBORO, LA, 71295	Denea (Pam) Black	Phone: 3184353511 Email: denea.black@freseniusmedicalcare.com Fax: 3184354727	License: 034 State ID: ES0001162 Originally licensed: 2003-05-22 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: FRANKLIN Mailing address: 3982 FRONT STREET, WINNSBORO, LA, 71295
Fresenius Medical Care of Ruston 760 S Farmerville Street, RUSTON, LA, 71270	Mia Haney	Phone: 3182558666 Email: clinic4247@fmc-na.com Fax: 3182558604	License: 163 State ID: ES0007069 Originally licensed: 2007-05-01 Effective: 2026-04-01 License issued: 2026-03-28 Expires: 2027-03-31 Parish: LINCOLN Mailing address: 760 S FARMERVILLE STREET, RUSTON, LA, 71270
Lincoln Kidney Center 219 Mills Avenue, RUSTON, LA, 71270	Pam Black	Phone: 3182513730 Email: clinic3865@fmc-na.com Fax: 3182513806	License: 126 State ID: ES0003841 Originally licensed: 2004-04-15 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: LINCOLN Mailing address: 219 MILLS AVENUE, RUSTON, LA, 71270
RCG-Delta 104 Railroad Avenue, DELTA, LA, 71233	Thomas Callahan	Phone: 3186339662 Email: Mike.Callahan@freseniusmedicalcare.com Fax: 3186339663	License: 085 State ID: ES0001134 Originally licensed: 2003-09-11 Effective: 2025-09-01 License issued: 2025-08-28 Expires: 2026-08-31 Parish: MADISON Mailing address: 104 RAILROAD AVENUE, DELTA, LA, 71233
Fresenius Medical Care Morehouse Parish Dialysis 530 Durham Street, BASTROP, LA, 71220	Mia Haney	Phone: 3182813735 Email: Clinic6880@fmc-na.com Fax: 3182813727	License: 184 State ID: ES0004961 Originally licensed: 2005-09-15 Effective: 2026-04-01 License issued: 2026-03-25 Expires: 2027-03-31 Parish: MOREHOUSE Mailing address: 530 DURHAM STREET, BASTROP, LA, 71220
BMA Ouachita Dialysis 102 Thomas Road, Suite 306, WEST MONROE, LA, 71291	Pam Black	Phone: 3188167140 Email: denea.black@freseniusmedicalcare.com Fax: 3182244839	License: 010 State ID: ES0001142 Originally licensed: 2003-03-06 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 102 THOMAS ROAD, SUITE 306, WEST MONROE, LA, 71291
Fresenius Kidney Care Ouachita Home 401 Thomas Road, Suite	Rhonda Zuga	Phone: 3188167140 Email: denea.black@freseniusmedic	License: 2203784856 State ID: ES0012717 Originally licensed: 2021-02-08

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
D, WEST MONROE, LA, 71292		alcare.com Fax: 3182244839	Effective: 2026-02-01 License issued: 2026-01-29 Expires: 2027-01-31 Parish: OUACHITA Mailing address: 401 THOMAS ROAD, SUITE D, WEST MONROE, LA, 71292
Fresenius Medical Care North Monroe 2344 Sterlington Road, MONROE, LA, 71203	Dana Temple	Phone: 3186990001 Email: Dana.Temple@fmc-na.com Fax: 3186990005	License: 188 State ID: ES0003817 Originally licensed: 2003-03-18 Effective: 2026-04-01 License issued: 2026-03-28 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 2344 STERLINGTON ROAD, MONROE, LA, 71203
Fresenius Medical Care South Monroe 1710 Southern Avenue, MONROE, LA, 71202	Dana Temple	Phone: 3184100619 Email: clinic7528@fmc-na.com Fax: 3184100624	License: 206 State ID: ES0010732 Originally licensed: 2012-05-04 Effective: 2026-04-01 License issued: 2026-03-29 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 1710 SOUTHERN AVENUE, MONROE, LA, 71202
Fresenius Medical Care West Monroe 401 Thomas Road Suite C, WEST MONROE, LA, 71292	Dana Temple	Phone: 3183873188 Email: Clinic6866@fmc-na.com Fax: 3183873191	License: 179 State ID: ES0007799 Originally licensed: 2008-09-26 Effective: 2025-09-01 License issued: 2025-08-25 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 401 THOMAS ROAD SUITE C, WEST MONROE, LA, 71292
Northern Louisiana Dialysis Center 711 Wood Street Suite B, MONROE, LA, 71201	Dana Temple	Phone: 3183227565 Email: Clinic1071@fmc-na.com Fax: 3183220387	License: 2203785119 State ID: ES0001088 Originally licensed: 2003-12-30 Effective: 2026-06-01 License issued: 2026-06-01 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 711 WOOD STREET SUITE B, MONROE, LA, 71201
Delhi Dialysis Center 307 Detroit Street, DELHI, LA, 71232	Dana Temple	Phone: 3188789072 Email: clinic1073@fmc-na.Com Fax: 3188789075	License: 117 State ID: ES0001128 Originally licensed: 2004-01-15 Effective: 2026-01-01 License issued: 2025-12-10 Expires: 2026-12-31 Parish: RICHLAND Mailing address: 307 DETROIT STREET, DELHI, LA, 71232
Fresenius Medical Care Richland Parish Dialysis Center 230 Highway 3048, RAYVILLE, LA, 71269	Dana Temple	Phone: 3187289801 Email: clinic6881@fmc-na.com Fax: 3187280366	License: 2203783465 State ID: ES0004967 Originally licensed: 2005-09-15 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: RICHLAND Mailing address: 230 HIGHWAY 3048, RAYVILLE, LA, 71269
Fresenius Medical Care Union Parish 1012 Sterlington Highway, FARMERVILLE, LA, 71241	Dana Temple	Phone: 3183681071 Email: Clinic6867@fmc-na.com Fax: 3183681314	License: 189 State ID: ES0003826 Originally licensed: 2004-05-11 Effective: 2026-04-01 License issued: 2026-03-30 Expires: 2027-03-31 Parish: UNION Mailing address: 1012 STERLINGTON HIGHWAY, FARMERVILLE, LA, 71241

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
BMA Oak Grove Dialysis Center 711 E. Jefferson Street, OAK GROVE, LA, 71263	Dana Temple	Phone: 3184281385 Email: dana.temple@freseniusmedicalcare.com Fax: 3184281285	License: 014 State ID: ES0001167 Originally licensed: 2003-03-20 Effective: 2026-03-01 License issued: 2026-02-27 Expires: 2027-02-28 Parish: WEST CARROLL Mailing address: 711 E. JEFFERSON STREET, OAK GROVE, LA, 71263
Oak Grove Dialysis, LLC 307 N. Castleman Street, Suite 1, OAK GROVE, LA, 71263	Lisa Apperson	Phone: 3184283249 Email: Manager@ogdialysis.com Fax: 3184287547	License: 2203786684 State ID: ES0013392 Originally licensed: 2025-08-21 Effective: 2025-08-21 License issued: 2025-08-21 Expires: 2026-07-31 Parish: WEST CARROLL Mailing address: 307 N. CASTLEMAN STREET, SUITE 1, OAK GROVE, LA, 71263

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Elara Caring 3639 FRONT ST, WINNSBORO, LA, 71295	Jeffrey Benefield	Phone: 3184354366 Email: regulatory@elara.com Fax: 3184354369	License: 2203784522 State ID: HH0001300 Originally licensed: 1989-09-08 Effective: 2025-08-01 License issued: 2025-07-15 Expires: 2026-07-31 Parish: FRANKLIN Mailing address: 3010 LYNDON B. JOHNSON FREEWAY STE 1100, DALLAS, TX, 75234
Home Care TLC 12 Mary Marr Street, Ste A, WINNSBORO, LA, 71295	CARLA HEMPHILL	Phone: 3184354180 Email: homecaretlc2017@gmail.com Fax: 3184354182	License: 2203784983 State ID: HH0001234 Originally licensed: 1984-02-06 Effective: 2025-11-01 License issued: 2025-10-15 Expires: 2026-10-31 Parish: FRANKLIN Mailing address: 12 MARY MARR STREET, STE A, WINNSBORO, LA, 71295
Elara Caring 206 E. Reynolds Ste. D-1, RUSTON, LA, 71270	Jeffery Benefield	Phone: 3182552600 Email: regulatory@elara.com Fax: 3185131013	License: 2203783743 State ID: HH0001285 Originally licensed: 1988-05-20 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: LINCOLN Mailing address: 206 E. REYNOLDS STE. D-1, RUSTON, LA, 71270
Lagniappe Homecare Northern Louisiana 2310 Commons Court, Ste 2W, RUSTON, LA, 71270	MATTHEW WARMACK	Phone: 3182022730 Email: matthewwarmack@centralmanagement.com Fax: 3186563201	License: 2203785664 State ID: HH0001270 Originally licensed: 1986-01-10 Effective: 2025-12-01 License issued: 2025-11-05 Expires: 2026-11-30 Parish: LINCOLN Mailing address: 2310 COMMONS COURT, STE 2W, RUSTON, LA, 71270
Allegiance Home Health of Northeast Louisiana 117 Julia St, Unit #7, WEST MONROE, LA, 71291	Ashley Ables	Phone: 3185162270 Email: cindy.frazier@ahmgt.com Fax: 3185888837	License: 2203784922 State ID: HH0001447 Originally licensed: 1993-05-18 Effective: 2026-03-01 License issued: 2026-01-22 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 117 JULIA ST, UNIT #7, WEST MONROE, LA, 71291

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Alpha Care Home Health, Inc. 1859 Ave of America, Ste A, Bldg #5, MONROE, LA, 71201	MS Jennifer Starns	Phone: 3183237097 Email: cariealpha@aol.com Fax: 3183236833	License: 608 State ID: HH0001413 Originally licensed: 1992-10-29 Effective: 2025-11-01 License issued: 2025-10-10 Expires: 2026-10-31 Parish: OUACHITA Mailing address: 1859 AVE OF AMERICA, STE A, BLDG #5, MONROE, LA, 71201
Best Home Health 801 N. 31st St. Suite 2, MONROE, LA, 71201	John (MEL) Whitworth	Phone: 3183235594 Email: mel@besthh.com Fax: 3183231250	License: 2203786205 State ID: HH0001218 Originally licensed: 1983-04-26 Effective: 2025-12-01 License issued: 2025-11-03 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 2645 O'NEAL LANE, BLDG. A, SUITE A, BATON ROUGE, LA, 70816
CENTERWELL HOME HEALTH 5955 Cypress Street , Unit C and D, WEST MONROE, LA, 71291	JO ANN WHETSTONE	Phone: 3188050106 Email: facilitylicensure@centerwellhomehealth.com Fax: 3188050115	License: 2203781576 State ID: HH0001301 Originally licensed: 1989-10-02 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: OUACHITA Mailing address: 6330 SPRINT PARKWAY, SUITE 300 ATTN: LICENSING DEPT., OVERLAND PARK, KS, 66211
Elara Caring 300 Washington Street, Ste 402C, MONROE, LA, 71201	Jeffery Benefield	Phone: 3183400221 Email: regulatory@elara.com Fax: 3183888531	License: 2203783527 State ID: HH0001317 Originally licensed: 1990-07-11 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: OUACHITA Mailing address: 300 WASHINGTON STREET, STE 402 C, MONROE, LA, 71201
Haven Home Health Inc 4404 Old Sterlington Road Suite 106 & Suite 108, MONROE, LA, 71203	Wende Bruce	Phone: 3183248632 Email: Wende.bruce@haven-health.com Fax: 3183248634	License: 2203783990 State ID: HH0001279 Originally licensed: 1987-03-18 Effective: 2026-05-01 License issued: 2026-04-16 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 4404 OLD STERLINGTON ROAD SUITE 106 & SUITE 108, MONROE, LA, 71203
Louisiana HomeCare of West Monroe 2601 N. 7th Street Suites 600 and 700, WEST MONROE, LA, 71291	Lori Middlebrooks	Phone: 3183960452 Email: LRA@lhcgroup.com Fax: 3183960351	License: 2203786921 State ID: HH0001217 Originally licensed: 1982-12-22 Effective: 2026-03-01 License issued: 2026-03-01 Expires: 2027-02-28 Parish: OUACHITA Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
STAT Home Health North, LLC 2014 Tower Drive, Suite D, MONROE, LA, 71201	Amie Myers	Phone: 3184101344 Email: lmartinez@carpenterhealth.net Fax: 3184101355	License: 2203786485 State ID: HH0001236 Originally licensed: 1983-12-07 Effective: 2026-01-01 License issued: 2025-11-20 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
Serenity Homecare 3602 Cypress Street, Suite A, WEST MONROE, LA, 71291	Belinda Gray	Phone: 3183732273 Email: bgray@serenityhh.net Fax: 3186054657	License: 2203784533 State ID: HH0001332 Originally licensed: 1991-02-26 Effective: 2026-05-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-04-20 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 3602 CYPRESS STREET, SUITE A, WEST MONROE, LA, 71291
St. Francis Medical Center Home Health 1107 Hudson Lane Suite A, MONROE, LA, 71201	Rhonda A Morace	Phone: 3183274500 Email: lra@lhcgroup.com Fax: 3184108879	License: 2203781865 State ID: HH0001221 Originally licensed: 1983-07-28 Effective: 2025-12-01 License issued: 2025-10-23 Expires: 2026-11-30 Parish: OUACHITA Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Supreme Home Health Services, Inc. 1110 Jackson Street, MONROE, LA, 71201	MS Emily B Winston	Phone: 3183235489 Email: cdbenjamin203@aol.com Fax: 3183238602	License: 121 State ID: HH0001223 Originally licensed: 1983-08-09 Effective: 2025-09-01 License issued: 2025-08-21 Expires: 2026-08-31 Parish: OUACHITA Mailing address: P.O. BOX 3145, MONROE, LA, 71210
TruCare Home Health, LLC 3300 Forsythe Ave, Ste A, MONROE, LA, 71201	Matt Lyon	Phone: 3193888826 Email: sbishop@premiermonroe.com Fax: 3182398009	License: 2203785408 State ID: HH0001246 Originally licensed: 1984-06-13 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 1523 TEXAS AVE., BASTROP, LA, 71220
Delhi HomeCare 509 Cincinnati Street, DELHI, LA, 71232	AMY LARAVIA	Phone: 3188785152 Email: lra@lhcgroup.com Fax: 3188789671	License: 984 State ID: HH0001220 Originally licensed: 1983-05-13 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: RICHLAND Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Mangham Home Care, Inc. 714 Broadway Street, MANGHAM, LA, 71259	MS Ida G Gilley	Phone: 3182482797 Email: idagilley20@yahoo.com Fax: 3182483536	License: 377 State ID: HH0001331 Originally licensed: 1991-02-04 Effective: 2026-03-01 License issued: 2026-01-20 Expires: 2027-02-28 Parish: RICHLAND Mailing address: P.O. BOX 427, MANGHAM, LA, 71259
PrimeStar Home Health 1008 Julia St, RAYVILLE, LA, 71269	TIFFANY CASTLEMAN	Phone: 3183298292 Email: tcastleman@psnwla.net Fax: 3184904364	License: 2203784602 State ID: HH0001367 Originally licensed: 1991-04-30 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: RICHLAND Mailing address: 1008 JULIA ST, RAYVILLE, LA, 71269
West Carroll Memorial Hospital Home Health 110 North Front Street, OAK GROVE, LA, 71263	Brittany Sistrunk	Phone: 3184289604 Email: bsistrunk@wchsystems.com Fax: 3184289610	License: 1158 State ID: HH0001244 Originally licensed: 1984-06-08 Effective: 2025-12-01 License issued: 2025-10-20 Expires: 2026-11-30 Parish: WEST CARROLL Mailing address: 110 NORTH FRONT STREET, OAK GROVE, LA, 71263

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Hospice TLC, Inc. 12 Mary Marr St, WINNSBORO, LA, 71295	BOB TEMPLE	Phone: 3184359111 Email: bob@hospicetlc.com Fax: 3184353111	License: 2203784708 State ID: HP0006467 Originally licensed: 2006-01-11 Effective: 2026-05-01 License issued: 2026-04-28 Expires: 2027-04-30 Parish: FRANKLIN Mailing address: PO BOX 1547, WINNSBORO, LA, 71295
ACG Hospice 726 Pershing Hwy, JONESBORO, LA, 71251	LACIE SIMONEAUX	Phone: 3183023001 Email: pamela.duncan@acghospice.com Fax: 3183023004	License: 2203785493 State ID: HP0004408 Originally licensed: 2003-06-16 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: JACKSON Mailing address: 187 B. CHURCH STREET, STE 201, SPARTANBURG, SC, 29306
Allegiance Hospice & Palliative Care 1229 Farmerville Hwy, RUSTON, LA, 71270	AMBER CHILTON	Phone: 3182321107 Email: cindy.frazier@ahmgt.com Fax: 3182321108	License: 2203785389 State ID: HP0004826 Originally licensed: 2005-02-16 Effective: 2026-03-01 License issued: 2026-02-24 Expires: 2027-02-28 Parish: LINCOLN Mailing address: 1229 FARMERVILLE HWY, RUSTON, LA, 71270
Premier Hospice, LLC 1513 Texas Avenue, BASTROP, LA, 71220	Dustin McGowen	Phone: 3185561990 Email: sbishop@premiermonroe.com	License: 169 State ID: HP0004959 Originally licensed: 2005-09-14 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: MOREHOUSE Mailing address: 1523 TEXAS AVENUE, BASTROP, LA, 71220
Ascend Hospice Care, LLC 4404 Old Sterlington Road, Suite 102, MONROE, LA, 71203	Amanda (Mandy) Waggoner	Phone: 3183988190 Email: mwaggoner@ascend.la Fax: 3183988193	License: 2203783995 State ID: HP0010450 Originally licensed: 2010-11-01 Effective: 2026-05-01 License issued: 2026-04-22 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 4404 OLD STERLINGTON ROAD, SUITE 102, MONROE, LA, 71203
Caring Hands Hospice 3602 Cypress Street, Ste B,, WEST MONROE, LA, 71291	Cheryl Minor	Phone: 3185162640 Email: sgremillion@caringhh.net Fax: 3185162635	License: 2203784669 State ID: HP0007319 Originally licensed: 2007-10-18 Effective: 2025-08-01 License issued: 2025-07-17 Expires: 2026-07-31 Parish: OUACHITA Mailing address: 3602 CYPRESS STREET, STE B,, WEST MONROE, LA, 71291
Elara Caring 300 Washington St., Ste. 303, MONROE, LA, 71201	MICHELLE JACKSON	Phone: 3183220049 Email: regulatory@elara.com Fax: 3183220059	License: 2203786092 State ID: HP0006822 Originally licensed: 2006-07-07 Effective: 2025-11-01 License issued: 2025-10-09 Expires: 2026-10-31 Parish: OUACHITA Mailing address: 300 WASHINGTON ST., STE. 303, MONROE, LA, 71201
Heart of Hospice 1816 Glenmar Avenue, Suite 2, MONROE, LA, 71201	SHELLEY MAYEUX	Phone: 3183299300 Email: lra@lhcgroup.com Fax: 3183299658	License: 2203783381 State ID: HP0006769 Originally licensed: 2006-03-16 Effective: 2026-03-01 License issued: 2026-02-18

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-02-28 Parish: OUACHITA Mailing address: P.O.BOX 51266, LAFAYETTE, LA, 70505
Hospice Compassus-Monroe 2003 Tower Drive Unit B, MONROE, LA, 71201	CATHERINE MANASCO	Phone: 3183220062 Email: licensure@compassus.com Fax: 3183223355	License: 2203786833 State ID: HP0003776 Originally licensed: 1999-06-17 Effective: 2026-05-01 License issued: 2026-04-08 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 2003 TOWER DRIVE UNIT B, MONROE, LA, 71201
Louisiana Hospice and Palliative Care 1101 Hudson Lane, Suite D, MONROE, LA, 71201	REBA BRISCOE	Phone: 3183222235 Email: lra@lhcgroup.com Fax: 3184101513	License: 316 State ID: HP0004224 Originally licensed: 2002-01-24 Effective: 2026-06-01 License issued: 2026-06-09 Expires: 2027-05-31 Parish: OUACHITA Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Passages Hospice 1900 Auburn Ave., Ste F, MONROE, LA, 71201	Carlie Day	Phone: 3183871115 Email: Carlie@passages-hospice.com Fax: 8669815917	License: 2203784777 State ID: HP0001780 Originally licensed: 1996-04-16 Effective: 2025-09-01 License issued: 2025-08-28 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 909 ELM STREET, STE. B, MINDEN, LA, 71055
St Joseph Hospice and Palliative Care of Monroe, LLC 1890 Hudson Circle, Suite 3, MONROE, LA, 71201	Kyla M Wines	Phone: 3183872687 Email: lmartinez@stjosephholdings.com Fax: 3183872780	License: 2203782954 State ID: HP0006653 Originally licensed: 2005-12-30 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 10615 JEFFERSON HWY, BATON ROUGE, LA, 70809
Crossroads Hospice, LLC 702 First Street, DELHI, LA, 71232	Monica Odom	Phone: 3188782182 Email: crosshospice@bellsouth.net Fax: 3188782185	License: 2203784149 State ID: HP0007327 Originally licensed: 2007-09-26 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: RICHLAND Mailing address: PO BOX 206, DELHI, LA, 71232

Rural Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Citizens Rural Clinic 554 Collins Road, COLUMBIA, LA, 71418	Steve Barbo RN	Phone: 3186495300 Email: sbarbo@citizensmc.com Fax: 3186495375	License: 188RHC-1 State ID: RH0004312 Originally licensed: 2002-10-16 Effective: 2025-07-20 License issued: 2025-09-12 Expires: 2026-05-31 Parish: CALDWELL Mailing address: P O BOX 1449, COLUMBIA, LA, 71418
Winters Clinic 421 Main Street, COLUMBIA, LA, 71418	MS Shirley Young	Phone: 3186496157 Email: dwilliams@caldwellmemorial.net	License: 113RHC-1 State ID: RH0003342 Originally licensed: 2000-08-24 Effective: 2003-08-01 License issued: 2003-07-21 Expires: 2004-07-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: CALDWELL Mailing address: P. O. BOX 1089, COLUMBIA, LA, 71418
East Carroll Medical Clinic 340 North Hood Street, LAKE PROVIDENCE, LA, 71254	LADONNA ENGLERTH	Phone: 3185592404 Email: lenglerth@ecphosp.com Fax: 3185590909	License: 185RHC-1 State ID: RH0003338 Originally licensed: 2000-08-28 Effective: 2021-07-12 License issued: 2021-07-12 Expires: 2022-02-28 Parish: EAST CARROLL Mailing address: 320 NORTH HOOD STREET, LAKE PROVIDENCE, LA, 71254
Lake Providence Medical Clinic 319 North Hood, LAKE PROVIDENCE, LA, 71254	Dewana Little	Phone: 3185591221 Email: dlittle@wchsystems.com	License: 485RHC-4 State ID: RH0003378 Originally licensed: 2000-03-10 Effective: 2011-12-01 License issued: 2011-11-18 Expires: 2012-11-30 Parish: EAST CARROLL Mailing address: 706 ROSS STREET, OAK GROVE, LA, 71263
Crowville Health Center 5745 Hwy 17, WINNSBORO, LA, 71295	Michael B Kramer	Phone: 3187223333 Email: bkramer@fmc-cares.com Fax: 3184353842	License: 181RHC-4 State ID: RH0011069 Originally licensed: 2012-09-05 Effective: 2012-09-05 License issued: 2012-09-05 Expires: 2014-05-31 Parish: FRANKLIN Mailing address: 2106 LOOP ROAD, WINNSBORO, LA, 71295
Franklin Medical Center RHC Winnsboro 2104-C Loop Road, WINNSBORO, LA, 71295	BLAKE KRAMER	Phone: 3184354571 Email: bkramer@fmc-cares.com Fax: 3184353842	License: 181RHC-3 State ID: RH0004815 Originally licensed: 2005-06-20 Effective: 2007-06-01 License issued: 2006-05-31 Expires: 2008-05-31 Parish: FRANKLIN Mailing address: P.O. BOX 1300, WINNSBORO, LA, 71295
Gilbert Health Center 7645 Gilbert St., GILBERT, LA, 71336	Michael Blake Kramer	Phone: 3184359411 Email: bkramer@fmc-cares.com Fax: 3184359411	License: 181RHC-5 State ID: RH0012671 Originally licensed: 2020-10-02 Effective: 2020-10-02 License issued: 2020-10-05 Expires: 2021-05-30 Parish: FRANKLIN Mailing address: 7645 GILBERT STREET, GILBERT, LA, 71336
Winnsboro Medical Clinic 3326 Front Street, Suite B, WINNSBORO, LA, 71295	Charles Reed, MD	Phone: 3184357333 Email: creedmd@gmail.com Fax: 3184359061	License: 2203786729 State ID: RH0013437 Originally licensed: 2025-09-10 Effective: 2025-09-10 License issued: 2025-09-19 Expires: 2026-08-31 Parish: FRANKLIN Mailing address: P.O. BOX 1350, WINNSBORO, LA, 71295
Wisner Rural Health Clinic 176 Watson, WISNER, LA, 71378	DANIELLE WILLIAMS	Phone: 3186496111 Email: dwilliams@caldwellmemorial.net	License: 113RHC-2 State ID: RH0007134 Originally licensed: 2006-10-01 Effective: 2007-03-01 License issued: 2006-08-28 Expires: 2008-02-28 Parish: FRANKLIN Mailing address: 176 WASTON, WISNER, LA, 71378
Chatham Medical Clinic 804 Chatham Avenue, CHATHAM, LA, 71226	JOHN MORGAN	Phone: 3182493200 Email: jmorgan@jphmd.com	License: 230RHC-3 State ID: RH0010581 Originally licensed: 2011-04-21 Effective: 2010-10-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2011-04-21 Expires: 2011-09-30 Parish: JACKSON Mailing address: 165 BEECH SPRINGS ROAD, JONESBORO, LA, 71251
Chatham Rural Health Clinic 6619 Hwy 34, CHATHAM, LA, 71226	Jessica Thompson	Phone: 3186492743 Email: lisapatrick3@gmail.com Fax: 3182492744	License: 113RHC-4 State ID: RH0010704 Originally licensed: 2012-07-02 Effective: 2015-07-01 License issued: 2015-06-17 Expires: 2016-06-30 Parish: JACKSON Mailing address: P.O. BOX 899, COLUMBIA, LA, 71418
Jackson Parish Hospital Family Care Clinic 107 Watts, JONESBORO, LA, 71251	JOHN MORGAN	Phone: 3183952121 Email: jmorgan@jphmd.com	License: 230RHC-2 State ID: RH0004892 Originally licensed: 2005-05-01 Effective: 2008-10-01 License issued: 2005-08-01 Expires: 2009-09-30 Parish: JACKSON Mailing address: 165 BEECH SPRINGS ROAD, JONESBORO, LA, 71251
Jonesboro Family Care Clinic 121 Watts Street, Suite A,B,E,F, JONESBORO, LA, 71251	JOHN MORGAN	Phone: 3183950521 Email: jmorgan@jphmd.com Fax: 3183950525	License: 230RHC-1 State ID: RH0004969 Originally licensed: 2005-04-27 Effective: 2008-10-01 License issued: 2005-04-27 Expires: 2009-09-30 Parish: JACKSON Mailing address: 187 BEECH SPRINGS ROAD, JONESBORO, LA, 71251
Allegiance Medical Clinic of Ruston 411 East Vaughn Avenue Suite 104, RUSTON, LA, 71270	Kathy Hall	Phone: 3182542589 Email: mlewis@ahmgt.com Fax: 3182553343	License: 2203785811 State ID: RH0013019 Originally licensed: 2023-07-18 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: LINCOLN Mailing address: 411 EAST VAUGHN AVENUE, RUSTON, LA, 71270
Choudrant Primary Care 3845 Elm Street, Suite 3, CHOUDRANT, LA, 71227	Jennifer Juneau	Phone: 3186959200 Email: jenny@choudrantprimarycare.com Fax: 3186959201	License: 2203786728 State ID: RH0013449 Originally licensed: 2025-09-11 Effective: 2025-09-11 License issued: 2025-09-19 Expires: 2026-08-31 Parish: LINCOLN Mailing address: 3845 ELM STREET, SUITE 3, CHOUDRANT, LA, 71227
Quickcare of Ruston 1420 Commerce Street, Suite 1, RUSTON, LA, 71270	Arnold Young	Phone: 3182553762 Email: ayoung@ahmgt.com Fax: 3182552866	License: 2203786951 State ID: RH0012620 Originally licensed: 2020-04-22 Effective: 2026-06-01 License issued: 2026-05-31 Expires: 2026-05-31 Parish: LINCOLN Mailing address: 1200 S FARMERVILLE ST, RUSTON, LA, 71270
Leonard P Neumann, Jr. MD APMCA-Rural Health Clinic 800 Johnson Street, TALLULAH, LA, 71282	DR L P Neumann Jr	Phone: 3185744731 Email: tedt@madisonparishhospital.com Fax: 3185744739	License: 143RHC3 State ID: RH0003354 Originally licensed: 2000-07-31 Effective: 2019-10-01 License issued: 2019-10-08 Expires: 2020-09-30 Parish: MADISON Mailing address: 800 JOHNSON STREET, TALLULAH, LA, 71284
Madison Parish Hospital Rural Health Clinic	Dr. Theodore Topolewski	Phone: 3185745080 Email:	License: 143RHC-4 State ID: RH0004647

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
900 Johnson St., Suite A, TALLULAH, LA, 71282		chasity@madisonparishhospital.com	Originally licensed: 2004-04-20 Effective: 2023-02-27 License issued: 2023-02-22 Expires: 2023-03-31 Parish: MADISON Mailing address: 212 SOUTH CHESTNUT STREET, TALLULAH, LA, 71282
Bastrop Outpatient Rural Health Clinic 370 West Hickory St, BASTROP, LA, 71220	Cathy Perot	Phone: 3182814531 Email: cwaldrop@sterlingtonrehab.com Fax: 3186650379	License: 2203786924 State ID: RH0008000 Effective: 2025-06-01 License issued: 2026-03-01 Expires: 2026-05-31 Parish: MOREHOUSE Mailing address: P. O. BOX 627, STERLINGTON, LA, 71280
Mer Rouge Outpatient Rural Health Clinic 220 W. Davenport, MER ROUGE, LA, 71261	Cathy Perot	Phone: 3182814531 Email: cwaldrop@sterlingtonrehab.com Fax: 3186650379	License: 2203786923 State ID: RH0008266 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: MOREHOUSE Mailing address: P. O. BOX 627, STERLINGTON, LA, 71280
Morehouse Family Medicine Rural Health Clinic 430 South Vine Street, BASTROP, LA, 71220	Derrick Frazier	Phone: 3182833600 Email: derrick.frazier@mghospital.com Fax: 3182833046	License: 167RHC-4 State ID: RH0012563 Originally licensed: 2019-10-23 Effective: 2019-10-23 License issued: 2019-10-23 Expires: 2020-05-31 Parish: MOREHOUSE Mailing address: 430 SOUTH VINE STREET, BASTROP, LA, 71220
Morehouse General Hospital Rural Health Clinic 420 Gunby Avenue, BASTROP, LA, 71220	Stephen Pitts	Phone: 3182833601 Email: derrick.frazier@mghospital.com Fax: 3182833850	License: 167RHC-2 State ID: RH0010645 Originally licensed: 2011-06-30 Effective: 2011-06-01 License issued: 2011-07-27 Expires: 2012-05-31 Parish: MOREHOUSE Mailing address: P. O. BOX 1060, BASTROP, LA, 71221
South Ouachita Clinic 4310 South Grand, Suite 1, MONROE, LA, 71202	William Means	Phone: 3187460420 Email: rehabservices.ap@outlook.com Fax: 3186265429	License: 2203784073 State ID: RH0012419 Originally licensed: 2018-09-28 Effective: 2025-09-01 License issued: 2025-08-11 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 4310 SOUTH GRAND , SUITE 1, MONROE, LA, 71202
Sterlington Outpatient Rural Health Clinic 10374 Highway 165, STERLINGTON, LA, 71280	Cathy M. Perot	Phone: 3186654543 Email: cwaldrop@sterlingtonrehab.com	License: 2203786922 State ID: RH0004064 Originally licensed: 2001-05-03 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: OUACHITA Mailing address: P. O. BOX 627, STERLINGTON, LA, 71280
West Ouachita Family Medicine, L L C 3057 Highway 80 W., CALHOUN, LA, 71225	Alan R. Hancock	Phone: 3186445838 Email: ahancock@comcast.net Fax: 3186445836	License: 2203783685 State ID: RH0012294 Originally licensed: 2017-12-20 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 3057 HIGHWAY 80 W., CALHOUN, LA, 71225

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Delhi Rural Health Clinic 508 Broadway Street, DELHI, LA, 71232	Michael W. Carroll	Phone: 3188783737 Email: admin@delhihospital.com	License: 119RHC-1 State ID: RH0003329 Originally licensed: 2000-07-11 Effective: 2004-07-01 License issued: 2004-06-18 Expires: 2005-06-30 Parish: RICHLAND Mailing address: 508 BROADWAY STREET, DELHI, LA, 71232
Family Care Clinic 107 Lela Street, MANGHAM, LA, 71259	Donna Roberts	Phone: 3182484100 Email: drobertsfcc@centurylink.net Fax: 3182484103	License: 2203781768 State ID: RH0011033 Originally licensed: 2012-09-12 Effective: 2025-09-01 License issued: 2025-08-25 Expires: 2026-08-31 Parish: RICHLAND Mailing address: 107 LELA STREET, MANGHAM, LA, 71259
Northeast Louisiana Health Center 256 Highway 3048, RAYVILLE, LA, 71269	James W Barrett Jr	Phone: 3187282046 Email: jamesb@richardsonmed.org Fax: 3187289371	License: 211RHC-3 State ID: RH0003327 Originally licensed: 2000-06-19 Effective: 2016-04-25 License issued: 2016-06-07 Expires: 2016-07-31 Parish: RICHLAND Mailing address: P. O. BOX 388, RAYVILLE, LA, 71269
Rayville Family Clinic 1962 Julia Street, RAYVILLE, LA, 71269	Tracy Morris	Phone: 3187288833 Email: Ben@rayvillefamily.com Fax: 3187288940	License: 157 State ID: RH0010595 Originally licensed: 2011-07-05 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: RICHLAND Mailing address: 1962 JULIA STREET, RAYVILLE, LA, 71269
Start Community Clinic, LLC 5975 Federal Hwy 80, RAYVILLE, LA, 71269	MR Andrew Adams	Phone: 3187284368 Email: jbennettaprn@yahoo.com Fax: 3187284397	License: 211RHC-2 State ID: RH0007707 Originally licensed: 2008-07-08 Effective: 2014-06-19 License issued: 2014-06-19 Expires: 2015-05-31 Parish: RICHLAND Mailing address: P. O. BOX 367, START, LA, 71279
The Medical Office of Mangham 261 Highway 132, MANGHAM, LA, 71259	Robin Hemphill	Phone: 3182485807 Email: robynhemphill@monroesurgical.com Fax: 3182482967	License: 2203786769 State ID: RH0012610 Originally licensed: 2020-03-09 Effective: 2026-01-01 License issued: 2025-11-04 Expires: 2026-12-31 Parish: RICHLAND Mailing address: 261 HIGHWAY 132, MANGHAM, LA, 71259
Franklin Medical Center RHC - St. Joseph 448 Newton Street, ST JOSEPH, LA, 71366	Blake Kramer	Phone: 3187668506 Email: bkramer@fmc-cares.com	License: 181RHC-2 State ID: RH0004878 Originally licensed: 2005-09-14 Effective: 2004-06-01 License issued: 2004-06-01 Expires: 2005-05-31 Parish: TENSAS Mailing address: P.O. BOX 1300, WINNSBORO, LA, 71295
Franklin Medical Center RHC-Tensas 104 Verona Street, NEWELLTON, LA, 71357	BLAKE Kramer	Phone: 3184679949 Email: bkramer@fmc-cares.com Fax: 3184353842	License: 181RHC-1 State ID: RH0003350 Originally licensed: 2000-06-30 Effective: 2004-05-01 License issued: 2004-05-20 Expires: 2005-05-30 Parish: TENSAS

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P. O BOX 608, NEWELLTON, LA, 71357
Darbonne Health Care Clinic 206 Boots Drive, FARMERVILLE, LA, 71241	Jeff Combetta, MD	Phone: 3186200467 Email: DarbonneHCClinic@yahoo.com Fax: 3186200469	License: 2203784088 State ID: RH0012421 Originally licensed: 2018-10-04 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: UNION Mailing address: 206 BOOTS DRIVE, FARMERVILLE, LA, 71241
Reeves Memorial Medical Center- RHC 100 Medical Park Drive, Suite A, BERNICE, LA, 71222	DAVID CASTON	Phone: 3182859066 Email: david.caston@reevesmemorial.com	License: 2203787060 State ID: RH0003328 Originally licensed: 2000-08-07 Effective: 2026-02-01 License issued: 2026-05-11 Expires: 2026-07-31 Parish: UNION Mailing address: P. O. BOX 302, BERNICE, LA, 71222
Union General Rural Health Clinic 1025 Marion Highway, FARMERVILLE, LA, 71241	Dianne Davidson	Phone: 3183689745 Email: ddavidson@uniongen.org	License: 146RHC-1 State ID: RH0004082 Originally licensed: 2001-07-16 Effective: 2004-07-01 License issued: 2004-06-18 Expires: 2005-06-30 Parish: UNION Mailing address: P O BOX 700, FARMERVILLE, LA, 71241
Community Medical Clinic 712 Settoon Street, OAK GROVE, LA, 71263	Dr. Fakhre Fakhre	Phone: 3184282341 Email: cmc@wchsystems.com Fax: 3184284019	License: 485RHC-1 State ID: RH0003326 Originally licensed: 2000-05-22 Effective: 2008-12-01 License issued: 2003-11-21 Expires: 2009-11-30 Parish: WEST CARROLL Mailing address: 706 ROSS STREET, OAK GROVE, LA, 71263
Oak Grove Medical Clinic 708 East Main, OAK GROVE, LA, 71263	Dewana Little	Phone: 3184283200 Email: dlittle@wchsystems.com	License: 485RHC-3 State ID: RH0003369 Originally licensed: 2000-06-30 Effective: 2010-12-01 License issued: 2010-11-19 Expires: 2011-11-30 Parish: WEST CARROLL Mailing address: 706 ROSS STREET, OAK GROVE, LA, 71263
West Carroll Medical Clinic 502 Ross Street, OAK GROVE, LA, 71263	Dewana Little	Phone: 3184282358 Email: dlittle@wchsystems.com Fax: 3184282350	License: 485RHC-2 State ID: RH0003372 Originally licensed: 2000-09-06 Effective: 2010-12-01 License issued: 2010-11-19 Expires: 2011-11-30 Parish: WEST CARROLL Mailing address: 706 ROSS STREET, OAK GROVE, LA, 71263

Hospitals

Organization / Provider	Contact Person	Phone / Email	Services Provided
Union General Hospital	Office Manager	318-368-6522	Hospitals often serve vulnerable populations and strive to make healthcare accessible regardless of a person's ability to pay, working to address social determinants of health and ensure equitable outcomes. In essence, hospitals are complex institutions

Organization / Provider	Contact Person	Phone / Email	Services Provided
			dedicated to improving the health and well-being of individuals and communities by providing comprehensive medical services and advancing the field of medicine.
Jackson Parish Hospita	Office Manager	318-259-4435	A hospital's primary role is to provide diagnostic and therapeutic services for medical conditions, including emergency and inpatient care, with an organized staff and continuous nursing services. Hospitals also serve as centers for medical research and teaching, manage public health issues like disaster response and evidence collection, and play a crucial role in their communities by providing a wide range of health services and support.
Caldwell Memorial Hospital	Office Manager	318-649-6111	Hospitals act as comprehensive care facilities that provide a range of medical services—from emergency response to specialized treatments. They play a crucial role in ensuring citizens have access to necessary medical care, often serving as the first point of contact in urgent situations.
Jackson Parish Hospital	Office Manager	318-259-4435	The main purpose of a hospital is to provide medical care, including diagnosis, treatment, and therapy for a wide range of illnesses and injuries. Beyond patient care, hospitals also serve as centers for research, training healthcare professionals, and supporting public health initiatives. They offer specialized equipment and facilities for both emergency and long-term care, acting as crucial hubs in the overall health system.
St Mary Medical Center	Office Manager	318-626-4300	The main use of a hospital is to provide diagnostic and therapeutic services for medical conditions, offering medical and nursing care for both acute and chronic illnesses. Hospitals are equipped with organized staff, including doctors and registered nurses, and specialized facilities to treat a wide range of health problems, from injuries and emergencies to complex diseases, and to care for patients during recovery.
Glenwood Regional Medical Center	Office Manager	318-329-4200	A hospital's primary role is to provide diagnostic and therapeutic services for medical conditions, including emergency and inpatient care, with an organized staff and continuous nursing services. Hospitals also serve as centers for medical research and teaching, manage public health issues like disaster response and evidence collection, and play a crucial role in their communities by providing a wide range of health services and support.
Delhi Hospital	Office Manager	318-878-5171	A hospital's mission statement is a short, clear declaration of its purpose, outlining the fundamental reason for its existence and its core commitments. It serves as a guiding principle for the organization's decisions and actions, communicates its goals to staff and the community, and helps align everyone

Organization / Provider	Contact Person	Phone / Email	Services Provided
			toward a shared vision of providing patient-centered, high-quality care.
Richardson Medical Center	Office Manager	318-728-4181	It states what the hospital aims to do and for whom. For example, one mission is to "inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research," notes ClearPoint Strategy. It can summarize the hospital's commitment to a higher vision, such as providing "patient-centered healthcare with excellence in quality, service, and access".
Franklin Medical Center	Office Manager	318-435-9411	The hospital's mission, vision, and values are the core of the hospital's culture and the most profound expression of the hospital's culture. Although there have been many comparative studies on the mission, vision and values of organizations in the past, there have been few studies on the mission, vision and values of hospitals in the healthcare field. The purpose is to understand how the world's top hospitals develop the use of mission, vision and values in their "day-to-day management" and this may help other hospitals to develop their mission, vision and value effectively.
East Carroll Parish Hospital	Office Manager	318-559-4023	The main purpose of a hospital is to provide medical care, including diagnosis, treatment, and therapy for a wide range of illnesses and injuries. Beyond patient care, hospitals also serve as centers for research, training healthcare professionals, and supporting public health initiatives. They offer specialized equipment and facilities for both emergency and long-term care, acting as crucial hubs in the overall health system.
West Carroll Memorial	Office Manager	318-428-32378	Patient care: Provide diagnostic, therapeutic, and nursing services for medical conditions, ranging from urgent emergencies to complex illnesses. Treatment and healing: Treat sickness and injury, and care for patients during their recovery process. Support for other providers: Assist other healthcare providers in the community. Research: Conduct clinical research to advance medical knowledge. Education: Train future doctors, nurses, and other healthcare professionals.

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Caldwell Memorial Hospital 411 Main Street, COLUMBIA, LA, 71418	Deborah Bailes	Phone: 3186496111 Email: dbailes@caldwellmemorial.net Fax: 3186495094	License: 113 State ID: HO0001673 Originally licensed: 1996-06-15 Effective: 2026-03-01 License issued: 2026-01-06 Expires: 2027-02-28 Parish: CALDWELL Mailing address: P. O. BOX 899, COLUMBIA, LA, 71418

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
Citizens Medical Center 7939 U.S. Hwy 165 South, COLUMBIA, LA, 71418	MR Steve Barbo	Phone: 3186496106 Email: sbarbo@citizensmc.com Fax: 3186492080	License: 188 State ID: HO0001670 Originally licensed: 1980-01-23 Effective: 2026-06-01 License issued: 2026-05-22 Expires: 2027-05-31 Parish: CALDWELL Mailing address: POST OFFICE BOX 1079, COLUMBIA, LA, 71418
East Carroll Parish Hospital 336 North Hood Street, LAKE PROVIDENCE, LA, 71254	MS Ladonna Englerth	Phone: 3185594023 Email: lenglerth@ecphosp.com Fax: 3185591409	License: 185 State ID: HO0001686 Originally licensed: 1963-03-05 Effective: 2026-03-01 License issued: 2026-02-23 Expires: 2027-02-28 Parish: EAST CARROLL Mailing address: 336 NORTH HOOD STREET, LAKE PROVIDENCE, LA, 71254 Already listed elsewhere in this region; license details supplied here
Franklin Medical Center 2106 Loop Road, WINNSBORO, LA, 71295	Blake Kramer	Phone: 3184359411 Email: bkramer@fmc-cares.com Fax: 3184353842	License: 181 State ID: HO0001644 Originally licensed: 1970-04-17 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: FRANKLIN Mailing address: P.O. BOX 1300, WINNSBORO, LA, 71295 Already listed elsewhere in this region; license details supplied here
Jackson Parish Hospital 165 Beech Springs Road, JONESBORO, LA, 71251	John ` Morgan	Phone: 3182594435 Email: jmorgan@jphmd.com Fax: 3183954259	License: 230 State ID: HO0001614 Originally licensed: 1963-03-05 Effective: 2025-10-01 License issued: 2025-09-03 Expires: 2026-09-30 Parish: JACKSON Mailing address: 165 BEECH SPRINGS ROAD, JONESBORO, LA, 71251 Already listed elsewhere in this region; license details supplied here
Northern Louisiana Medical Center 401 East Vaughn Avenue, RUSTON, LA, 71270	Monica Adams	Phone: 3182542100 Email: mlewis@ahmgt.com Fax: 3182542728	License: 2203784684 State ID: HO0001615 Originally licensed: 1963-03-05 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: LINCOLN Mailing address: 401 EAST VAUGHN AVENUE, RUSTON, LA, 71270
Serenity Springs Specialty Hospital 1495 Frazier Road, RUSTON, LA, 71270	Adrian Williams	Phone: 3182023860 Email: ceo@serenityhospital.com Fax: 3182025953	License: 2203781870 State ID: HO0004841 Originally licensed: 2005-02-25 Effective: 2025-11-01 License issued: 2025-10-20 Expires: 2026-10-31 Parish: LINCOLN Mailing address: 2404 DUVAL DRIVE, MONROE, LA, 71201
Madison Parish Hospital 900 Johnson Street, TALLULAH, LA, 71282	Satira Perry	Phone: 3185742374 Email: sperry@madisonparishhospital.com Fax: 3185742396	License: 143 State ID: HO0001654 Originally licensed: 1963-03-18 Effective: 2026-04-01 License issued: 2026-03-03 Expires: 2027-03-31 Parish: MADISON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 1559, TALLULAH, LA, 71282
Freedom Behavioral Hospital of Bastrop 4673 Eugene Ware Blvd., BASTROP, LA, 71220	Jordan Guillot	Phone: 3182812448 Email: bastropadmin@freed.com Fax: 3182815445	License: 2203784798 State ID: HO0004955 Originally licensed: 2005-09-22 Effective: 2026-05-01 License issued: 2026-04-07 Expires: 2027-04-30 Parish: MOREHOUSE Mailing address: 4673 EUGENE WARE BLVD., BASTROP, LA, 71220
Morehouse General Hospital 323 West Walnut, BASTROP, LA, 71220	James ` Barrett	Phone: 3182833600 Email: james.barrett@mghospital.com Fax: 3182833663	License: 167 State ID: HO0001632 Originally licensed: 1964-06-09 Effective: 2026-06-01 License issued: 2026-06-08 Expires: 2027-05-31 Parish: MOREHOUSE Mailing address: POST OFFICE BOX 1060, BASTROP, LA, 71221
Sterlington Rehabilitation Hospital 323 West Walnut Avenue, 1st Floor, BASTROP, LA, 71220	Cathy Waldrop	Phone: 3182814531 Email: cwaldrop@sterlingtonrehab.com Fax: 3186650379	License: 2203787073 State ID: HO0004156 Originally licensed: 2001-11-21 Effective: 2026-06-02 License issued: 2026-06-04 Expires: 2027-05-31 Parish: MOREHOUSE Mailing address: P. O. BOX 627, STERLINGTON, LA, 71280
CORNERSTONE SPECIALTY HOSPITALS WEST MONROE 6198 Cypress Street, WEST MONROE, LA, 71291	MR Robert C Simpson	Phone: 3183965600 Email: csimpson@vistahospitals.com Fax: 3183962999	License: 2203786832 State ID: HO0004194 Originally licensed: 2002-01-01 Effective: 2026-07-01 License issued: 2026-06-29 Expires: 2027-06-30 Parish: OUACHITA Mailing address: 211 S. STATE COLLEGE BLVD, SUITE 10212, ANAHEIM, CA, 92806
FMOL Health | St. Francis 309 Jackson Street, MONROE, LA, 71201	THOMAS GULLATT, MD	Phone: 3189664000 Email: Thomas.Gullatt@fmolhs.org Fax: 3189664142	License: 157 State ID: HO0001637 Originally licensed: 1963-07-03 Effective: 2026-02-24 License issued: 2026-02-24 Expires: 2026-09-30 Parish: OUACHITA Mailing address: P. O. BOX 1901, MONROE, LA, 71210
Freedom Behavioral Hospital of Monroe 4402 Sterlington Road, MONROE, LA, 71203	Me'Chelle Allen	Phone: 3189664686 Email: monroeadmin@freedombehavioral.com Fax: 3189667720	License: 2203783316 State ID: HO0006881 Originally licensed: 2006-06-20 Effective: 2026-05-01 License issued: 2026-04-20 Expires: 2027-04-30 Parish: OUACHITA Mailing address: 4402 STERLINGTON ROAD, MONROE, LA, 71203
GBC Behavioral Health 1001 N. 11th Street, MONROE, LA, 71201	Benn Pitts	Phone: 3183976680 Email: bpitts@gbc.la Fax: 3183976618	License: 2203786353 State ID: HO0013302 Originally licensed: 2024-09-09 Effective: 2025-09-01 License issued: 2026-08-13 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 1001 N. 11TH STREET, MONROE, LA, 71201
Glenwood Regional Medical Center 503 McMillan Road, WEST MONROE, LA, 71291	Mark Boersma	Phone: 3183294200 Email: mark.boersma@hsahospitals.com Fax: 3183294710	License: 2203786489 State ID: HO0001656 Originally licensed: 1964-01-07 Effective: 2026-04-14 License issued: 2026-04-23

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-09-30 Parish: OUACHITA Mailing address: 503 MCMILLAN ROAD, WEST MONROE, LA, 71291 Already listed elsewhere in this region; license details supplied here
Monroe Surgical Hospital 2408 Broadmoor Blvd., MONROE, LA, 71201	Robyn Hemphill	Phone: 3184100002 Email: robynhemphill@monroesurgical.com Fax: 3184101960	License: 2203785791 State ID: HO0004272 Originally licensed: 2002-06-05 Effective: 2026-01-01 License issued: 2025-11-12 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 2408 BROADMOOR BLVD., MONROE, LA, 71201
Ochsner LSU Health Monroe 4864 Jackson Street, MONROE, LA, 71202	MARK RANDOLPH	Phone: 3183307515 Email: Mark.Randolph@ochsner.org Fax: 3183307591	License: 2203782025 State ID: HO0001579 Originally licensed: 1970-11-02 Effective: 2026-03-20 License issued: 2026-06-03 Expires: 2026-09-30 Parish: OUACHITA Mailing address: 4864 JACKSON STREET, MONROE, LA, 71202
Riverbend Rehabilitation Hospital 4310 South Grand Street, MONROE, LA, 71202	WILLIAM MEANS	Phone: 3186548300 Email: kylejacob@outlook.com Fax: 3186548333	License: 2203781897 State ID: HO0003900 Originally licensed: 2000-06-14 Effective: 2026-06-01 License issued: 2026-04-29 Expires: 2027-05-31 Parish: OUACHITA Mailing address: P. O. BOX 2063, MONROE, LA, 71202
Specialty Hospital 309 Jackson Street, 7th Floor, MONROE, LA, 71201	Cleta Munholland	Phone: 3189664126 Email: Cleta.Munholland@lhcgroup.com Fax: 3189667031	License: 688 State ID: HO0001707 Originally licensed: 1994-07-20 Effective: 2026-06-01 License issued: 2026-05-13 Expires: 2027-05-31 Parish: OUACHITA Mailing address: 1000 CHINABERRY DR, STE200,, BOSSIER CITY, LA, 71111
Richardson Medical Center 254 Highway 3048, RAYVILLE, LA, 71269	James W Barrett, Jr	Phone: 3187284181 Email: karlb@richardsonmed.org Fax: 3187288107	License: 211 State ID: HO0001652 Originally licensed: 1971-07-29 Effective: 2026-08-01 License issued: 2026-06-29 Expires: 2027-07-31 Parish: RICHLAND Mailing address: POST OFFICE BOX 388, RAYVILLE, LA, 71269 Already listed elsewhere in this region; license details supplied here
Richland Parish Hospital-Delhi 407 Cincinnati Street, DELHI, LA, 71232	MILDRED (JINGER GREER (INTERIM	Phone: 3188785171 Email: admin@delhihospital.com Fax: 3188786427	License: 119 State ID: HO0004964 Originally licensed: 1971-02-15 Effective: 2026-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: RICHLAND Mailing address: 407 CINCINNATI STREET, DELHI, LA, 71232
Reeves Memorial Medical Center 100 Medical Park Drive, BERNICE, LA, 71222	DAVID CASTON	Phone: 3182859066 Email: David.Caston@reevesmemorial.com Fax: 3182857234	License: 2203786939 State ID: HO0006648 Originally licensed: 1970-07-29 Effective: 2026-02-01 License issued: 2026-05-11 Expires: 2026-07-31 Parish: UNION

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: POST OFFICE BOX 697, BERNICE, LA, 71222
Union General Hospital 901 James Avenue, FARMERVILLE, LA, 71241	Dianne Davidson	Phone: 3183689751 Email: ddavidson@uniongen.org Fax: 3183688270	License: 146 State ID: HO0001661 Originally licensed: 1975-04-04 Effective: 2026-05-01 License issued: 2026-04-08 Expires: 2027-04-30 Parish: UNION Mailing address: P. O. BOX 398, FARMERVILLE, LA, 71241 Already listed elsewhere in this region; license details supplied here
West Carroll Memorial Hospital 706 Ross Street, OAK GROVE, LA, 71263	Raymond Morris	Phone: 3184283237 Email: mhibbard@wchsystems.com Fax: 3184283230	License: 485 State ID: HO0001613 Originally licensed: 1966-02-02 Effective: 2026-01-01 License issued: 2025-11-10 Expires: 2026-12-31 Parish: WEST CARROLL Mailing address: 706 ROSS ST., OAK GROVE, LA, 71263

Law Enforcement

Organization / Provider	Contact Person	Phone / Email	Services Provided
UNION PARISH	Sheriff Dusty Gates	318-368-3124	Patrol and respond to emergencies in areas not served by municipal police Investigate crimes and apprehend suspects, Serve criminal and civil warrants, Respond to traffic accidents and enforce traffic laws, Assist in search and rescue operations, Court and jail operations, Maintain security for courthouses and courtrooms, Operate the county jail and manage inmates. Provide security for judges, jurors, and witnesses, Transport prisoners, including for extradition.
TENSAS PARISH	Sheriff Robert L. "Rob" Rushing	318-766-3499	Civil process, Serve civil papers like summonses and subpoenas, Execute court orders, such as evictions and property seizures, Enforce court orders and seize property as directed by the court, Other duties Respond to public nuisances and safety matters, Handle specific services like handgun permits or title inspections, depending on the jurisdiction Oversee the daily operations of the Sheriff's Office and monitor personnel.
OUACHITA PARISH	Sheriff Marcus "Marc" Mashaw	318-324-2551	The duties and responsibilities of a sheriff in the United States vary by state and county, but generally encompass three main areas: law enforcement, court services, and jail administration. The sheriff is typically the chief law enforcement officer of the county and is an elected official, accountable directly to the citizens.
MOREHOUSE PARISH	Sheriff Mike Tubbs	318-281-4141	Law Enforcement: Sheriffs and their deputies are responsible for preserving the peace and enforcing state and local laws within the entire county, concentrating their patrol and investigative functions primarily on unincorporated areas that lack a municipal police department. Specific duties include:

Organization / Provider	Contact Person	Phone / Email	Services Provided
			Patrolling and responding to emergency calls and incidents. Investigating crimes, gathering evidence, and making arrests. Enforcing traffic laws and investigating vehicle accidents. Coordinating search and rescue operations and disaster responses. Working with other agencies (police, state, and federal) on investigation and task forces.
JACKSON PARISH	Sheriff Brent Barnett	318-259-9021	Sheriffs' offices serve as the executive arm of the county court system. These duties include: Providing security for courthouses, judges, juries, and witnesses. Serving civil and criminal legal documents such as subpoenas, summonses, warrants, and eviction notices. Transporting inmates to and from court proceedings, correctional facilities, and medical facilities. Executing court orders, which may involve seizing and selling property to satisfy judgments or unpaid debts.
LINCOLN PARISH	Sheriff Stephen Williams	318-251-5111	Jail Administration: In most counties, the sheriff has the charge and custody of the county jail and the inmates confined therein. This responsibility involves: Managing and maintaining secure and humane detention facilities. Supervising inmates and ensuring their well-being and safety. Overseeing the booking and processing of new arrestees.
FRANKLIN PARISH	Sheriff Bryan Linder	318-435-4505	The sheriff provides overall leadership to the department, including hiring, training, and supervising staff. Budget Management: Sheriffs are responsible for managing their department's budget and allocating resources efficiently. Community Engagement: As an elected official, the sheriff often works closely with the community through outreach programs, public safety education, and community meetings to build positive relationships and address concerns.
EAST CARROLL PARISH	Sheriff Wydette Williams	318-559-2800	The duties and responsibilities of a sheriff in the United States vary by state and county, but generally encompass three main areas: law enforcement, court services, and jail administration. The sheriff is typically the chief law enforcement officer of the county and is an elected official, accountable directly to the citizens.
WEST CARROLL PARISH	Sheriff Scott Mathews	318-428-2331	Law Enforcement: Sheriffs and their deputies are responsible for preserving the peace and enforcing state and local laws within the entire county, concentrating their patrol and investigative functions primarily on unincorporated areas that lack a municipal police department. Specific duties include: Patrolling and responding to emergency calls and incidents. Investigating crimes, gathering evidence, and making arrests. Enforcing traffic laws and investigating vehicle accidents. Coordinating search and rescue operations and disaster responses. Working with other agencies (police, state, and federal) on investigations and task forces.

Organization / Provider	Contact Person	Phone / Email	Services Provided
MADISON PARISH	Sheriff Chad Ezell	318-574-1831	As a citizen you can depend on the Sheriff's Office to help make a community that is safe and trouble free. But to be truly effective, a Sheriff's Office depends on your cooperation. Crime and accidents result in the great costs of lives, money, and pain. The Sheriff's Office is working hard to protect you from these dangers. Your support is vital in the Sheriff's efforts to prevent and solve crimes, eliminate hazards in and around the community, keep the courts and jails running efficiently, and keep traffic moving smoothly and safely.
CALDWELL PARISH	Sheriff Clay Bennett	318-649-2345	Sheriffs help to control crime and traffic with specialized DUI enforcement programs, and drug and alcohol awareness programs. In some counties boating patrol on waterways and lakes is also provided. Many of these programs use federal funds or are joint ventures with other agencies. Sheriffs are part of our communities, interacting with adults and students alike. Programs include: Neighborhood Watch, School Resource Officer Program, Junior Police Academies, and public exhibitions.

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
Caldwell Parish	Daniel Ferguson	(318) 348-9727/ferguson.dniel77@yahoo.com	A coroner's primary duties are to investigate deaths that are sudden, unexpected, or suspicious to determine the cause and manner of death. This includes identifying the deceased, collecting evidence at the scene, arranging for autopsies, completing death certificates, and notifying the next of kin. Coroners work alongside law enforcement and medical experts, and they may be required to testify in court regarding their findings.
Jackson Parish	David "Hoot" Caskey	318--259-2764	Investigate deaths: Respond to death scenes, especially those that are violent, accidental, or suspicious, to make an initial assessment. Determine cause and manner of death: Officially determine the medical cause of death and the manner (e.g., natural, accidental, suicide, homicide). Identify the deceased: Establish the identity of the deceased through various means.
Lincoln Parish	James "Mike" Belue, M.D.	318-243-4398	Supervise autopsies: Order and, in some cases, perform autopsies and toxicological tests to

Organization / Provider	Contact Person	Phone / Email	Services Provided
			understand the cause of death. Collect and preserve evidence: Secure and document evidence at the death scene, including physical evidence, samples, and witness statements.
Morehouse Parish	Lisa Post, MD	318-282-8115	Coordinate investigations: Work with law enforcement, medical examiners, and other experts to gather all necessary information. Notify next of kin: Inform the deceased's family of their death.
Union Parish	Leah Harris	318-3156 ext 215	Complete official documents: Fill out and sign death certificates with the final cause and manner of death. Maintain records: Keep detailed records of investigations and findings. Provide testimony: Testify in court about the findings of their investigation.
Ouachita Parish	Marshall V. Sanson, MD	318-327-1362	Coroners serve a critical function at the intersection of public safety, law, and medicine. Their specific responsibilities can vary by jurisdiction, as some US states use a coroner system while others use a medical examiner system, or a combination of both.
West Carroll Parish	Melissa A. Stewart	318-206-8616	Cause and Manner of Death Determination: Determining the medical cause of death (the injury or disease that resulted in death) and the manner of death (classifying it as natural, accident, suicide, homicide, or undetermined). Medical and Forensic Coordination: Ordering and coordinating autopsies, toxicology tests, X-rays, and other scientific studies (e.g., bacteriology, pathology, anthropology) performed by specialists and forensic pathologists.
East Carroll Parish	Lisa Holt	318-418-1142	Evidence Collection and Preservation: Collecting evidence from the body and the scene, ensuring the chain of custody is secure, and working with law enforcement on the investigation. Documentation and Record Keeping: Creating and maintaining detailed reports, recording findings, and filing all documentation.
Richland Parish	Matthew Prine M.D.	318-728-2046/318-282-2400	Death Certification: Completing and signing the medical portion of the official death certificate, which is necessary for burial or cremation permits and for families to obtain insurance benefits. Next of Kin Notification:

Organization / Provider	Contact Person	Phone / Email	Services Provided
			Notifying the legal next of kin of the death, often in person, with sensitivity and compassion.
Franklin Parish	Joel Eldridge, D.O.	318-435-8351	Collaboration and Testimony: Working closely with law enforcement agencies, funeral directors, medical professionals, and other experts. They are often required to testify in court proceedings or at inquests to present their findings. Public Safety Recommendations: In some cases, coroners may make recommendations to government agencies to improve public health and safety and prevent similar future deaths
Madison Parish	Thomas A. Neumann, M.D.	318-574-9090	In some jurisdictions, the coroner may also have unique legal powers, such as the ability to issue subpoenas, issue arrest warrants, or even arrest the county sheriff under specific circumstances, serving as a check on local authority.
Tensas	J. David McEacharn	318-372-7277	In some jurisdictions, the jury may issue recommendations aimed at preventing similar deaths in the future, particularly in cases involving public health or safety concerns, though these recommendations are not legally binding.

Veteran Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Union Parish	Sarah Thomas	318-368-3271	The U.S. Department of Veterans Affairs (VA) is a Cabinet-level executive branch department responsible for providing a wide range of services and benefits to eligible military veterans, their families, caregivers, and survivors. Its mission is "to care for those who have served in our nation's military and for their families, caregivers, and survivors".
Ouachita Parish	Daniel Mabry	318-362-5137	The VA is organized into three main administrations to carry out its functions: Veterans Health Administration (VHA): The VHA is the largest integrated health care network in the U.S., operating hospitals, clinics, and community living centers. It provides comprehensive medical care, including preventive services, mental health care, specialty treatments (e.g., cancer, orthopedics, and physical therapy), prescriptions, and long-term care. The VHA is also a major

Organization / Provider	Contact Person	Phone / Email	Services Provided
			center for biomedical research and development.
Jackson Parish	Jarrod Booth	318-259-2100	The Department of Veterans Affairs (VA) has undergone several major reforms in recent years, primarily driven by significant legislative acts aimed at expanding healthcare access, improving benefits processing, and modernizing systems.
Caldwell Parish	Scott Frye	318-649-2552/scott.frye@la.gov	The Department of Veterans Affairs (VA) runs programs benefiting veterans and members of their families. It offers education opportunities and rehabilitation services and provides compensation payments for disabilities or death related to military service, home loan guaranties, pensions, burials, and health care that includes the services of nursing homes, clinics, and medical centers.

Nursing Homes

Organization / Provider	Contact Person	Phone / Email	Services Provided
Bernice Nursing and Rehabilitation Center, LLC	Lisa Davis(Administrator)	318-285-7600	The purpose of a nursing home is to provide 24/7 medical, personal, and rehabilitative care for individuals who can't live independently, offering a higher level of support than assisted living for those with complex health needs, disabilities, or recovery requirements, ensuring safety, dignity, and holistic well-being through skilled nursing, therapy, and daily assistance.
Legacy Nursing and Rehabilitation of Franklin	Geoffrey Siddon(Administrator)	337-828-1918	Skilled Nursing Services — Our Specialty Therapy Programs Geared Toward Comfortable Recuperation & Timely Healing. We Offer Innovative Rehabilitative & Therapeutic Care. Welcoming Environment.
Legacy Nursing and Rehabilitation of Winnsboro	Daniel Laing(Adminisrator)	318-435-6116	24-Hour Skilled Nursing Care · Rehab to Home · Long-Term Care · Hospice Care · Physician / Nurse Practitioner Services · Pharmacy Services · Transportation ...
Carroll Health and Rehab LLC	Kenneth Fuller	318-428-3249	Provides skilled nursing and rehab services for residents with complex needs. From short-term rehab to long-term care and hospice, our team handles higher acuity cases. We also offer Outpatient Physical Therapy to ensure continuity of care.
Forest Haven Nursing & Rehab Ctr, LLC	Ms. Sandra Billing	318-259-2729	Choosing a comfortable environment for a relative, friend, or even yourself isn't always an easy task. Whether you are in need of short-term care and rehabilitation following hospitalization or you need long-term care to support and manage chronic illness or dementia, we

Organization / Provider	Contact Person	Phone / Email	Services Provided
			realize this is an important decision in your life. Maintaining a strong tie to home, family and friends is of great importance to you…and to us! It is our firm belief that the quality of life is as important as the quality of care.
Deerfield Nursing & Rehab Center	Mr. Delbert Wilbanks	318-878-2417	The facility is well-regarded for its supportive environment and extensive range of services, including skilled nursing, physical therapy, and memory care. Deerfield Nursing & Rehabilitation Center, located in Delhi, Louisiana, is a leading nursing home that has been providing high-quality healthcare services for many years. The facility is dedicated to offering compassionate care and a comfortable environment for its residents. Its team of experienced healthcare professionals combines expertise with personalized service to ensure that every patient receives the attention they deserve. With a strong emphasis on rehabilitation and long-term care, Deerfield is committed to improving the quality of life for its residents.
West Carroll Care Center, Inc.	Kathy Bowers	318-428-9612	Offers short-term rehab and long-term care. It has a short-term rehabilitation rating of Evaluated and a long-term care rating of Evaluated. It is a medium facility with 80 beds and has for profit - corporation ownership. West Carroll Care Center is not a part of a continuing care retirement community. It participates in Medicare and Medicaid.
Richland Manor Nursing Home	Ms. Laurie Rhodes	318-8798-2417	The facility provides skilled nursing, long-term care, rehabilitation (physical, occupational, and speech therapies), hospice care, and independent senior living services. Medical Services: A 24-hour physician-directed care team is available, offering services such as intravenous therapy, wound care, respiratory care, X-rays, and pain management.
Arbor Lake Skilled Nursing & Rehabilitaton	Matthew Hall	318-368-3103	Arbor Lake Skilled Nursing & Rehabilitation in Farmerville, LA offers short-term rehab and long-term care. It has a short-term rehabilitation rating of Evaluated and a long-term care rating of Evaluated. It is a large facility with 150 beds and has for profit - limited liability company ownership. Arbor Lake Skilled Nursing & Rehabilitation is not a part of a continuing care retirement community. It participates in Medicare and Medicaid.
Haven Nursing Center	Alexander Causey	318-649-9800	Services this program provides: · residential care · nursing home · skilled nursing · transportation for healthcare · daily life skills · medical care
The Columns Rehabilitation and Healthcare Center	Cheyanne Clark(Administrator)	318-339-4344	We strive to provide the best treatment possible for residents and their loved ones, evolving to meet the changing

Organization / Provider	Contact Person	Phone / Email	Services Provided
			needs of our community every step of the way. The center's team of experts will work with you to understand your goals, whether they are for short term rehabilitation, secure memory-care support or long-term care placement.
Cherry Ridge	Kim Gallup(Administrator)	318-281-6933	At Cherry Ridge, patients are our top priority. Our facility is staffed with highly skilled professionals who strive to exceed expectations while meeting medical, nutritional, social, and personal needs. Whether the patient is recovering from a recent hospital stay following an illness or injury, gaining strength before returning home, or in need of daily nursing care, the team at Cherry Ridge is ready to serve patients with the best possible care.
Lagniappe Healthcare	Ms. Amanda Boatright	318-281-5188	Lagniappe Homecare is the right choice to provide the care you need in your own home. Our staff provides professional and domestic services while teaching family caregivers ways to take a more active role in the patient's care.
LeGrand Healthcare & Rehab Center	Vincent(Bobby) Stokes	318-281-0322	Legrand Healthcare and Rehabilitation Center is a nursing home in Bastrop, LA. See rating information based on medical outcomes, staffing, health & safety. Skilled Nursing Facility. Nursing Homes, skilled nursing and intermediate care for the very frail who are dependent on nursing care; many provide short-term ...
Oak Woods Home For The Elderly	Samantha Spires	318-647-3691	Oak Woods Home For The Elderly is a Nursing Homes facility in Mer Rouge, Louisiana. The care framework at Oak Woods is rooted in a philosophy of creating
Ouachita Healthcare and Rehabilitation Center	Bonnie Whitaker	318-737-1117	Daily activities include tasks such as: bathing, grooming, dressing, eating, toileting, bed mobility and moving from bed to chair. Flu & pneumonia prevention. Offers short-term rehab and long-term care. It has a short-term rehabilitation rating of Evaluated and a long-term care rating of Evaluated. It is a large facility with 167 beds and has for profit - corporation ownership. Ouachita Healthcare and Rehabilitation Center is not a part of a continuing care retirement community.
St Joseph Continuing Care Center	Casy Spatafora(Admin	318-323-3426	St Joseph Continuing Care Center in Monroe, Louisiana, provides licensed nursing-home care with skilled nurses on duty around the clock.
Legacy Nursing and Rehabilitation of Tallulah	Chris Thornton	318-574-8111	We accommodate both long-stay residents and those looking for skilled-to-home rehabilitation, offering personalized care to meet a variety of needs. Our engaged, fun, and creative staff are always finding unique ways to make each day special, ensuring residents have

Organization / Provider	Contact Person	Phone / Email	Services Provided
			meaningful experiences and joyful moments each day. At Legacy of Tallulah, every day is filled with care, camaraderie, and a sense of belonging—a place where residents feel truly at home.

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Haven Nursing Center 7726 US Hwy. 165, COLUMBIA, LA, 71418	ALEXANDER CAUSEY	Phone: 3186499813 Email: alex.causey@havennursingcenter.com Fax: 3186499825	License: 139 State ID: NH0002689 Originally licensed: 1973-04-01 Effective: 2026-04-01 License issued: 2026-02-20 Expires: 2027-03-31 Parish: CALDWELL Mailing address: 7726 US HWY. 165, COLUMBIA, LA, 71418 Already listed elsewhere in this region; license details supplied here
Cypress at Lake Providence 5976 Hwy 65 North, LAKE PROVIDENCE, LA, 71254	Shawn Swilley	Phone: 3185592248 Email: shawn.swilley@lakeprovidenceencc.com Fax: 3185593381	License: 2203785162 State ID: NH0002547 Originally licensed: 1972-10-03 Effective: 2025-12-01 License issued: 2025-10-20 Expires: 2026-11-30 Parish: EAST CARROLL Mailing address: 10503 TIMBERWOOD CIRCLE, SUITE 200, LOUISVILLE, KY, 40223
Legacy Nursing and Rehabilitation of Winnsboro 804 Polk Street, WINNSBORO, LA, 71295	Daniel Laing	Phone: 3184356116 Email: daniel.laing@legacynursingrehab.com Fax: 3184353993	License: 2203784512 State ID: NH0002786 Originally licensed: 1983-08-16 Effective: 2025-08-01 License issued: 2025-07-09 Expires: 2026-07-31 Parish: FRANKLIN Mailing address: 804 POLK STREET, WINNSBORO, LA, 71295 Already listed elsewhere in this region; license details supplied here
Mary Anna Nursing Home 125 Turner Street, WISNER, LA, 71378	MS Candace Sanders	Phone: 3187247244 Email: Maryanna776@aol.com Fax: 3187246698	License: 330 State ID: NH0002534 Originally licensed: 1974-12-16 Effective: 2026-01-01 License issued: 2025-12-02 Expires: 2026-12-31 Parish: FRANKLIN Mailing address: P.O. BOX 776, WISNER, LA, 71378
Plantation Manor Nursing & Rehab Ctr, LLC 6340 Hwy. 4, WINNSBORO, LA, 71295	MR Keith B Ferrington	Phone: 3184352225 Email: plantationadmin@centralmanagement.com Fax: 3184352228	License: 23 State ID: NH0002683 Originally licensed: 1972-02-28 Effective: 2026-03-01 License issued: 2026-01-06 Expires: 2027-02-28 Parish: FRANKLIN Mailing address: P. O. BOX 879, WINNSBORO, LA, 71295
Plantation Oaks Nursing & Rehab Center 110 Maple Street, WISNER, LA, 71378	Troy R Green	Phone: 3187247493 Email: poaksadmin@centralmanagement.com Fax: 3187246438	License: 908 State ID: NH0002597 Originally licensed: 1981-06-23 Effective: 2025-12-01 License issued: 2025-10-21 Expires: 2026-11-30 Parish: FRANKLIN Mailing address: P.O. BOX 190, WISNER, LA, 71378
Forest Haven Nursing & Rehab Ctr, LLC 171 Thrasher Drive, JONESBORO, LA, 71251	MS Sandra Billings	Phone: 3182592729 Email: foresthavenadmin@centralmanagement.com Fax: 3182591198	License: 712 State ID: NH0002511 Originally licensed: 1998-02-01 Effective: 2026-03-01 License issued: 2026-01-29 Expires: 2027-02-28 Parish: JACKSON Mailing address: 171 THRASHER DRIVE,

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			JONESBORO, LA, 71251 Already listed elsewhere in this region; license details supplied here
Wyatt Manor Nursing & Rehab. Ctr., Inc. 4659 HWY. 505, JONESBORO, LA, 71251	James L Martin	Phone: 3182593290 Email: wyattadmin@centralmanagement.com Fax: 3182598439	License: 151 State ID: NH0002554 Originally licensed: 1991-09-14 Effective: 2026-02-01 License issued: 2025-12-29 Expires: 2027-01-31 Parish: JACKSON Mailing address: P.O. BOX 279, JONESBORO, LA, 71251
Alpine Skilled Nursing and Rehabilitation 2401 N. Service Road, RUSTON, LA, 71270	Aaron Wilson	Phone: 3182556492 Email: anorris@alpineskillednursing.com Fax: 3182322000	License: 2203784267 State ID: NH0002507 Originally licensed: 1965-05-03 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: LINCOLN Mailing address: 2401 N. SERVICE ROAD, RUSTON, LA, 71270
Onyx Care of Ruston 3720 Hwy. 80 East, RUSTON, LA, 71273	Jarvis Gilliam	Phone: 3182555001 Email: admin.ruston@onyx-hc.com Fax: 3182541387	License: 2203786859 State ID: NH0002633 Originally licensed: 1966-03-08 Effective: 2026-01-16 License issued: 2026-01-16 Expires: 2026-12-31 Parish: LINCOLN Mailing address: P O BOX 849, RUSTON, LA, 71273
Princeton Place - Ruston 1405 White Street, RUSTON, LA, 71270	ANGELA SMITH	Phone: 3182554400 Email: ppadmin@paramounthcla.com Fax: 3182551139	License: 931 State ID: NH0002598 Originally licensed: 1977-03-28 Effective: 2026-03-01 License issued: 2026-01-23 Expires: 2027-02-28 Parish: LINCOLN Mailing address: 1405 WHITE STREET, RUSTON, LA, 71270
Legacy Nursing and Rehabilitation of Tallulah 32 Crothers Drive, TALLULAH, LA, 71282	Daniel Stanley	Phone: 3185748111 Email: Daniel.Stanley@legacynursingrehab.com Fax: 3184346003	License: 2203784352 State ID: NH0002825 Originally licensed: 1965-09-22 Effective: 2026-05-01 License issued: 2026-03-13 Expires: 2027-04-30 Parish: MADISON Mailing address: 32 CROTHERS DRIVE, TALLULAH, LA, 71282 Already listed elsewhere in this region; license details supplied here
Cherry Ridge 5980 Cherry Ridge Rd., BASTROP, LA, 71220	Kimi Gallup	Phone: 3182816933 Email: kgallup@cherryridgeofbastrop.com Fax: 3182811734	License: 1007 State ID: NH0002805 Originally licensed: 1963-12-16 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: MOREHOUSE Mailing address: P O BOX 941, BASTROP, LA, 71220 Already listed elsewhere in this region; license details supplied here
Lagniappe Healthcare 1408 Summerlin Lane, BASTROP, LA, 71220	MS Amanda Boatright	Phone: 3182815188 Email: aboatright@lagniappehealthcare.com Fax: 3182832989	License: 966 State ID: NH0002550 Originally licensed: 1970-04-07 Effective: 2025-10-01 License issued: 2025-08-20 Expires: 2026-09-30 Parish: MOREHOUSE Mailing address: 1408 SUMMERLIN LANE, BASTROP, LA, 71220

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
LeGrand Healthcare & Rehab Center 650 Holt Street, BASTROP, LA, 71220	BOBBY STOKES	Phone: 3182810322 Email: lgadmin@paramounthcla.com Fax: 3182813770	License: 895 State ID: NH0002523 Originally licensed: 1965-06-04 Effective: 2025-10-01 License issued: 2025-08-19 Expires: 2026-09-30 Parish: MOREHOUSE Mailing address: P.O. BOX 667, BASTROP, LA, 71220 Already listed elsewhere in this region; license details supplied here
Oak Woods Home For The Elderly 1400 Davenport Avenue, MER ROUGE, LA, 71261	SAMANTHA C SPIRES	Phone: 3186473691 Email: samanthacspires@gmail.com Fax: 3186475132	License: 227 State ID: NH0002591 Originally licensed: 1965-08-06 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: MOREHOUSE Mailing address: 1400 DAVENPORT AVENUE, MER ROUGE, LA, 71261 Already listed elsewhere in this region; license details supplied here
Avalon Place 4385 Old Sterlington Road, MONROE, LA, 71203	Brian Futch	Phone: 3183222000 Email: bfutch@commcare.com Fax: 3183222597	License: 435 State ID: NH0002476 Originally licensed: 1985-03-28 Effective: 2026-04-01 License issued: 2026-03-03 Expires: 2027-03-31 Parish: OUACHITA Mailing address: 4385 OLD STERLINGTON ROAD, MONROE, LA, 71203
Delta Grande Skilled Nursing and Rehabilitation 3001 South Grande Street, MONROE, LA, 71202	KRISSHUNE BENJAMIN	Phone: 3183223100 Email: dgadmin@paramounthcla.com Fax: 3183237482	License: 2203781913 State ID: NH0002706 Originally licensed: 1994-04-30 Effective: 2026-01-01 License issued: 2025-11-10 Expires: 2026-12-31 Parish: OUACHITA Mailing address: 3001 SOUTH GRANDE STREET, MONROE, LA, 71202
Guest House Nursing and Rehabilitation 109 Guest House Drive, WEST MONROE, LA, 71292	CORTLAND CASTO	Phone: 3183873900 Email: ccasto@phmcorp.com Fax: 3183878222	License: 2203783984 State ID: NH0002615 Originally licensed: 1976-11-01 Effective: 2025-12-01 License issued: 2025-10-09 Expires: 2026-11-30 Parish: OUACHITA Mailing address: P O BOX 3068, MONROE, LA, 71210
Landmark Nursing & Rehab Ctr of West Monroe, LLC 1611 Wellerman Rd., WEST MONROE, LA, 71291	Rebecca N Lewis	Phone: 3183963313 Email: landmarkadmin@centralmanagement.com Fax: 3188165000	License: 689 State ID: NH0002820 Originally licensed: 1996-05-29 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: OUACHITA Mailing address: P O BOX 1655, WEST MONROE, LA, 71294
Mary Goss Nursing Home 3300 White Street, MONROE, LA, 71203	MR Anthony V Wilson	Phone: 3183239013 Email: twilsonmgn@comcast.net Fax: 3183241350	License: 41 State ID: NH0002517 Originally licensed: 1971-05-07 Effective: 2025-12-01 License issued: 2025-09-19 Expires: 2026-11-30 Parish: OUACHITA Mailing address: P.O. BOX 4509, MONROE, LA, 71211

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Northeast Louisiana War Veterans Home 6700 Highway 165 North, MONROE, LA, 71211	Marquita Mihaliak	Phone: 3183624206 Email: marquita.mihaliak@la.gov Fax: 3183624241	License: 0 State ID: NH0002495 Originally licensed: 1996-11-14 Effective: 2049-02-01 License issued: 2050-01-01 Expires: 2050-01-01 Parish: OUACHITA Mailing address: 6700 HIGHWAY 165 NORTH, MONROE, LA, 71211
Oaks (The) 1000 McKeen Place, MONROE, LA, 71201	Felecia Taylor	Phone: 3183875300 Email: fdtaylor@phmcorp.com Fax: 3183871027	License: 388 State ID: NH0002571 Originally licensed: 1985-09-17 Effective: 2025-10-01 License issued: 2025-07-28 Expires: 2026-09-30 Parish: OUACHITA Mailing address: P. O. BOX 3068, MONROE, LA, 71210
Ouachita Healthcare and Rehabilitation Center 7950 Millhaven Road, MONROE, LA, 71203	Bonnie Whitaker	Phone: 3187371117 Email: ohadministrator@plantationmgt.com Fax: 3183430042	License: 2203781710 State ID: NH0002617 Originally licensed: 1972-05-31 Effective: 2026-08-01 License issued: 2026-05-27 Expires: 2027-07-31 Parish: OUACHITA Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726 Already listed elsewhere in this region; license details supplied here
Ridgecrest Community Care Center 1616 Wellerman Road, WEST MONROE, LA, 71291	Robin Mears	Phone: 3183872577 Email: rmears@commcare.com Fax: 3183258662	License: 974 State ID: NH0002604 Originally licensed: 1963-06-25 Effective: 2025-09-01 License issued: 2025-06-30 Expires: 2026-08-31 Parish: OUACHITA Mailing address: 1616 WELLERMAN ROAD, WEST MONROE, LA, 71291
St Joseph Skilled Nursing and Rehabilitation 2301 Sterlington Road, MONROE, LA, 71203	Casy Spatafora	Phone: 3183233426 Email: cspatafora@stjosephmonroe.com Fax: 3183982674	License: 2203786912 State ID: NH0002762 Originally licensed: 1981-09-30 Effective: 2025-12-01 License issued: 2026-02-23 Expires: 2026-11-30 Parish: OUACHITA Mailing address: 2301 STERLINGTON ROAD, MONROE, LA, 71203
Colonial Manor Nursing and Rehabilitation Home 307 Foster Street, RAYVILLE, LA, 71269	Kenneth O'Neil	Phone: 3187283252 Email: kelseyknox@colonialmanorguesthome.com Fax: 3187286552	License: 2203783916 State ID: NH0002788 Originally licensed: 1965-09-14 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: RICHLAND Mailing address: 307 FOSTER STREET, RAYVILLE, LA, 71269
Deerfield Nursing & Rehab Center 522 Main St., DELHI, LA, 71232	Holly Harper	Phone: 3188782417 Email: hharper682@gmail.com Fax: 3188788408	License: 948 State ID: NH0002787 Originally licensed: 1964-06-30 Effective: 2026-02-01 License issued: 2025-12-15 Expires: 2027-01-31 Parish: RICHLAND Mailing address: P.O. BOX 307, DELHI, LA, 71232 Already listed elsewhere in this region; license details supplied here
Rayville Nursing and Rehabilitation	Madison Hall	Phone: 3187282089 Email: rnradmin@paramounthcla.co	License: 2203785578 State ID: NH0002772 Originally licensed: 1978-03-14

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
294 Hwy. 3048, RAYVILLE, LA, 71269		m Fax: 3187285111	Effective: 2025-12-01 License issued: 2025-10-30 Expires: 2026-11-30 Parish: RICHLAND Mailing address: 1905 N 7TH STREET, WEST MONROE, LA, 71291
Arbor Lake Skilled Nursing & Rehabilitaton 1155 Sterlington Highway, FARMERVILLE, LA, 71241	Matthew Hall	Phone: 3183683103 Email: ALadmin@paramounthcla.com Fax: 3183680301	License: 836 State ID: NH0002838 Originally licensed: 1971-12-06 Effective: 2026-01-01 License issued: 2025-11-10 Expires: 2026-12-31 Parish: UNION Mailing address: P.O. BOX 206, FARMERVILLE, LA, 71241 Already listed elsewhere in this region; license details supplied here
Onyx Care of Bernice 101 Reeves Street, BERNICE, LA, 71222	LISA DAVIS	Phone: 3182857600 Email: admin.bernice@onyx-hc.com Fax: 3182850105	License: 2203786854 State ID: NH0002790 Originally licensed: 1979-01-03 Effective: 2026-01-16 License issued: 2026-01-16 Expires: 2026-12-31 Parish: UNION Mailing address: P O BOX 596, BERNICE, LA, 71222
Onyx Care of Farmerville 813 N. Main Street, FARMERVILLE, LA, 71241	Angelica Higgins	Phone: 3183682256 Email: admin.farmerville@onyx-hc.com Fax: 3183688323	License: 2203786855 State ID: NH0002821 Originally licensed: 1984-08-27 Effective: 2026-01-16 License issued: 2026-01-16 Expires: 2026-12-31 Parish: UNION Mailing address: P O BOX 733, FARMERVILLE, LA, 71241
Carroll Health and Rehab LLC 307 N. Castleman Street, OAK GROVE, LA, 71263	Brian Farrar	Phone: 3184283249 Email: administrator@carrollrehab.com Fax: 3184280128	License: 2203784817 State ID: NH0002811 Originally licensed: 1990-05-22 Effective: 2026-01-01 License issued: 2025-11-21 Expires: 2026-12-31 Parish: WEST CARROLL Mailing address: P.O. BOX 788, OAK GROVE, LA, 71263 Already listed elsewhere in this region; license details supplied here
West Carroll Care Center, Inc. 706 Ross Street, OAK GROVE, LA, 71263	Kathy Bowers	Phone: 3184289612 Email: kbowers@wchsystems.com Fax: 3184280012	License: 467 State ID: NH0002791 Originally licensed: 1988-08-31 Effective: 2026-08-01 License issued: 2026-06-02 Expires: 2027-07-31 Parish: WEST CARROLL Mailing address: 706 ROSS STREET, OAK GROVE, LA, 71263 Already listed elsewhere in this region; license details supplied here

REGION 9

Primary Care and Specialty Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Dr Amy Jones	985-338-5333	985-875-2732	Request for protected information medical records

Organization / Provider	Contact Person	Phone / Email	Services Provided
Center well senior primary Care	Manager	318-908-4234	Request for protected information medical records
Abdo Abir	Manager	985-345-2700	Request for protected information medical records
Lucas Ainsworth, MD	Emergency Medicine	985-345-2700	Request for protected information medical records
Jeffery Landry(Covington Clinic)	Manager	985-898-4001	Request for protected information medical records
Charles Baier (Mandeville)	Manager	985-898-4001	Request for protected information medical records
Dr. Dr. Jimmie Varnado (Greensburg)	Manager	225-222-3206	Request for protected information medical records
Shamika Vaugh, NP(West Jefferson)	Manager	225-222-6059	Request for protected information medical records

Ambulatory Surgical Centers — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Cardiovascular Specialty Care Center-ASC, LLC 2252 Watercross Parkway, COVINGTON, LA, 70433	Shane Melder	Phone: 9859002304 Email: smelder@cvscc.com Fax: 9859002328	License: 2203786544 State ID: AS0012806 Originally licensed: 2021-11-03 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 2223 QUAIL RUN DR., STE F, BATON ROUGE, LA, 70808
EndoCenter LLC 58515 Pearl Acres Road, SLIDELL, LA, 70461	Anthony Albright, MD	Phone: 9856419942 Email: hbrauen@gastrogroupamc.com Fax: 9858714049	License: 2203782541 State ID: AS0004364 Originally licensed: 2003-04-21 Effective: 2026-04-01 License issued: 2026-03-19 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 131-B CHEROKEE ROSE LANE, COVINGTON, LA, 70433
EndoCenter, LLC 131-A Cherokee Rose Lane, COVINGTON, LA, 70433	ANTHONY ALBRIGHT	Phone: 9858098068 Email: aalbright@gastrogroupamc.com Fax: 9858714049	License: 2203782540 State ID: AS0003843 Originally licensed: 1999-12-20 Effective: 2026-01-01 License issued: 2025-11-13 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 131-B CHEROKEE ROSE LANE, COVINGTON, LA, 70433
NGA Endoscopy Center 7015 Hwy 190, East Service Rd, Suite 103, COVINGTON, LA, 70433	Cindy Jacobs	Phone: 9852733915 Email: cindy@ngaendoscopy.com Fax: 9852733919	License: 2203784450 State ID: AS0012532 Originally licensed: 2019-10-24 Effective: 2025-10-01 License issued: 2025-08-19 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 7015 HWY 190, EAST SERVICE RD, SUITE 103, COVINGTON, LA, 70433
NORTHSHORE SURGICAL CENTER LLC 71207 HIGHWAY 21, COVINGTON, LA, 70433	NICOLE DEIST	Phone: 9858675310 Email: northshoresurgical@gmail.com Fax: 9858675243	License: 141 State ID: AS0004970 Originally licensed: 2005-09-30 Effective: 2025-09-01 License issued: 2025-09-02 Expires: 2026-08-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ST. TAMMANY Mailing address: 71207 HIGHWAY 21, COVINGTON, LA, 70433
OLOL Pontchartrain Surgery Center, LLC 4407 Highway 190 East Service Road, Ste 200, COVINGTON, LA, 70433	Lisa Salmon	Phone: 9852349700 Email: lsalmon@ololpsc.com Fax: 9852349706	License: 2203781625 State ID: AS0007639 Originally licensed: 2008-04-14 Effective: 2025-12-01 License issued: 2025-10-22 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 4407 HIGHWAY 190 EAST SERVICE ROAD, STE 200, COVINGTON, LA, 70433
Pinnacle Surgery Center 1234 Pinnacle Parkway, COVINGTON, LA, 70433	Stephanie Danielson	Phone: 9852001213 Email: sdanielson@pinnacleasc.com Fax: 9856350256	License: 2203785081 State ID: AS0012790 Originally licensed: 2021-10-05 Effective: 2025-10-01 License issued: 2025-09-30 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 1234 PINNACLE PARKWAY, COVINGTON, LA, 70433
SLENT Surgery Center 1420 North Causeway Blvd, Suite B, MANDEVILLE, LA, 70471	Jordan Cruz	Phone: 9859513200 Email: jcruz@southlouisianamd.com Fax: 9859512161	License: 2203783541 State ID: AS0012052 Originally licensed: 2017-09-21 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 1420 NORTH CAUSEWAY BLVD, SUITE B, MANDEVILLE, LA, 70471
Summit Surgery Center 7015 Highway 190 E. Service Rd.Ste101B, COVINGTON, LA, 70433	Allan Parr	Phone: 9858091997 Email: alparr@alparr.com Fax: 9858091664	License: 136 State ID: AS0004799 Originally licensed: 2004-10-29 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 7015 HIGHWAY 190 E. SERVICE RD.STE101B, COVINGTON, LA, 70433
Northlake Endoscopy 16061 Doctors Blvd Suite A, HAMMOND, LA, 70403	Michelle Walker	Phone: 9853456090 Email: michellew@northlakegastro.com Fax: 9854298025	License: 108 State ID: AS0004223 Originally licensed: 2002-01-31 Effective: 2026-01-01 License issued: 2025-11-20 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: 16061 DOCTORS BLVD SUITE A, HAMMOND, LA, 70403
Northshore Ambulatory Surgery Center LLC 17174 South I-12 Service Road, HAMMOND, LA, 70403	Laurie Siekkinen	Phone: 9853751120 Email: laurie@northshoreeye.net Fax: 9853751112	License: 163 State ID: AS0007986 Originally licensed: 2009-04-28 Effective: 2026-04-01 License issued: 2026-02-10 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 17174 SOUTH I-12 SERVICE ROAD, HAMMOND, LA, 70403

Pain Management Clinics — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Allied Medical Clinic 1415 Corporate Square Drive, Suite A, SLIDELL, LA, 70458	MS Joan B Saucier	Phone: 9856437888 Email: alliedmedical1@yahoo.com Fax: 9856437666	License: 2203786029 State ID: PM0008126 Originally licensed: 2009-07-16 Effective: 2026-01-01 License issued: 2025-12-17

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 1415 CORPORATE SQUARE DRIVE, SUITE A, SLIDELL, LA, 70458

Rural Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Our Lady of the Lake Physician Group-Riverside 18740 Hwy 22, MAUREPAS, LA, 70449	Jamy Richard , VP Finance	Phone: 2256983435 Email: cherie.bauer@fmolhs.org Fax: 2256986446	License: 2203783058 State ID: RH0007122 Originally licensed: 2007-01-04 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: LIVINGSTON Mailing address: 18740 HWY 22, MAUREPAS, LA, 70449
Stewart Family Medicine & After Hours 29565 Frost Rd (Hwy 63) Suite C, LIVINGSTON, LA, 70754	Courtney Taylor	Phone: 2256861114 Email: ctaylor@stewartmedicalcare.com Fax: 2256861166	License: 2203782334 State ID: RH0008306 Originally licensed: 2010-05-07 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: LIVINGSTON Mailing address: P.O. BOX 1567, LIVINGSTON, LA, 70754
Waterway Pediatrics 12713 Waterway Dr. , STE A, MAUREPAS, LA, 70449	Jibran E Atwi, MD	Phone: 2256980211 Email: slatiolais@ipsgenie.com Fax: 2254246009	License: 2203784424 State ID: RH0012536 Originally licensed: 2019-10-08 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: LIVINGSTON Mailing address: 12713 WATERWAY DR. , STE A, MAUREPAS, LA, 70449
Greensburg Walk-In Clinic 6763 Highway 10, GREENSBURG, LA, 70441	Jay McGregor	Phone: 2252223401 Email: louisianarn@gmail.com Fax: 2252220022	License: 2203786302 State ID: RH0012981 Originally licensed: 2024-07-22 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: ST. HELENA Mailing address: P.O. BOX 208, GREENSBURG, LA, 70441
St. Helena Parish Hospital Rural Health Clinic 6214 Hwy 10, GREENSBURG, LA, 70441	Naveed Awan	Phone: 2252226111 Email: nawan@shhosp.org Fax: 2252224819	License: 102RHC-3 State ID: RH0012051 Originally licensed: 2017-04-25 Effective: 2017-04-25 License issued: 2017-05-15 Expires: 2018-01-31 Parish: ST. HELENA Mailing address: 6214 HWY 10, GREENSBURG, LA, 70441
Amite Rural Health Clinic 409 NW Central Ave, AMITE, LA, 70422	James M Whittington	Phone: 9857487141 Email: whittingtonm@hoodmemorial.com Fax: 9857488144	License: 139RHC-2 State ID: RH0003370 Originally licensed: 2000-08-10 Effective: 2014-07-02 License issued: 2014-07-16 Expires: 2014-11-30 Parish: TANGIPAHOA Mailing address: 301 WEST WALNUT STREET,, AMITE, LA, 70422
Childrens International Medical Group 1828 West Thomas Street, HAMMOND, LA, 70401	Pat Lee	Phone: 9854192250 Email: lacey.sones@cimgpeds.com Fax: 8448874999	License: 2203783905 State ID: RH0007247 Originally licensed: 2007-06-28 Effective: 2025-10-01 License issued: 2025-09-19

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 1828 WEST THOMAS STREET, HAMMOND, LA, 70401
Childrens International Medical Group 702 South First Street, AMITE, LA, 70422	Lacey S Shaw	Phone: 9852472411 Email: lacey.sones@cimgpeds.com Fax: 8448563736	License: 2203785202 State ID: RH0011742 Originally licensed: 2016-09-20 Effective: 2026-02-01 License issued: 2026-01-13 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 59101 AMBER ST., SLIDELL, LA, 70461
Cornerstone Childrens Clinic 44546 S. Airport Road, Suite F, HAMMOND, LA, 70401	Kristy Moody	Phone: 9855003500 Email: kristimoody2017@gmail.com Fax: 9855003600	License: 2203785146 State ID: RH0012810 Originally licensed: 2021-11-30 Effective: 2025-11-01 License issued: 2025-10-22 Expires: 2026-10-31 Parish: TANGIPAHOA Mailing address: 44546 S. AIRPORT ROAD, SUITE F, HAMMOND, LA, 70401
DCS Family Health Clinic 19100 Dr. John Lambert Drive, HAMMOND, LA, 70403	Shannon Bagnet Finley	Phone: 9852474567 Email: sfinley@dcsofhammond.org Fax: 9854670896	License: 2203782837 State ID: RH0011693 Originally licensed: 2016-07-12 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 19100 DR. JOHN LAMBERT DRIVE, HAMMOND, LA, 70403
Family Health Care and Wellness Center 2511 Highway 190 E, HAMMOND, LA, 70401	Cheri K Cody	Phone: 9855436800 Email: fhcwc@att.net Fax: 9855436801	License: 2203784328 State ID: RH0012497 Originally licensed: 2019-07-02 Effective: 2026-07-01 License issued: 2026-06-21 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 2511 HIGHWAY 190 E, HAMMOND, LA, 70401
Family Healthcare of Bedico 27455 LA Hwy 22, Suite B, PONCHATOULA, LA, 70454	Kimberly Manina	Phone: 9852069877 Email: tdk42378@gmail.com Fax: 9852069875	License: 2203785709 State ID: RH0012603 Originally licensed: 2020-03-11 Effective: 2026-06-01 License issued: 2026-05-19 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 42378 OTT LANE, PONCHATOULA, LA, 70454
Family Healthcare of Loranger, LLC 54002 Hwy 1062, LORANGER, LA, 70446	Kimberly Manina	Phone: 9856062273 Email: kmanina@hotmail.com Fax: 9856062268	License: 2203784658 State ID: RH0011948 Originally licensed: 2017-03-14 Effective: 2025-08-01 License issued: 2025-07-10 Expires: 2026-07-31 Parish: TANGIPAHOA Mailing address: 54002 HWY 1062, LORANGER, LA, 70446
Fast Pace Health 387 W. Railroad Ave., INDEPENDENCE, LA, 70443	Randy Overton	Phone: 9856064080 Email: randy.overton@fastpacehealth.com Fax: 9856064081	License: 2203786799 State ID: RH0013442 Originally licensed: 2025-09-15 Effective: 2025-09-15 License issued: 2025-11-07 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 387 W. RAILROAD AVE., INDEPENDENCE, LA, 70443
Independence Family Clinic 312 E. Railroad Ave.,	Bryan Dale Tate, Jr.	Phone: 9858784183 Email: dtate@kentwoodfamilyclinic.n	License: 2203786393 State ID: RH0013313 Originally licensed: 2024-09-17

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
INDEPENDENCE, LA, 70443		et Fax: 9858783830	Effective: 2025-09-01 License issued: 2025-08-18 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 919 AVE. G., KENTWOOD, LA, 70444
Kentwood Family Clinic, LLC 919 Avenue G, KENTWOOD, LA, 70444	Bryan D Tate, Jr	Phone: 9852290202 Email: dtate@kentwoodfamilyclinic.net Fax: 9852292859	License: 2203784324 State ID: RH0012498 Originally licensed: 2019-06-17 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 919 AVENUE G, KENTWOOD, LA, 70444
North Oaks OB/GYN Rural Health Clinic 15778 Medical Arts Plaza, HAMMOND, LA, 70403	Dwan S Mabry	Phone: 9855420663 Email: MVaughn@no-obgyn.net Fax: 9855420698	License: 038 State ID: RH0003377 Originally licensed: 2000-08-14 Effective: 2025-08-01 License issued: 2025-07-22 Expires: 2026-07-31 Parish: TANGIPAHOA Mailing address: 15778 MEDICAL ARTS PLAZA, HAMMOND, LA, 70403
Total Family Medical LLC 22601 HWY 190, ROBERT, LA, 70455	Peggy Gautreau	Phone: 9855422466 Email: totalfamilymedical@gmail.com Fax: 9855422755	License: 2203783150 State ID: RH0011258 Originally licensed: 2014-05-19 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 22601 HWY 190, ROBERT, LA, 70455
West Oak Family Clinic 903 West Oak Street, AMITE, LA, 70422	James Michael Whittington	Phone: 9853231504 Email: whittingtonm@hoodmemorial.com Fax: 9852842267	License: 139RHC-3 State ID: RH0012800 Originally licensed: 2022-01-27 Effective: 2025-09-24 License issued: 2026-03-06 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 903 WEST OAK STREET, AMITE, LA, 70422
You Thrive Family Healthcare Clinic of Ponchatoula 1054 SW Railroad Ave, PONCHATOULA, LA, 70454	Ernie Drake	Phone: 8558699898 Email: erniedrake@gmail.com Fax: 9854019898	License: 2203784604 State ID: RH0012611 Originally licensed: 2020-04-13 Effective: 2026-04-01 License issued: 2026-03-10 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 1054 SW RAILROAD AVE, PONCHATOULA, LA, 70454
Bogalusa Family Medicine & Behavioral Health 219 South Border Drive, BOGALUSA, LA, 70427	Anthony Palazzo	Phone: 9856331952 Email: npalazzo@bellsouth.net Fax: 9857324458	License: 2203785367 State ID: RH0012845 Originally licensed: 2022-06-21 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: WASHINGTON Mailing address: 405 AVENUE F, BOGALUSA, LA, 70427
Bogalusa Pediatric Clinic 405 Avenue F, BOGALUSA, LA, 70427	Anthony Palazzo, MD	Phone: 9857321568 Email: thepediatricclinic@att.net Fax: 9857324458	License: 2203784524 State ID: RH0012578 Originally licensed: 2020-01-13 Effective: 2026-01-01 License issued: 2025-12-09 Expires: 2026-12-31 Parish: WASHINGTON Mailing address: P.O. BOX 370, BOGALUSA, LA, 70427

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Children"s International Medical Group 2401 Washington St., FRANKLINTON, LA, 70438	Eduardo Hernandez, MD	Phone: 9857952228 Email: lacey.sones@cimgpeds.com Fax: 8448832537	License: 2203782834 State ID: RH0011546 Originally licensed: 2016-06-30 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: WASHINGTON Mailing address: 59101 AMBER ST., SLIDELL, LA, 70461
Childrens International Medical Group 626 Superior Ave., BOGALUSA, LA, 70427	Lacy Sones	Phone: 9857306670 Email: lacey.sones@cimgpeds.com Fax: 8448636546	License: 2203784007 State ID: RH0012396 Originally licensed: 2018-07-26 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: WASHINGTON Mailing address: 626 SUPERIOR AVE., BOGALUSA, LA, 70427
Dr. K's Family Medicine 400 Louisiana Avenue, BOGALUSA, LA, 70427	Keisha Harvey	Phone: 9852415525 Email: kharvey08@email.mmc.edu Fax: 9852415530	License: 2203786919 State ID: RH0013045 Originally licensed: 2023-10-11 Effective: 2026-02-24 License issued: 2026-02-27 Expires: 2027-01-31 Parish: WASHINGTON Mailing address: 400 LOUISIANA AVENUE, BOGALUSA, LA, 70427
Riverside Family Care Clinic 806 B Riverside Drive, FRANKLINTON, LA, 70438	Peter Sullivan	Phone: 9858393555 Email: kknight@rmchospital.com Fax: 9858396320	License: 168RHC-3 State ID: RH0003346 Originally licensed: 2000-05-26 Effective: 2017-08-31 License issued: 2017-08-25 Expires: 2018-05-31 Parish: WASHINGTON Mailing address: 806 B RIVERSIDE DRIVE, FRANKLINTON, LA, 70438
Thomas Community Health Center 51704 Highway 438, FRANKLINTON, LA, 70438	Peter Sullivan	Phone: 9858489955 Email: psullivan@rmchospital.com Fax: 9858489964	License: 168RHC-4 State ID: RH0012654 Originally licensed: 2020-08-06 Effective: 2020-08-06 License issued: 2020-08-07 Expires: 2021-05-31 Parish: WASHINGTON Mailing address: 1900 MAIN ST., FRANKLINTON, LA, 70438

Behavioral Health Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Beecway Therapy Center	Manager	877-283-4521	RELEVANT INFORMATION/SERVICES PROVIDED
Oceans Healthcare	Manager	985-277-1415	RELEVANT INFORMATION/SERVICES PROVIDED
Prisma Recovery	Manager	866-733-1450	RELEVANT INFORMATION/SERVICES PROVIDED

Behavioral Health Service — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Brightside Social Services Louisiana 106 Business Park Avenue, DENHAM SPRINGS, LA, 70726	TIA ROBERTS-THOMAS	Phone: 8884175250 Email: t.roberts@brightsidela.com Fax: 2253418756	License: 2203783436 State ID: BH0011921 Originally licensed: 2017-07-25 Effective: 2025-11-25 License issued: 2025-12-17 Expires: 2026-10-31 Parish: LIVINGSTON Mailing address: 106 BUSINESS PARK AVENUE, DENHAM SPRINGS, LA, 70726
Denham Springs Behavioral Health Clinic 1951 Florida Blvd, SW,Suites D, E and F, DENHAM SPRINGS, LA, 70726	Felicia S Self	Phone: 2256650473 Email: shereva.lewis@fphsa.org Fax: 2256650283	License: 2203784300 State ID: BH0012508 Originally licensed: 2019-05-30 Effective: 2026-05-01 License issued: 2026-05-08 Expires: 2027-04-30 Parish: LIVINGSTON Mailing address: 1951 FLORIDA BLVD, SW,SUITES D&E, DENHAM SPRINGS, LA, 70726
Premier Choice Counseling Service, LLC 31330 Hwy 22 Suite 101, SPRINGFIELD, LA, 70462	Roshanda Foster-Mosley	Phone: 2252947227 Email: pchoicecs@gmail.com Fax: 2252947767	License: 2203783690 State ID: BH0012230 Originally licensed: 2017-12-27 Effective: 2025-12-01 License issued: 2025-11-20 Expires: 2026-11-30 Parish: LIVINGSTON Mailing address: 31330 HWY 22 SUITE 101, SPRINGFIELD, LA, 70462
Renu Behavioral Health Services 103 S. Range Ave, DENHAM SPRINGS, LA, 70726	Andrea Bell	Phone: 2253041282 Email: andrea@renubhs.org Fax: 2253041282	License: 2203786669 State ID: BH0013367 Originally licensed: 2025-08-05 Effective: 2025-11-07 License issued: 2025-11-24 Expires: 2026-07-31 Parish: LIVINGSTON Mailing address: 103 S. RANGE AVE, DENHAM SPRINGS, LA, 70726
Woodlake Addiction Recovery Center-Denham Springs 9171 Cockerham Rd, DENHAM SPRINGS, LA, 70726	Blain Houston	Phone: 2259241910 Email: jmonroe@woodlakecenter.com Fax: 8886121154	License: 2203785110 State ID: BH0012689 Originally licensed: 2020-12-15 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: LIVINGSTON Mailing address: 10473 OLD HAMMOND HWY, BATON ROUGE, LA, 70816
Abundant Health Inc-Slidell 2053 Gause Blvd East, Suite 150, SLIDELL, LA, 70461	Patrice Allen	Phone: 9856491001 Email: abundanthealthinc@yahoo.com Fax: 9856461005	License: 2203783698 State ID: BH0012242 Originally licensed: 2017-11-13 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 2053 GAUSE BLVD EAST, SUITE 150, SLIDELL, LA, 70461
Alchemy Addiction Recovery ACER, LLC 115 Christian Lane, SLIDELL, LA, 70458	JODI STAMPS	Phone: 9856906622 Email: jodi.stamps@acersttammany.com Fax: 9856906662	License: 2203782882 State ID: BH0004713 Originally licensed: 2016-09-01 Effective: 2025-09-01 License issued: 2025-08-27 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 115 CHRISTIAN LANE, SLIDELL, LA, 70458
Avenues Recovery Center at Covington 195 Highland Park Plaza, Ste 100, COVINGTON, LA, 70433	Kaitlyn Carroll- Corden	Phone: 9854655555 Email: hudi@avenuesrecovery.com Fax: 5043560333	License: 2203785523 State ID: BH0012930 Originally licensed: 2022-11-04 Effective: 2025-11-01 License issued: 2025-10-16 Expires: 2026-10-31

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ST. TAMMANY Mailing address: 1600 AVENUE OF THE STATES, SUITE 700, LAKEWOOD, NJ, 08701
Avenues Recovery Center of Louisiana 195 Highland Park Plaza, Suite 200, COVINGTON, LA, 70433	Farrar Tingle	Phone: 5044700102 Email: hudi@avenuesrecovery.com Fax: 5042181407	License: 2203785524 State ID: BH0012005 Originally licensed: 2017-09-25 Effective: 2025-10-01 License issued: 2025-10-01 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 1600 AVENUE OF THE STATES, SUITE 700, LAKEWOOD, NJ, 08701
Eating Disorder Treatment Centers 19375 N 4th St, COVINGTON, LA, 70433	Emily Meyers	Phone: 9852563382 Email: info@edtcrecovery.com Fax: 9852733869	License: 2203786981 State ID: BH0013572 Originally licensed: 2026-04-16 Effective: 2026-04-16 License issued: 2026-04-28 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 19375 N 4TH ST., COVINGTON, LA, 70433
Five Hearts Healthcare 132 W Howze Beach Rd, SLIDELL, LA, 70458	Danielle Green	Phone: 9854451800 Email: info@fiveheartshealthcare.com Fax: 9854451802	License: 2203783512 State ID: BH0012136 Originally licensed: 2017-09-05 Effective: 2025-09-01 License issued: 2025-08-22 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 132 W. HOWZE BEACH RD, SLIDELL, LA, 70458
Longbranch Recovery Center 21516 Highway 36, ABITA SPRINGS, LA, 70420	EMILY MEYERS	Phone: 5046353535 Email: info@longbranchhealthcare.com Fax: 9852733869	License: 2203783712 State ID: BH0012236 Originally licensed: 2018-01-19 Effective: 2026-03-31 License issued: 2026-05-06 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 21516 HIGHWAY 36, ABITA SPRINGS, LA, 70420
Longbranch Wellness Center 201 Holiday Blvd, COVINGTON, LA, 70433	EMILY MEYERS	Phone: 5046353535 Email: emilym@longbranchhealthcare.com Fax: 5042733869	License: 2203786647 State ID: BH0012235 Originally licensed: 2018-01-11 Effective: 2026-04-01 License issued: 2026-03-31 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 201 HOLIDAY BLVD. SUITE 400, METAIRIE, LA, 70005
Mandeville Behavioral Health Clinic 900 Wilkinson Street, MANDEVILLE, LA, 70448	Deanna Granger	Phone: 9856244450 Email: Jennifer.Weller@fphsa.org Fax: 9856244461	License: 2203782675 State ID: BH0003383 Originally licensed: 2016-04-01 Effective: 2026-04-01 License issued: 2026-04-02 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 900 WILKINSON STREET, MANDEVILLE, LA, 70448
Path Behavioral Health-Slidell 350 Gateway Drive, SLIDELL, LA, 70461	Tiesha Sheridan	Phone: 9857071410 Email: tsheridan@pathihc.com Fax: 9857071415	License: 2203785397 State ID: BH0012166 Originally licensed: 2017-08-23 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 350 GATEWAY DRIVE, SLIDELL, LA, 70461

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Slidell Behavioral Health Clinic 2331 Carey Street, SLIDELL, LA, 70458	Matthew Johnson III	Phone: 9856466406 Email: admin@fphsa.org Fax: 9856466460	License: 2203782791 State ID: BH0003421 Originally licensed: 2016-07-01 Effective: 2026-07-01 License issued: 2026-06-17 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 2331 CAREY STREET, SLIDELL, LA, 70458
Start Corporation-St. Tammany 1505 North Florida Street, COVINGTON, LA, 70433	Casey Guidry	Phone: 9859001626 Email: samantha.authement@startcorp.org Fax: 9858671768	License: 2203785433 State ID: BH0012315 Originally licensed: 2018-02-06 Effective: 2026-02-01 License issued: 2026-01-07 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: P O BOX 165, HOUMA, LA, 70360
The Ness Center 23699 Quail Lane, MANDEVILLE, LA, 70448	KENDRICK HILL	Phone: 9853344040 Email: JoeB@thenorthlakeBH.org Fax: 9856266650	License: 2203785276 State ID: BH0012844 Originally licensed: 2022-04-04 Effective: 2026-03-01 License issued: 2026-03-06 Expires: 2027-02-28 Parish: ST. TAMMANY Mailing address: 23515 HWY 190, MANDEVILLE, LA, 70448
The Village of Hope, Inc 3327 Pontchartrain Dr., Suite 101, SLIDELL, LA, 70458	Latoyia Ibrahim	Phone: 9852880402 Email: info@thevillageofhope.net Fax: 9852880402	License: 2203786749 State ID: BH0013333 Originally licensed: 2025-02-10 Effective: 2025-09-26 License issued: 2025-10-06 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 3327 PONTCHARTRAIN DR., SUITE 101, SLIDELL, LA, 70458
Therapeutic Partners, LLLC 60 Louis Prima, Ste. A, COVINGTON, LA, 70433	Colette Melancon	Phone: 9853275427 Email: cmelancon@therapeuticpartners.net Fax: 9853278800	License: 2203783202 State ID: BH0011967 Originally licensed: 2017-03-27 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 60 LOUIS PRIMA, COVINGTON, LA, 70433
Trinity Counseling Center 802 Asbury Drive, Suite A, MANDEVILLE, LA, 70471	Michelle Crowley	Phone: 9856745155 Email: trinityrehab@bellsouth.net Fax: 9856745156	License: 2203783986 State ID: BH0012285 Originally licensed: 2017-12-01 Effective: 2025-07-01 License issued: 2025-07-02 Expires: 2026-06-30 Parish: ST. TAMMANY Mailing address: 820 ASBURY, MANDEVILLE, LA, 70471
True Freedom Recovery Center 19344 North 10th Street, COVINGTON, LA, 70433	Amanda Warner	Phone: 9853354240 Email: awarner@truefreedom.team Fax: 9854002333	License: 2203785779 State ID: BH0012900 Originally licensed: 2022-08-26 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 19344 NORTH 10TH STREET, COVINGTON, LA, 70433
Truth 180, LLC 20234 Highway 36, Suites B and C, COVINGTON, LA, 70433	Christopher Russell	Phone: 9858099900 Email: crussell@truth180.org Fax: 9858099940	License: 2203782663 State ID: BH0011381 Originally licensed: 2016-03-02 Effective: 2026-03-01 License issued: 2026-03-03 Expires: 2027-02-28 Parish: ST. TAMMANY

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: PO BOX 5356, SLIDELL, LA, 70469
We Care Health Group LLC 1537 Third Street, SLIDELL, LA, 70458	Danielle Green	Phone: 9852017873 Email: wecarehealthgrp@gmail.com Fax: 9852017752	License: 2203786351 State ID: BH0013256 Originally licensed: 2024-09-02 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 1537 THIRD STREET, SLIDELL, LA, 70458
Youth Service Bureau of St. Tammany 430 North New Hampshire, COVINGTON, LA, 70433	Cleveland Wester	Phone: 9858932570 Email: cwester@ysbworks.com Fax: 9858932758	License: 2203785339 State ID: BH0012854 Originally licensed: 2022-06-06 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 430 NORTH HAMPSHIRE, COVINGTON, LA, 70433
BAART Programs Northshore 615 Pride Drive, HAMMOND, LA, 70401	Mindy Stewart	Phone: 9854191666 Email: licensing@baymark.com Fax: 9854298999	License: 2203784784 State ID: BH0011074 Originally licensed: 2015-12-01 Effective: 2025-12-01 License issued: 2025-11-13 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 1720 LAKEPOINTE DRIVE SUITE 117, LEWISVILLE, TX, 75057
Gold Standard Community Centers, Inc 800 3rd Street, Suite C, KENTWOOD, LA, 70444	Kimberly Wall	Phone: 9856160031 Email: info@goldstandardcc.com Fax: 9856264468	License: 2203786495 State ID: BH0013316 Originally licensed: 2025-03-11 Effective: 2026-03-01 License issued: 2026-02-18 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 2422 WISTERIA STREET, NEW ORLEANS, LA, 70122
Gulf Coast Social Services-Hammond 906 CM Fagan Drive, Ste 4B, HAMMOND, LA, 70403	Shawntell Lewis	Phone: 9855421191 Email: shawntell_lewis@gcssla.org Fax: 9854005417	License: 2203786936 State ID: BH0013552 Originally licensed: 2026-02-09 Effective: 2026-02-09 License issued: 2026-03-16 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 906 CM FAGAN DRIVE, STE 4B, HAMMOND, LA, 70403
Inkreasing Kare Behavioral Healthcare, LLC 1417 West Morris Avenue Suite E, HAMMOND, LA, 70403	Margaret ` Provost	Phone: 9856623799 Email: inkreasingkare@ikkbh.net Fax: 9856623829	License: 2203785550 State ID: BH0012019 Originally licensed: 2017-06-15 Effective: 2026-12-01 License issued: 2026-04-17 Expires: 2027-11-30 Parish: TANGIPAHOA Mailing address: 1417 WEST MORRIS AVENUE, HAMMOND, LA, 70403
Journey Counseling and Community Services, LLC 1180 Hwy 51, Suite A, PONCHATOULA, LA, 70454	Jerwanna Clay	Phone: 9854670730 Email: journeycounseling2018@gmail.com Fax: 9854670674	License: 2203785180 State ID: BH0012803 Originally licensed: 2022-01-03 Effective: 2026-01-01 License issued: 2025-12-19 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: P.O. BOX 1272, PONCHATOULA, LA, 70454
Merakey Pennsylvania - Hammond 44617 S Airport Road, Suites C & D, HAMMOND, LA, 70401	Marlon Boutin	Phone: 9854297611 Email: Winford.Amos@merakey.org Fax: 9854297616	License: 2203783450 State ID: BH0012079 Originally licensed: 2017-07-31 Effective: 2025-07-01 License issued: 2025-06-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-06-30 Parish: TANGIPAHOA Mailing address: 44617 S AIRPORT ROAD, SUITE C, HAMMOND, LA, 70401
New Beginnings Behavioral Healthcare, Inc 1000 N. Morrison Blvd Suite 2, HAMMOND, LA, 70401	Eboni Lewis	Phone: 9855429949 Email: newbeginningsbhc@gmail.com Fax: 9853270205	License: 2203787078 State ID: BH0012171 Originally licensed: 2017-09-06 Effective: 2026-06-08 License issued: 2026-06-08 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 1000 N. MORRISON BLVD SUITE 2, HAMMOND, LA, 70401
New World Behavioral Services 42367 Deluxe Plaza, Suite 30, HAMMOND, LA, 70403	Kamal Dorsey	Phone: 9852652161 Email: newworldbehavioral@gmail.com Fax: 9853451440	License: 2203783084 State ID: BH0011926 Originally licensed: 2017-02-17 Effective: 2026-02-01 License issued: 2026-01-30 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 1601 SHORTCUT HWY, SUITE B, SLIDELL, LA, 70458
Restoring Freedom 709 E. North Place, AMITE, LA, 70422	Amanda Warner	Phone: 9852895264 Email: awarner@restorefree.com Fax: 9853354241	License: 2203786289 State ID: BH0013253 Originally licensed: 2024-07-12 Effective: 2026-07-01 License issued: 2026-06-26 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 709 E. NORTH PLACE, AMITE, LA, 70422
Rise N Shine Counseling Agency 104 Sassafras Street, AMITE, LA, 70422	Cardetra Thompson	Phone: 2253235996 Email: cfurusa01@yahoo.com Fax: 2256446261	License: 2203783201 State ID: BH0011968 Originally licensed: 2017-03-22 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 1724 N BURNSIDE, SUITE 7, GONZALES, LA, 70737
Rosenblum Behavioral Health Clinic 835 Pride Drive, Suite B, HAMMOND, LA, 70401	SONIA MOTA	Phone: 9855434333 Email: melissa.dannenfelser@fphsa.org Fax: 9855434817	License: 2203782770 State ID: BH0002313 Originally licensed: 2016-06-01 Effective: 2026-06-01 License issued: 2026-05-20 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 835 PRIDE DRIVE, SUITE B, HAMMOND, LA, 70401
Southeast Community Health Systems-Region 9 YMCR 336 E. Railroad Avenue, INDEPENDENCE, LA, 70443	Alecia Cyprian	Phone: 2253062018 Email: acyprian@shchc.org Fax: 8883349386	License: 2203786556 State ID: BH0013384 Originally licensed: 2025-05-05 Effective: 2026-05-01 License issued: 2026-05-06 Expires: 2027-04-30 Parish: TANGIPAHOA Mailing address: P.O. BOX 770, ZACHARY, LA, 70791
Woodlake Addiction Recovery -Hammond MOB-IOP 44125 S. Airport Rd, HAMMOND, LA, 70403	Blain Houston	Phone: 2259241910 Email: jmonroe@woodlakecenter.com Fax: 8883666945	License: 2203786341 State ID: BH0012782 Originally licensed: 2022-02-09 Effective: 2025-08-01 License issued: 2025-07-31 Expires: 2026-07-31 Parish: TANGIPAHOA Mailing address: 10473 OLD HAMMOND HWY, BATON ROUGE, LA, 70816
Bogalusa Behavioral Health Clinic 400 Georgia Avenue,	Jennifer Prescott	Phone: 9857326610 Email:	License: 2203784797 State ID: BH0003844 Originally licensed: 2016-02-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Suite 1, BOGALUSA, LA, 70427		jennifer.prescott@fphsa.org Fax: 9857326626	Effective: 2025-12-01 License issued: 2025-11-13 Expires: 2026-11-30 Parish: WASHINGTON Mailing address: 400 GEORGIA AVENUE, BOGALUSA, LA, 70427
The Way Center 400 Memphis Street, BOGALUSA, LA, 70427	Jay Blossmon	Phone: 9853419437 Email: siarrabee@thewayrecovery.org Fax: 8662666975	License: 2203785076 State ID: BH0012639 Originally licensed: 2020-08-21 Effective: 2026-05-27 License issued: 2026-06-18 Expires: 2026-08-25 Parish: WASHINGTON Mailing address: 400 MEMPHIS ST., BOGALUSA, LA, 70427
Therapeutic Counseling Clinic, Inc 542 Columbia Street, Suite B, BOGALUSA, LA, 70427	Glenna Anderson	Phone: 9857359448 Email: therapeuticcounseling@yahoo.com Fax: 9857358097	License: 2203783611 State ID: BH0012234 Originally licensed: 2017-11-10 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: WASHINGTON Mailing address: 542 COLUMBIA STREET, SUITE B, BOGALUSA, LA, 70427

Psychiatric Residential Treatment Facilities — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Methodist Children""s Home of Southeast Louisiana 49242 Hwy 445, LORANGER, LA, 70446	Samonica Brown	Phone: 9856069900 Email: samonica.brown@LMCH.org Fax: 9856069970	License: 2203785223 State ID: PT0011111 Originally licensed: 2013-10-14 Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 49242 HWY 445, LORANGER, LA, 70446
The Maples Hammond 17010 Old Covington Hwy, HAMMOND, LA, 70403	Sierra Williams	Phone: 2259556935 Email: tanstuart@gmail.com Fax: 2253089497	License: 2203785717 State ID: PT0012985 Originally licensed: 2023-04-21 Effective: 2026-04-01 License issued: 2026-02-05 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 14707 PERKINS ROAD, BATON ROUGE, LA, 70810

Substance Use Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Townsend Recovery Detox	MANGER	504-294-3611	
Longbranch Recovery & Wellness Center	MANGER	504-677-8463	Chronic use of substances like alcohol, opioids, and stimulants can lead to severe medical concerns, including liver disease, heart problems, respiratory issues, and other health disorders. When individuals recognize the detrimental effects on their health, they often seek treatment to prevent further damage and improve their overall well-being. Many people who struggle with addiction have not prioritized their medical health and

Organization / Provider	Contact Person	Phone / Email	Services Provided
			may be established with a primary care clinic or physician. Canvas Health can help provide education, intervention, and support for individuals experiencing health concerns resulting from substance use disorder.
Avenue Recovery Center(Covington)	MANGER	985-239-4277	Avenues Recovery Center at Covington is a brand-new facility offering multiple levels of care, to best serve clients at whatever stage of addiction recovery they may be. Merging highly individualized, targeted treatment plans with compassionate and dignified care, Avenues offers a truly unique treatment experience. We believe deeply in our holistic approach to substance abuse treatment – taking a sweeping view of each client's past traumas, co-occurring disorders, and present physical, mental and emotional health, and letting that guide the treatment process
Fonrainebleau treatment	MANGER	985-624-4100	Prevention and early intervention strategies can reduce the impact of substance use in America's communities. Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.

Dental Providers

Organization / Provider	Contact Person	Phone / Email	Services Provided
Southeast Community (St Helena)	Manager	225-306-2070	As part of our commitment to quality and you, our patients, we constantly work to bring you the best care available with qualified staff and state of the art equipment.

Adult Day Programs

Organization / Provider	Contact Person	Phone / Email	Services Provided
NAMI St. Tammany Day Cente	Manager	985-626-0063	Program is staffed by Certified Peer Support Specialists (PSS) who will assist adults living with severe and persistent behavioral health disorders in St. Tammany Parish, in navigating access to appropriate support resources and providing alternatives for less costly behavioral health care in a less restrictive environment, leading to recovery. There is no cost to attend the program.
STARC's	Manager	985-641-0197	STARC provides a lifetime of Services, Training, Advocacy, Resources and Community Connections for individuals with intellectual and developmental disabilities in St. Tammany and four surrounding parishes.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Adult Day Health Care of Livingston Parish, LLC	Manager	225-665-5893	Adult Day Health Care of Livingston for daily assistance and activities, plus resources through the Capital Area Agency on Aging, while the state's ADHC Waiver provides medical/supportive care for eligible seniors/disabled adults needing nursing-level care, connecting you with local centers. Key providers focus on social engagement, skill-building (cooking, safety)
Tangipahoa Voluntary COA	Manager	985-748-7486	We offer a number of services to make your life easier and better. In addition to our Senior Centers, our Tangipahoa Council on Aging offers home delivered meals, medical alert buttons, light housekeeping services, and transportation. We are here to serve.
Washington Parish - Bogalusa Council On Aging	Manager	985-839-4535	The Agency's primary purpose is to develop systems designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible. Medicare Part D counseling also provided

Adult Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Slidell Adult Day Health Care 2768 SGT. Alfred Dr., SLIDELL, LA, 70458	Dwight Denham	Phone: 9856431112 Email: slidelladultdayh@bellsouth.net Fax: 9856433444	License: 2203782273 State ID: WA0006592 Originally licensed: 2004-11-01 Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: P O BOX 3224, SLIDELL, LA, 70459

Pediatric Day Health Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Pediatrust, LLC 2041 Florida Ave. SW, DENHAM SPRINGS, LA, 70726	EMILY BORDELON	Phone: 2256657287 Email: lcraig@pediatrustla.com Fax: 2253045466	License: 2203782758 State ID: PD0011185 Originally licensed: 2013-11-27 Effective: 2026-05-01 License issued: 2026-05-01 Expires: 2027-04-30 Parish: LIVINGSTON Mailing address: 6700 JEFFERSON HWY BULIDING 12, SUITE B, BATON ROUGE, LA, 70806
A Place of Our Own 71250 Hendry Avenue, COVINGTON, LA, 70433	SHANNON BORDES	Phone: 9854005420 Email: aplaceofourowncovington@gmail.com Fax: 9854005422	License: 2203786603 State ID: PD0011151 Originally licensed: 2013-08-19 Effective: 2026-05-01 License issued: 2026-04-21 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 71250 HENDRY AVENUE, COVINGTON, LA, 70433

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Quad Area Community Action Agency	Grace Callahan	225-226-6100	Quad Area continues to wage war on poverty by protecting and improving the quality of lives of the low income through services of education, training advocacy and recreation, with planning that includes input from and respect for the poor... and having fun at the same time.
Quad Area (Tangipahoa Parish)	Naomi Hayden	225-567-2350	Our values are to honor people, especially the vulnerable and the weak, to empower the poor to take control of their own lives, to take action in eliminating poverty, and to be mindful of the plight of the impoverished.
Quad Area (Washington Parish)	Kim Causey	985-795-9088	While Quad Area CAA provides services for all of the programs listed below. We also provide information and referrals to assist people in finding other available sources

Financial Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
St Helena COA	225-222-6070	Financial help comes from programs via the Capital Area Agency on Aging (AAA) for home care, meals, utility/rent help (LIHEAP), and Medicare counseling; the USDA (Section 504) for home repairs; and federal aid like SNAP, plus local aid through organizations like Quad Area CAA and Capital Area United Way, all connecting to support housing, utilities, food, and health.	
Tangiphoa Parish	Debbie Butler	985-229-6229	For financial help in Tangipahoa Parish, call 211 for immediate assistance with rent, utilities, food, and housing, or contact Quad Area Agency on Aging for LIHEAP energy aid. The Tangipahoa Parish Government and Housing Authority offer programs like Housing Choice Vouchers (Section 8) and emergency aid, while Feeding Louisiana helps with SNAP/Medicaid.

Food Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Food Stamps (SNAP and LACAP)	Director	888-524-3578\dcfs.louisiana.gov	LACAP = 60 years old + and receives Supplemental Security Income (SSI)
Tangi Food Pantry	Director	985-429-8551	
Our Daily Bread Food Bank of Tangipahoa	Director	985-542-4676	Drive-up only • Hot meals on Tuesday and Thursday 10 am-2 pm
Tangipahoa Voluntary Council on Aging	Director	985-748-6016	Hot meals, Monday-Friday • Meals on Wheels
Food Stamps (SNAP and LACAP)(Livingston	Director	888-524-3578	LACAP = 60 years old + and receives Supplemental Security Income (SSI)
For 60+ years and up Livingston Council on Aging	Director	225-664-9343	Hot lunch, Monday-Friday, 11am-noon Home bound meal delivery: (225) 664-9343

Transportation Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Washington Parish COA & Public Transit	Manager	985-839-5524	If you're elderly, disabled, or low-income.
SMILE Community Action Agency's	Manager	337-234-3272	Non-Emergency Transportation (NET) Program provides crucial rides for residents. vital services like medical appointments, social services, and food banks, helping disadvantaged individuals achieve stability, with small fees often applying (e.g.,
Washington Parish Public Transit (WPPT)	Manager	985-732-6868	Medical transportation services provide rides for people who need to get to healthcare appointments but lack other means, covering non-emergency needs like doctor visits, dialysis, or therapy, often for seniors, people with disabilities, or low-income individuals via Medicaid, using vehicles ranging from standard cars to wheelchair-accessible vans and even stretcher-equipped vehicles, ensuring timely access to care and preventing worsened health outcomes.
Livingston Council on Aging	Manager	225-664-9343	Offers rides for medical, grocery, and essential errands via the Louisiana Transit Network (shared vans), with a small suggested donation for seniors ($1/trip) and set fees for others.
St Helena COA Senior Transportation	Manager	225-222-6070	Provides rides for only the following purposes: necessary errands, medical appointments, or grocery shopping. It's open to the public and no membership is required. The Senior Transportation program is a convenient and cost-effective option for older adults aged 60 and above looking for reliable transportation services.

Aging, Disability, Home and Personal Care Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
The Peristyle at Beau West(Covington)	Manger	985-413-2391	Our senior living community is specifically designed and built especially for people living with Alzheimer's and dementia. Our expertise and vision are at the forefront of our industry, and we are fiercely devoted to redefining and revolutionizing memory care assisted living. Here at Beau West, everything we do is in the best interest of our residents, and we place a high value on the fact that each individual is unique and deserves only the best in quality of care, environment, and overall lifestyle.
About you in Home Care	Manger	985-246-6475	Your aging loved one can safely remain in the comfort of their home with our compassionate, in home care. Our experienced, friendly caregivers offer the help and companionship needed so your loved one can maintain their independence and quality of life.
BrightCare Homecare - Mandeville / Covington	Manager	985-244-0404	BrightCare HomeCare provides non-medical in-home care services to individuals facing disabilities, injuries, illnesses, or difficulties with mobility. We are composed of highly trained, competent, and compassionate staff members who are dedicated and experts in delivering home care services from the comfort of our client's homes.

Adult Brain Injury — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Neurological Rehabilitation Living Center Louisiana 614 West 18th Avenue, COVINGTON, LA, 70433	JANET CLARK	Phone: 9858753100 Email: janet.clark@remed.com Fax: 9858753103	License: 2203783609 State ID: BR0006628 Originally licensed: 1998-03-01 Effective: 2025-11-01 License issued: 2025-10-31 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 16 INDUSTRIAL BLVD, STE 203, PAOLI, PA, 19301
TASS Stroke and Brain Injury Rehabilitation Center 5 S Division Drive, COVINGTON, LA, 70433	Ross Hunt	Phone: 9854005651 Email: suzanne@tassbraininjury.com Fax: 9854005653	License: 2203784969 State ID: BR0012765 Originally licensed: 2021-06-25 Effective: 2026-06-01 License issued: 2026-06-01 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 5 S DIVISION DR, COVINGTON, LA, 70433
NeuLife Rehabilitation of Louisiana, Inc. 41238 Adams Road., HAMMOND, LA, 70403	Shae Monistere	Phone: 9852721299 Email: Shae@neuliferehabla.com	License: 2203786739 State ID: BR0012119 Originally licensed: 2017-08-03 Effective: 2026-02-01 License issued: 2026-02-04 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 189 ADAM SHEPHERD PARKWAY, SUITE 17, PMB #280, SHEPHERDSVILLE, KY, 40165
Neuro Restorative Louisiana Hammond Place	Miriam Travis	Phone: 2255674394 Email: Miriam.Travis@sevitahealth.c	License: 004 State ID: BR0006629 Originally licensed: 2003-07-08

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
46406 West Lee Hughes Road, HAMMOND, LA, 70401		om Fax: 9783307529	Effective: 2026-03-01 License issued: 2026-03-03 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 46448 WEST LEE HUGHES ROAD, HAMMOND, LA, 70401
TASS Brain Injury Rehabilitation Center 42215 Pleasant Ridge Extension Road, PONCHATOULA, LA, 70454	Amanda Parsons	Phone: 9853700323 Email: suzanne@tassbraininjury.com Fax: 9853700324	License: 005 State ID: BR0010603 Originally licensed: 2011-06-21 Effective: 2025-07-01 License issued: 2025-07-01 Expires: 2026-06-30 Parish: TANGIPAHOA Mailing address: 42215 PLEASANT RIDGE EXTENSION ROAD, PONCHATOULA, LA, 70454

Adult Residential Care — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Amera Senior Living of Denham Springs 559 Rushing Rd West, DENHAM SPRINGS, LA, 70726	Goldie LeBlanc	Phone: 2252381919 Email: GOLDIELE@GMAIL.COM Fax: 2253348084	License: 2203783054 State ID: AC0011841 Originally licensed: 2017-02-10 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: LIVINGSTON Mailing address: 559 RUSHING RD WEST, DENHAM SPRINGS, LA, 70726
Fidelis White Road - Level 2 10359 White Road, DENHAM SPRINGS, LA, 70726	Alisha Victorian	Phone: 2255237233 Email: rachelle@fideliscaregroup.com Fax: 2252718073	License: 2203781366 State ID: AC0010429 Originally licensed: 2009-11-10 Effective: 2025-12-01 License issued: 2025-11-24 Expires: 2026-11-30 Parish: LIVINGSTON Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70006
House of Grace, L.L.C. - Level 1 32956 LA Hwy 16, DENHAM SPRINGS, LA, 70706	Angelle Crozier	Phone: 2252714445 Email: directorhouseofgrace@gmail.com Fax: 2253695510	License: 2203781097 State ID: AC0011026 Originally licensed: 2012-07-26 Effective: 2026-08-01 License issued: 2026-06-11 Expires: 2027-07-31 Parish: LIVINGSTON Mailing address: 6955 HOMER KNOST ROAD, DENHAM SPRINGS, LA, 70706
La Plantation Retirement Community -Level 3 26635 LA Highway 16, DENHAM SPRINGS, LA, 70726	AMANDA RABALAIS	Phone: 2256671484 Email: arabalais@plantationmgt.com Fax: 2256671448	License: 6024 State ID: AC0008866 Originally licensed: 1998-08-19 Effective: 2026-09-01 License issued: 2026-06-24 Expires: 2027-08-31 Parish: LIVINGSTON Mailing address: 26635 LA HIGHWAY 16, DENHAM SPRINGS, LA, 70726
Anderson Memory Care LLC - Level 3 4108 Dauphine St., SLIDELL, LA, 70458	Francine K Lacour	Phone: 9856464676 Email: Administrator.Slidell@lifeatsummerfield.com Fax: 9856464681	License: 2203782072 State ID: AC0011269 Originally licensed: 2014-08-08 Effective: 2026-08-01 License issued: 2026-06-22 Expires: 2027-07-31 Parish: ST. TAMMANY Mailing address: 4108 DAUPHINE ST., SLIDELL, LA, 70458
Avanti Senior Living at Covington - Level 3 2234 Watercross	Jeremy Yankowski	Phone: 9853176110 Email: coved@avanti-sl.com Fax: 9853176151	License: 2203786971 State ID: AC0012035 Originally licensed: 2017-08-03

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Parkway, COVINGTON, LA, 70433			Effective: 2025-08-01 License issued: 2026-04-15 Expires: 2026-06-30 Parish: ST. TAMMANY Mailing address: 500 N HURSTBOURNE PARKWAY, SUITE 200, LOUISVILLE, KY, 40222
Azalea Estates of Slidell - Level 3 354 Robert Boulevard, SLIDELL, LA, 70458	ERIN KRUMM	Phone: 9856412827 Email: EKrumm@ssmgrp.com Fax: 9856450659	License: 2203784559 State ID: AC0010366 Originally licensed: 2004-09-21 Effective: 2026-01-01 License issued: 2025-12-08 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 354 ROBERT BOULEVARD, SLIDELL, LA, 70458
Brookdale Mandeville - Level 2 1414 North Causeway Boulevard, MANDEVILLE, LA, 70471	Brittany Tyler	Phone: 9857274011 Email: brittany.tyler@brookdale.com Fax: 9857274022	License: 10380 State ID: AC0010380 Originally licensed: 2011-03-31 Effective: 2026-04-01 License issued: 2026-03-09 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 1414 N. CAUSEWAY BLVD., MANDEVILLE, LA, 70471
Christwood Retirement Community - Level 3 100 Christwood Blvd., COVINGTON, LA, 70433	Jamie Ball	Phone: 9853023285 Email: hLash@christwoodrc.com Fax: 9853023286	License: 2203783013 State ID: AC0011850 Originally licensed: 2017-01-03 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 100 CHRISTWOOD BLVD., COVINGTON, LA, 70433
Christwood-Level 4 100 Christwood Boulevard, COVINGTON, LA, 70433	Jamie Ball	Phone: 9858980515 Email: jball@christwoodrc.com Fax: 9858934593	License: 2203781597 State ID: AC0010306 Originally licensed: 2013-03-18 Effective: 2026-03-01 License issued: 2026-01-08 Expires: 2027-02-28 Parish: ST. TAMMANY Mailing address: 100 CHRISTWOOD BOULEVARD, COVINGTON, LA, 70433
Fidelis Northshore I-Level 2 5011 Sharp Road, MANDEVILLE, LA, 70471	Sheila Cole	Phone: 9857782190 Email: rachelle@fideliscaregroup.com Fax: 9857782191	License: 2203781167 State ID: AC0011043 Originally licensed: 2012-10-10 Effective: 2025-11-01 License issued: 2025-10-17 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70006
Fidelis Northshore II - Level 2 2045 Olene Drive, MANDEVILLE, LA, 70448	Jennifer Baillargeon	Phone: 9857780575 Email: rachelle@fideliscaregroup.com Fax: 9852612017	License: 2203783330 State ID: AC0012061 Originally licensed: 2017-06-01 Effective: 2026-06-01 License issued: 2026-05-13 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 4636 SANFORD STREET, METAIRIE, LA, 70006
Honeysuckle Place, LLC 125 Honeysuckle Drive, COVINGTON, LA, 70433	Carolyn May	Phone: 9852764046 Email: carolynmayrn@yahoo.com Fax: 0000000000	License: 2203786605 State ID: AC0013430 Originally licensed: 2025-05-27 Effective: 2026-05-01 License issued: 2026-05-01 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 125 HONEYSUCKLE DRIVE, COVINGTON, LA, 70433

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Oak Life Care, LLC -Level 3 2200 Gause Boulevard, SLIDELL, LA, 70461	LORI THOMAS	Phone: 9857814545 Email: oaklifecare@gmail.com Fax: 9857818786	License: 2203786430 State ID: AC0008318 Originally licensed: 2011-07-20 Effective: 2025-11-01 License issued: 2025-10-01 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 2200 GAUSE BLVD, SLIDELL, LA, 70461
Sage Lake Senior Living - Level 3 1444 Andrew Dr., COVINGTON, LA, 70433	Summer Copeland	Phone: 9853176750 Email: SageLakeED@islllc.com Fax: 2814829705	License: 2203784357 State ID: AC0012518 Originally licensed: 2019-08-05 Effective: 2026-08-01 License issued: 2026-06-15 Expires: 2027-07-31 Parish: ST. TAMMANY Mailing address: 1444 ANDREW DRIVE, COVINGTON, LA, 70433
St Anthony'''''''

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1770 NORTH CAUSEWAY BOULEVARD, MANDEVILLE, LA, 70471
Summerfield Senior Living of Hammond - Level 3 16170 E. Minnesota Park Road, HAMMOND, LA, 70403	Melissa Harrison	Phone: 9853456300 Email: businessoffice@lifeatsummerfield.com Fax: 9853456319	License: 2203782979 State ID: AC0011825 Originally licensed: 2016-12-01 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 16170 E. MINNESOTA PARK ROAD, HAMMOND, LA, 70403
The Phoenix at Hammond 15835 Demarco Lane, HAMMOND, LA, 70403	Nichole Chauvin	Phone: 9856021800 Email: TERI.SECKINGTON@PHOENIXSRLIVING.COM Fax: 9853930069	License: 2203784959 State ID: AC0012740 Originally licensed: 2021-06-09 Effective: 2026-06-01 License issued: 2026-04-28 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 10933 CRABAPPLE ROAD, ROSWELL, GA, 30075

Case Management — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
ABC Case Management 682 Centerville Street, DENHAM SPRINGS, LA, 70726	Michelle Wall	Phone: 2256674014 Email: michelle.wall@abcsca.com Fax: 2256674886	License: 2203783006 State ID: CM0006521 Effective: 2026-01-01 License issued: 2025-10-31 Expires: 2026-12-31 Parish: LIVINGSTON Mailing address: P.O. BOX 1284, DENHAM SPRINGS, LA, 70727
Coastal Care Services, LLC 105 CAMPBELL AVE UNIT 1, MANDEVILLE, LA, 70471	Barry L Gros, Jr	Phone: 9859002115 Email: blgros1@hotmail.com Fax: 9859002116	License: 2203783018 State ID: CM0008129 Originally licensed: 2009-09-09 Effective: 2026-01-01 License issued: 2025-10-21 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 105 CAMPBELL AVE UNIT 1, MANDEVILLE, LA, 70471
Easter Seals Louisiana-Region 9 19405 Helenberg Rd., Suite 1, COVINGTON, LA, 70433	Patrick Gillies	Phone: 9858927604 Email: quality@laeasterseals.com Fax: 9854005508	License: 2329 State ID: CM0006486 Effective: 2026-02-01 License issued: 2026-01-20 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: 19405 HELENBERG RD., SUITE 1, COVINGTON, LA, 70433
Positive Concepts, LLC 100 Galeria Blvd, Suite 1, SLIDELL, LA, 70458	Kimberly Stewart	Phone: 9852017036 Email: mail@positiveconcept.org Fax: 9852017039	License: 2203784359 State ID: CM0010508 Originally licensed: 2011-01-03 Effective: 2026-08-01 License issued: 2026-06-24 Expires: 2027-07-31 Parish: ST. TAMMANY Mailing address: 100 GALERIA BLVD, SUITE 1, SLIDELL, LA, 70458
Quality Support Coordination Inc 19226 N 5th Street, COVINGTON, LA, 70433	Janet Connell	Phone: 9858090400 Email: jconnell@qscmail.com Fax: 9858090455	License: 7293 State ID: CM0007293 Originally licensed: 2007-06-18 Effective: 2026-07-01 License issued: 2026-04-23 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 19226 N 5TH STREET, COVINGTON, LA, 70433

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Solomon North Support Coordination of St. Tammany 1344 Gause Blvd W, SLIDELL, LA, 70460	Lisa Williams	Phone: 8005762016 Email: lisawilliams@solomonnorthhomecare.com Fax: 9852022018	License: 2203785517 State ID: CM0012897 Originally licensed: 2022-10-24 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 1344 GAUSE BLVD W, SLIDELL, LA, 70460

Home and Community Based Services — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
A First Name Basis Home Care 1211 North Range Avenue Suite C, DENHAM SPRINGS, LA, 70726	Terri Sloan	Phone: 2256645630 Email: admin@afirstnamebasis.com Fax: 2256640186	License: 2203786738 State ID: HC0005253 Originally licensed: 2005-10-01 Effective: 2026-08-01 License issued: 2026-06-08 Expires: 2027-07-31 Parish: LIVINGSTON Mailing address: P. O. BOX 60366, LAFAYETTE, LA, 70596
Ageless Healthcare 1971 Florida Ave. SW Suite B, DENHAM SPRINGS, LA, 70726	Lynette Allen	Phone: 2259983333 Email: region9@myagelesscare.com Fax: 2259980178	License: 2203786978 State ID: HC0013554 Originally licensed: 2026-04-20 Effective: 2026-04-20 License issued: 2026-04-22 Expires: 2027-03-31 Parish: LIVINGSTON Mailing address: 1353 SURREY ST., LAFAYETTE, LA, 70501
Complete Care Services 2, LLC 1992 Florida Avenue,SW Suite A, DENHAM SPRINGS, LA, 70726	DERXANN M KEYS	Phone: 2253046764 Email: CCS2.PCA2@gmail.com Fax: 2254160999	License: 2203784475 State ID: HC0012557 Originally licensed: 2019-11-07 Effective: 2025-11-01 License issued: 2025-11-03 Expires: 2026-10-31 Parish: LIVINGSTON Mailing address: 1992 FLORIDA AVENUE, SW SUITE A, DENHAM SPRINGS, LA, 70726
Complete Personal Care Services, LLC 140 Aspen Square Suite B, DENHAM SPRINGS, LA, 70726	Elizabeth Robertson	Phone: 2253801613 Email: erobertson.complete@gmail.com Fax: 2252434349	License: 2203783218 State ID: HC0005750 Originally licensed: 2005-10-01 Effective: 2026-04-01 License issued: 2026-03-10 Expires: 2027-03-31 Parish: LIVINGSTON Mailing address: 140 ASPEN SQUARE, SUITE B, DENHAM SPRINGS, LA, 70726
Infinity Plus Care, LLC 1111 South Range Avenue, Suite D, DENHAM SPRINGS, LA, 70726	DeVossia Brown	Phone: 8003807823 Email: Infinitypluscarellc@gmail.com Fax: 2255293859	License: 2203785812 State ID: HC0013017 Originally licensed: 2023-07-20 Effective: 2026-07-01 License issued: 2026-06-10 Expires: 2027-06-30 Parish: LIVINGSTON Mailing address: 1111 SOUTH RANGE AVENUE, SUITE D, DENHAM SPRINGS, LA, 70726
La Trouve Inc. 30330 Milton Road, WALKER, LA, 70785	MR. John J Barnes, JR.	Phone: 2256651450 Email: services@latrouve.com Fax: 2256671920	License: 5395 State ID: HC0006060 Originally licensed: 1997-10-06 Effective: 2025-11-01 License issued: 2025-09-03 Expires: 2026-10-31 Parish: LIVINGSTON Mailing address: P.O. BOX 727, WALKER, LA, 70785

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Louisiana Association for Challenged Adults 10494 Florida Boulevard, WALKER, LA, 70785	NANCY MARTIN	Phone: 2256647384 Email: nmartin@lac-la.org Fax: 2256647397	License: 2323 State ID: HC0006913 Originally licensed: 2005-10-01 Effective: 2026-04-14 License issued: 2026-05-06 Expires: 2026-07-31 Parish: LIVINGSTON Mailing address: 10494 FLORIDA BOULEVARD, WALKER, LA, 70785
Oasis Independent Living, LLC 1234 Del Este Avenue, Suite 901, DENHAM SPRINGS, LA, 70726	Courtney Hayes	Phone: 2252552309 Email: oasisindependentlivingllc.com Fax: 2252453474	License: 2203786896 State ID: HC0013553 Originally licensed: 2026-02-02 Effective: 2026-02-02 License issued: 2026-02-05 Expires: 2027-01-31 Parish: LIVINGSTON Mailing address: 13835 MALBEC AVENUE, BATON ROUGE, LA, 70817
Trinity Personal Care Services 30163 Walker North, Suite F, WALKER, LA, 70785	VonKeisha Pigott	Phone: 2256670083 Email: Trinitypcs@att.net Fax: 2256670093	License: 2203781112 State ID: HC0010618 Originally licensed: 2011-08-19 Effective: 2025-09-01 License issued: 2025-07-25 Expires: 2026-08-31 Parish: LIVINGSTON Mailing address: P.O. BOX 694, WALKER, LA, 70785
Faith And Hope Independent Living 83 South Main Street, GREENSBURG, LA, 70441	Tyeka Hitchen	Phone: 2252223243 Email: angrumn@gmail.com Fax: 2252223263	License: 2203781940 State ID: HC0007686 Originally licensed: 2008-07-02 Effective: 2026-03-01 License issued: 2026-01-08 Expires: 2027-02-28 Parish: ST. HELENA Mailing address: 130 VIEUX CARRE PLACE, MONROE, LA, 71203
Quality Community Homes 16810 HWY 43 SUITE A, GREENSBURG, LA, 70441	Sandy Tillery	Phone: 2252224205 Email: qc_homes@yahoo.com Fax: 2252223705	License: 2203783004 State ID: HC0011002 Originally licensed: 2012-09-28 Effective: 2025-09-01 License issued: 2025-08-15 Expires: 2026-08-31 Parish: ST. HELENA Mailing address: P.O. BOX 1148, GREENSBURG, LA, 70441
A First Name Basis Home Care 1433 W. Causeway Approach, MANDEVILLE, LA, 70471	Elizabeth N Varnado	Phone: 9858454701 Email: admin@afirstnamebasis.com Fax: 9852374723	License: 2203786717 State ID: HC0011066 Originally licensed: 2013-01-02 Effective: 2026-07-01 License issued: 2026-05-14 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: P.O. BOX 60366, LAFAYETTE, LA, 70596
About You In Home Care, LLC 201 Holiday Blvd Suite 110, COVINGTON, LA, 70433	Robert Conley	Phone: 9852466475 Email: contact@aboutyouhc.com Fax: 9853875057	License: 2203786227 State ID: HC0012983 Originally licensed: 2023-06-26 Effective: 2026-05-01 License issued: 2026-04-13 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 201 HOLIDAY BLVD SUITE 110, COVINGTON, LA, 70433
Alexander Milne Development Services 1052 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276551	License: 2203786025 State ID: HC0013108 Originally licensed: 2024-01-11 Effective: 2026-01-01 License issued: 2026-01-05 Expires: 2026-12-31 Parish: ST. TAMMANY

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
Amada Senior Care New Orleans 1331 Ochsner Blvd. Suite 101, COVINGTON, LA, 70433	Halie Moore	Phone: 9853181909 Email: halie.m@amadaseniorcare.com Fax: 9853181911	License: 2203786741 State ID: HC0013325 Originally licensed: 2024-10-18 Effective: 2025-09-01 License issued: 2025-09-30 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 1331 OCHSNER BLVD. SUITE 101, COVINGTON, LA, 70433
Arc of Greater New Orleans 2210 8th Street, MANDEVILLE, LA, 70471	Latonya Quillens	Phone: 8666904013 Email: hmatthews@arcgno.org Fax: 5048314107	License: 2203785814 State ID: HC0011374 Originally licensed: 2015-06-01 Effective: 2026-07-01 License issued: 2026-07-01 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 925 S. LABARRE ROAD, METAIRIE, LA, 70001
Assure Health Care Providers Inc 1926 Corporate Square, Suite B, SLIDELL, LA, 70458	Pauline Garcia	Phone: 9856433145 Email: assurehealthcare@bellsouth.net Fax: 9856433171	License: 15379 State ID: HC0007930 Originally licensed: 2009-05-01 Effective: 2026-06-01 License issued: 2026-05-05 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 1926 CORPORATE SQUARE, SUITE B, SLIDELL, LA, 70458
BrightCare HomeCare, LLC 2140 Eight Street, Suite B, MANDEVILLE, LA, 70471	Jamie Arton	Phone: 9852240404 Email: jamiearton@brightcarehomecare.com Fax: 9852289027	License: 2203786476 State ID: HC0012904 Originally licensed: 2022-09-02 Effective: 2026-01-01 License issued: 2025-12-08 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 112 OIL CENTER DRIVE, SUITE 17, LAFAYETTE, LA, 70503
Christwood Companion Services 100 Christwood Blvd, COVINGTON, LA, 70433	Jennifer Buchholz	Phone: 9852921221 Email: jbuchholz@christwoodrc.com Fax: 9853023286	License: 2203782021 State ID: HC0011223 Originally licensed: 2014-05-21 Effective: 2026-06-01 License issued: 2026-04-20 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 100 CHRISTWOOD BLVD, COVINGTON, LA, 70433
ComForcare Senior Services-Slidell 2101 Sergeant Alfred Drive Suite C, SLIDELL, LA, 70458	Lori A Franzo	Phone: 9857816619 Email: lfranzo@comforcare.com Fax: 9857816629	License: 2203784071 State ID: HC0005700 Originally licensed: 2004-04-14 Effective: 2026-08-01 License issued: 2026-06-30 Expires: 2027-07-31 Parish: ST. TAMMANY Mailing address: 2101 SERGEANT ALFRED DRIVE SUITE C, SLIDELL, LA, 70458
D"Nicole, LLC 114 Village Street, Suite A, SLIDELL, LA, 70458	Dondra Hills	Phone: 9853524509 Email: owner@d-nicole.com Fax: 9852149012	License: 2203786401 State ID: HC0013334 Originally licensed: 2024-10-30 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 114 VILLAGE STREET, SUITE A, SLIDELL, LA, 70458
DDMS of Louisiana No.2 800 N CAUSEWAY BLVD SUITE 1C, MANDEVILLE, LA, 70448	Reanell Smallwood	Phone: 9856744177 Email: jennifer.vath@rescare.com Fax: 9856744178	License: 2203787095 State ID: HC0006267 Originally licensed: 2005-10-01 Effective: 2026-03-30

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-06-23 Expires: 2027-02-28 Parish: ST. TAMMANY Mailing address: 800 N CAUSEWAY BLVD. SUITE 1-C, MANDEVILLE, LA, 70448
Destined For Options, LLC 1927 Corporate Square Drive Suite A, SLIDELL, LA, 70458	Candace Taylor	Phone: 9852149147 Email: dfoslidell@gmail.com Fax: 9852149116	License: 2203786510 State ID: HC0013204 Originally licensed: 2024-04-17 Effective: 2026-03-01 License issued: 2026-03-13 Expires: 2027-02-28 Parish: ST. TAMMANY Mailing address: 1927 CORPORATE SQUARE DRIVE SUITE A, SLIDELL, LA, 70458
Helping Hands For Healing Hearts 1349 CORPORATE SQUARE BLVD SUITE1, SLIDELL, LA, 70458	Linda Parker	Phone: 9856418668 Email: helpinghands7774@bellsouth.net Fax: 9856418669	License: 2203782346 State ID: HC0007704 Originally licensed: 2009-04-23 Effective: 2026-04-01 License issued: 2026-03-03 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 1349 CORPORATE SQUARE BLVD SUITE1, SLIDELL, LA, 70458
Home Instead Senior Care 106 Galeria Blvd., SLIDELL, LA, 70458	Joyce Donohue	Phone: 9857262668 Email: joyce.donohue@homeinstead.com Fax: 9857262670	License: 2203786000 State ID: HC0011004 Originally licensed: 2012-04-17 Effective: 2025-12-01 License issued: 2025-10-23 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 106 GALERIA BLVD., SLIDELL, LA, 70458
My Purpose Community Service 2201 Eleventh Street, SLIDELL, LA, 70458	Tanya Thornton	Phone: 9858479485 Email: mypurposecommunityservices@yahoo.com Fax: 9852885008	License: 2203787068 State ID: HC0006692 Originally licensed: 2005-10-01 Effective: 2026-01-15 License issued: 2026-06-03 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 2201 ELEVENTH STREET, SLIDELL, LA, 70458
New Age Social Services 1924 Corporate Square, Suite F, SLIDELL, LA, 70458	Tequila Woods	Phone: 9852017444 Email: newagesocialservices@gmail.com Fax: 5043363180	License: 2203787036 State ID: HC0013579 Originally licensed: 2026-05-04 Effective: 2026-05-04 License issued: 2026-05-05 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 1924 CORPORATE SQUARE, SUITE F, SLIDELL, LA, 70458
Right Hand Senior Care 330 Falconer Drive, Suite F, COVINGTON, LA, 70433	Susan Johnson-Smith	Phone: 9857782779 Email: heather@righthandcare.com Fax: 9853331703	License: 2203785725 State ID: HC0011432 Originally licensed: 2016-01-19 Effective: 2026-05-01 License issued: 2026-03-11 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 1175 BAY RD., AMHERST, MA, 01002
Right Hand of Slidell 691 Brownswitch Rd. Unit A, SLIDELL, LA, 70458	Jarrel Bowens	Phone: 9852503003 Email: jarrel@righthandcare.com Fax: 9853875019	License: 2203786368 State ID: HC0013264 Originally licensed: 2024-08-26 Effective: 2025-08-01 License issued: 2025-07-02 Expires: 2026-07-31 Parish: ST. TAMMANY Mailing address: 7217 OAKPOINT DRIVE, SLIDELL, LA, 70460

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Right at Home-Northshore 1301 Brownswitch Road, Suite E, SLIDELL, LA, 70461	SHELBY MCGANN	Phone: 9852885940 Email: operations@nola-rah.com Fax: 9852885942	License: 2203784840 State ID: HC0011343 Originally licensed: 2015-03-19 Effective: 2025-12-01 License issued: 2025-11-05 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 1301 BROWNSWITCH ROAD, SUITE E, SLIDELL, LA, 70461
STARC OF LOUISIANA, INC. 1689 Viola Street, MANDEVILLE, LA, 70448	MARK BAHAM	Phone: 8008696510 Email: hrocha@starcla.org Fax: 9856434496	License: 2203784800 State ID: HC0006089 Originally licensed: 1998-04-14 Effective: 2025-12-01 License issued: 2025-09-30 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 40201 HWY 190 EAST, SLIDELL, LA, 70461
Visiting Angels Private Pay Only 1148 N. Causeway Blvd., MANDEVILLE, LA, 70471	Nicole Haydel	Phone: 9856294446 Email: nhaydel@visitingangels.com Fax: 9856294497	License: 2203785847 State ID: HC0007556 Originally licensed: 2008-05-20 Effective: 2025-08-01 License issued: 2025-07-11 Expires: 2026-07-31 Parish: ST. TAMMANY Mailing address: 1148 N. CAUSEWAY BLVD., MANDEVILLE, LA, 70471
Volunteers of America Southeast Louisiana, Inc. 823 Carroll Street, Suite B, MANDEVILLE, LA, 70448	Omegia Fulgham-Lee	Phone: 9856121054 Email: olee@voasela.org Fax: 5046134349	License: 6786 State ID: HC0006786 Originally licensed: 2006-04-26 Effective: 2026-05-01 License issued: 2026-04-30 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Ace Care Giving Services, LLC 904 J W Davis Drive, HAMMOND, LA, 70403	Nieysha Brown	Phone: 9859567848 Email: evelynfilipinas@yahoo.com Fax: 9859567847	License: 2203782580 State ID: HC0008088 Originally licensed: 2009-11-23 Effective: 2026-01-01 License issued: 2025-12-02 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: 904 J W DAVIS DRIVE, HAMMOND, LA, 70403
All About U 42367 Deluxe Plaza Blvd., Suite 30, HAMMOND, LA, 70403	Martha Lee	Phone: 9853451400 Email: Allaboutu@alwaystlc.com Fax: 9853451440	License: 2203786453 State ID: HC0007250 Originally licensed: 2007-06-12 Effective: 2025-12-01 License issued: 2025-11-05 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 42367 DELUXE PLAZA BLVD., SUITE 30, HAMMOND, LA, 70403
Assistance Just For You, LLC 1115 McKaskle Drive, HAMMOND, LA, 70403	Tressa Nicholas	Phone: 9853501446 Email: asst4you@bellsouth.net Fax: 9853501453	License: 2203786507 State ID: HC0006652 Originally licensed: 2006-02-09 Effective: 2026-03-01 License issued: 2026-02-26 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: P.O. BOX 2907, HAMMOND, LA, 70404
Bridge Builders Care Services 505 Avenue F, Suite B, KENTWOOD, LA, 70444	TRANESE MILLER	Phone: 9852290007 Email: bridgebuilders.kentwoodla@gmail.com Fax: 9852290288	License: 2203781993 State ID: HC0010557 Originally licensed: 2011-08-04 Effective: 2026-05-01 License issued: 2026-04-13 Expires: 2027-04-30 Parish: TANGIPAHOA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 505 AVENUE F, SUITE B, KENTWOOD, LA, 70444
Dream Team of La, Inc. 906 CM Fagan Drive Unit 5A, HAMMOND, LA, 70403	YVETTE ANDERSON	Phone: 8774063958 Email: dreamteamofla@yahoo.com Fax: 9853403961	License: 2203785580 State ID: HC0006843 Originally licensed: 2007-01-17 Effective: 2025-12-01 License issued: 2025-11-05 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 906 CM FAGAN DRIVE UNIT 5A, HAMMOND, LA, 70403
Efficient Care, LLC 1000 N. Morrison Blvd. Suite E, HAMMOND, LA, 70401	Scheletha Cohn	Phone: 9854191982 Email: efficientcarepca@gmail.com Fax: 9854191983	License: 2203782971 State ID: HC0010556 Originally licensed: 2011-05-19 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: TANGIPAHOA Mailing address: 1000 N. MORRISON BLVD. SUITE E, HAMMOND, LA, 70401
Evergreen Presbyterian Ministries, Inc. 40052 N Hoover RD, PONCHATOULA, LA, 70454	Charmaine Jones	Phone: 9854678100 Email: charmaine.jones@evergreenls.org Fax: 9853862840	License: 2203783489 State ID: HC0006453 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 40052 HOOVER RD, PONCHATOULA, LA, 70454
Gloss Enterprise, LLC 1814 N Morrison Blvd, Suite C & D, HAMMOND, LA, 70401	MS. Regina Gordon	Phone: 9854192430 Email: reginasglossenterprise@yahoo.com Fax: 9854192431	License: 2203781050 State ID: HC0005125 Originally licensed: 2004-03-18 Effective: 2026-03-01 License issued: 2026-02-05 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: P. O. BOX 1600, AMITE, LA, 70422
Gulf Coast Social Services 906 C.M. Fagan Drive Suite 3B, HAMMOND, LA, 70403	WILLIE GREEN	Phone: 2252310363 Email: willie_green@gcssla.org Fax: 9854005417	License: 2203785062 State ID: HC0006118 Originally licensed: 1999-01-22 Effective: 2026-06-01 License issued: 2026-05-12 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 906 C.M. FAGAN DRIVE SUITE 3B, HAMMOND, LA, 70403
Hammond Strawberry Fields, Inc. 14455 UNIVERSITY AVE, HAMMOND, LA, 70401	LORI DAVIS	Phone: 9855421959 Email: hsf@hammondstrawpatch.com Fax: 9855426778	License: 2203784887 State ID: HC0006076 Originally licensed: 1998-03-13 Effective: 2026-04-01 License issued: 2026-03-04 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 14455 UNIVERSITY AVE., HAMMOND, LA, 70401
Happy Days Sheltered Workshop 10454 Rock Road, HAMMOND, LA, 70403	Cassandra Smith	Phone: 9855430574 Email: happyhavenhomes@hotmail.com Fax: 9855422832	License: 5294 State ID: HC0006052 Originally licensed: 1997-12-29 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: P. O. BOX 3092, HAMMOND, LA, 70404
Harmony Center, Inc. Butler"s Crossing 1363 Third Street, KENTWOOD, LA, 70444	SANDRA JACKS	Phone: 9852292624 Email: ctemple@harmonycenter.org Fax: 9852292668	License: 2203782085 State ID: HC0011285 Originally licensed: 2014-07-22 Effective: 2025-09-01 License issued: 2025-08-14

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 2736 FLORIDA BLVD., BATON ROUGE, LA, 70802
Helping Hands Health Services, LLC 62335 Commercial Street, ROSELAND, LA, 70456	MR. Robert L Lewis, Jr	Phone: 9857484263 Email: helpinghandshcs@yahoo.com Fax: 9857484285	License: 2203782079 State ID: HC0006618 Originally licensed: 2006-03-14 Effective: 2026-08-01 License issued: 2026-06-23 Expires: 2027-07-31 Parish: TANGIPAHOA Mailing address: P. O. BOX 1207, ROSELAND, LA, 70456
Home Instead 2202 Rue Simone, HAMMOND, LA, 70403	Matt Cohn	Phone: 9853453115 Email: mcohn@homeinsteadla.net Fax: 2258198340	License: 2203786673 State ID: HC0011009 Originally licensed: 2013-02-14 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 5055 S. SHERWOOD FOREST BLVD., BATON ROUGE, LA, 70816
Integrity Home Care, LLC 63023 Commercial Street, ROSELAND, LA, 70456	Regina Nicholes	Phone: 9852472060 Email: info@integrityhomecarellc.com Fax: 9852472254	License: 2203785594 State ID: HC0012503 Originally licensed: 2019-07-15 Effective: 2025-12-01 License issued: 2025-11-05 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 63023 COMMERCIAL STREET, ROSELAND, LA, 70456
Island Home CARE, LLC 1500 Bauerle Road, Suite 100A, HAMMOND, LA, 70403	Christine Adkins	Phone: 9852771078 Email: rebecca@islandpca.com Fax: 2253518828	License: 2203786460 State ID: HC0008319 Originally licensed: 2010-05-17 Effective: 2026-02-01 License issued: 2026-01-06 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 11015 PERKINS RD. SUITE B, BATON ROUGE, LA, 70810
Leading Home Care 1250 SW Railroad Ave, Ste 100 & 100 A, HAMMOND, LA, 70403	Stuart Sayes	Phone: 9853457031 Email: info@lhcla.com Fax: 9853457033	License: 2203785260 State ID: HC0005647 Originally licensed: 2005-05-06 Effective: 2026-03-01 License issued: 2026-01-29 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 206 W. LA RUE FRANCE, LAFAYETTE, LA, 70508
Options, Inc. 19362 West Shelton Road, HAMMOND, LA, 70401	CARRIE MERCKE	Phone: 9853456269 Email: admin@options4u.org Fax: 9853450297	License: 2511 State ID: HC0005918 Originally licensed: 1991-06-24 Effective: 2026-04-01 License issued: 2026-02-25 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 19362 W. SHELTON ROAD, HAMMOND, LA, 70401
Parishes Supportive Living, Inc. 1130 Roma Avenue, HAMMOND, LA, 70403	Crystal Vining	Phone: 9856625347 Email: parishespsl@gmail.com Fax: 9856625350	License: 2203786701 State ID: HC0005105 Originally licensed: 2005-10-01 Effective: 2026-07-01 License issued: 2026-06-04 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 1130 ROMA AVENUE, HAMMOND, LA, 70403

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Smiles, Inc. 219 East Thomas Street, HAMMOND, LA, 70401	LATWANDA WHEAT	Phone: 9853453182 Email: smiles219@hotmail.com Fax: 9856623662	License: 2413 State ID: HC0005891 Originally licensed: 1989-11-21 Effective: 2025-09-01 License issued: 2025-08-28 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 219 EAST THOMAS STREET, HAMMOND, LA, 70401
TARC 408 N. Cypress Street, HAMMOND, LA, 70401	Cecily Haley	Phone: 9853458811 Email: admin@tarchammond.com Fax: 9855490743	License: 15103 State ID: HC0006197 Originally licensed: 2000-12-11 Effective: 2025-09-01 License issued: 2025-07-25 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 408 N. CYPRESS STREET, HAMMOND, LA, 70401
TCP, Inc. (Theophilus Community Programs, Inc.) 1000 N. Morrison Blvd. Suite 9, HAMMOND, LA, 70403	Gevondelear Morris	Phone: 9854291002 Email: tcpacpadm@gmail.com Fax: 9854291448	License: 2203787066 State ID: HC0006167 Originally licensed: 2000-03-17 Effective: 2026-06-01 License issued: 2026-06-01 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: P. O. BOX 2900, GRETNA, LA, 70054
Two Wings Community Health Services, LLC 16070 Hwy 40 East, INDEPENDENCE, LA, 70443	Janice Holland	Phone: 9856062522 Email: janiceholland641@yahoo.com Fax: 9856062202	License: 2203785088 State ID: HC0012568 Originally licensed: 2020-01-16 Effective: 2026-01-01 License issued: 2025-11-05 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: 16070 HWY 40 EAST, INDEPENDENCE, LA, 70443
Wilkinson Care Giving 18314 South I-12 Service Rd. Suite A, PONCHATOULA, LA, 70454	VICTORIA BAHAM	Phone: 9854290119 Email: wilkinsoncaregiving@gmail.com Fax: 9853400119	License: 2203786636 State ID: HC0011224 Originally licensed: 2014-04-11 Effective: 2026-06-01 License issued: 2026-05-29 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 18314 SOUTH I-12 SERVICE RD. SUITE A, PONCHATOULA, LA, 70454
Affiliated Heart2Heart Homecare Services, Inc. 1304 Washington Street, Suite A, FRANKLINTON, LA, 70438	Tawanna Jones	Phone: 9857951704 Email: aheart2hearthc@yahoo.com Fax: 9857951706	License: 2203786920 State ID: HC0005143 Originally licensed: 2004-03-04 Effective: 2026-01-15 License issued: 2026-02-27 Expires: 2026-12-31 Parish: WASHINGTON Mailing address: 12553 SOUTH HARRELL'S FERRY ROAD, BATON ROUGE, LA, 70816
Community Connection Programs, Inc. 228 Richmond Street, BOGALUSA, LA, 70427	Shenikah Magee	Phone: 9857309011 Email: tarmstrong@ccprograms.org Fax: 9857309013	License: 6965 State ID: HC0006965 Originally licensed: 2005-10-01 Effective: 2025-09-01 License issued: 2025-08-26 Expires: 2026-08-31 Parish: WASHINGTON Mailing address: 1332 ORETHA CASTLE HALEY BLVD, NEW ORLEANS, LA, 70113
Community Independent Living Services, L.L.C. 940 Ellis Street, FRANKLINTON, LA, 70438	Myrna Goings	Phone: 9857950096 Email: cils@bellsouth.net Fax: 9858395114	License: 7084 State ID: HC0006134 Originally licensed: 2000-01-13 Effective: 2026-02-01 License issued: 2025-12-15

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-01-31 Parish: WASHINGTON Mailing address: 940 ELLIS STREET, FRANKLINTON, LA, 70438
Complete Choice Personal Care, LLC 1601 AVENUE F, BOGALUSA, LA, 70427	LASHANTA SCOTT	Phone: 9857351011 Email: cchoiceccare@yahoo.com Fax: 9857351012	License: 2203781581 State ID: HC0007688 Originally licensed: 2009-01-08 Effective: 2026-02-01 License issued: 2025-12-30 Expires: 2027-01-31 Parish: WASHINGTON Mailing address: 1601 AVENUE F, BOGALUSA, LA, 70427
Elaine"s Personal Care Services 423 S. Columbia Street, BOGALUSA, LA, 70427	Valincia Nichols	Phone: 8553309507 Email: elainespersonalcs@yahoo.com Fax: 9852415244	License: 2203785770 State ID: HC0012240 Originally licensed: 2017-12-12 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: WASHINGTON Mailing address: 423 S. COLUMBIA STREET, BOGALUSA, LA, 70427
Florida Parishes Resources For Independent Living, LLC 312 11th Avenue, FRANKLINTON, LA, 70438	Lou Ann Thomas	Phone: 9858391195 Email: floridaparishes@att.net Fax: 9858391197	License: 15143 State ID: HC0005078 Originally licensed: 2004-01-05 Effective: 2026-01-01 License issued: 2025-12-29 Expires: 2026-12-31 Parish: WASHINGTON Mailing address: 312 11TH AVENUE, FRANKLINTON, LA, 70438
Franklinton ARC - Washington Parish Activity Center 2008 Main Street, FRANKLINTON, LA, 70438	Debbie Schilling	Phone: 9858392998 Email: dbrock@faccla.org Fax: 9858395897	License: 10534 State ID: HC0005086 Originally licensed: 2003-09-15 Effective: 2025-11-01 License issued: 2025-09-19 Expires: 2026-10-31 Parish: WASHINGTON Mailing address: P.O. BOX 622, FRANKLINTON, LA, 70438
Mom-4-A-Day, Inc. 310 11th Avenue, FRANKLINTON, LA, 70438	Crystal St Amant	Phone: 9858398985 Email: mom4aday@bellsouth.net Fax: 9858398986	License: 15453 State ID: HC0005677 Originally licensed: 2004-09-02 Effective: 2026-01-01 License issued: 2025-12-29 Expires: 2026-12-31 Parish: WASHINGTON Mailing address: 310 11TH AVENUE, FRANKLINTON, LA, 70438
Nellie Byers Training Center 640 Avenue V, BOGALUSA, LA, 70427	Kimberly R Hopkins	Phone: 9857355216 Email: kimby.nellie@outlook.com Fax: 9857351923	License: 10005 State ID: HC0004977 Originally licensed: 2004-03-31 Effective: 2026-04-01 License issued: 2026-03-24 Expires: 2027-03-31 Parish: WASHINGTON Mailing address: 640 AVENUE V, BOGALUSA, LA, 70427
New Beginnings Personal Care Services LLC 411 Sabine Street, BOGALUSA, LA, 70427	Willisha Peters	Phone: 9855707838 Email: info@newbeginningspcs.com Fax: 9852415056	License: 2203786974 State ID: HC0012925 Originally licensed: 2023-01-13 Effective: 2026-04-17 License issued: 2026-04-20 Expires: 2027-03-31 Parish: WASHINGTON Mailing address: 411 SABINE STREET, BOGALUSA, LA, 70427
Pride And Hope Ministry Family Support Services	Myra Magee	Phone: 9857329494 Email:	License: 2203785782 State ID: HC0005505 Originally licensed: 2005-10-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
30208 HWY 21, ANGIE, LA, 70426		prideandhope@ymail.com Fax: 9852617045	Effective: 2026-07-01 License issued: 2026-04-24 Expires: 2027-06-30 Parish: WASHINGTON Mailing address: 30208 HWY 21, ANGIE, LA, 70426

Intermediate Care Facility/Developmentally Delayed — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Howell House 24646 Walker South Road, DENHAM SPRINGS, LA, 70726	LaResa Teekel	Phone: 2256653406 Email: howellhouse@live.com Fax: 2256672199	License: 2203785160 State ID: MR0002874 Originally licensed: 1987-03-30 Effective: 2025-12-01 License issued: 2025-11-25 Expires: 2026-11-30 Parish: LIVINGSTON Mailing address: P.O. BOX 970, DENHAM SPRINGS, LA, 70727
Julia Street Community Home 30199 Julia Street, ALBANY, LA, 70711	Charmaine Jones	Phone: 2255679938 Email: charmaine.jones@evergreenls.org Fax: 2255679934	License: 1032 State ID: MR0007594 Originally licensed: 2008-02-06 Effective: 2026-05-01 License issued: 2026-04-02 Expires: 2027-04-30 Parish: LIVINGSTON Mailing address: 40052 N HOOVER ROAD, PONCHATOULA, LA, 70454
La Trouve''''''''''''''''''''''''''' 30334 Milton Road, WALKER, LA, 70785	John J Barnes, Jr.	Phone: 2256651450 Email: services@latrouve.com Fax: 2256671920	License: 274 State ID: MR0002889 Originally licensed: 1982-07-01 Effective: 2026-06-01 License issued: 2026-05-06 Expires: 2027-05-31 Parish: LIVINGSTON Mailing address: P. O. BOX 727, WALKER, LA, 70785
Summer House 32649 Perkins Road, DENHAM SPRINGS, LA, 70706	LaResa Teekel	Phone: 2253692639 Email: summerhouse32649@outlook.com Fax: 2256672199	License: 2203782240 State ID: MR0003109 Originally licensed: 1989-09-14 Effective: 2026-01-01 License issued: 2025-11-25 Expires: 2026-12-31 Parish: LIVINGSTON Mailing address: P. O. BOX 970, DENHAM SPRINGS, LA, 70727
1000 Milne Circle 1000 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276551	License: 2203782379 State ID: MR0011393 Originally licensed: 2015-07-01 Effective: 2026-07-01 License issued: 2026-05-20 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1004 Milne Circle 1004 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203782381 State ID: MR0011392 Originally licensed: 2015-07-01 Effective: 2026-07-01 License issued: 2026-05-20 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1008 Milne Circle 1008 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-	License: 2203782406 State ID: MR0011388 Originally licensed: 2015-07-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
		miller@milneds.org Fax: 9853276551	Effective: 2026-07-01 License issued: 2026-05-26 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1012 Milne Circle 1012 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203782402 State ID: MR0011389 Originally licensed: 2015-08-01 Effective: 2026-08-01 License issued: 2026-06-24 Expires: 2027-07-31 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1016 Milne Circle 1016 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853726552	License: 2203782429 State ID: MR0011403 Originally licensed: 2015-08-04 Effective: 2025-09-01 License issued: 2025-07-07 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1020 Milne Circle 1020 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9883276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203782443 State ID: MR0011404 Originally licensed: 2015-08-06 Effective: 2025-09-01 License issued: 2025-07-07 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1024 Milne Circle 1024 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203783037 State ID: MR0011412 Originally licensed: 2017-01-17 Effective: 2026-02-01 License issued: 2025-11-24 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1028 Milne Circle 1028 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203782458 State ID: MR0011413 Originally licensed: 2015-08-12 Effective: 2025-09-01 License issued: 2025-07-07 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 1065 MILNE, COVINGTON, LA, 70435
1032 Milne Circle 1032 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203783259 State ID: MR0011428 Originally licensed: 2017-03-15 Effective: 2026-03-01 License issued: 2026-01-28 Expires: 2027-02-28 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1036 Milne Circle 1036 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203782462 State ID: MR0011415 Originally licensed: 2015-08-14 Effective: 2025-09-01 License issued: 2025-07-07 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
1040 Milne Circle 1040 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203782468 State ID: MR0011423 Originally licensed: 2015-09-09 Effective: 2025-10-01 License issued: 2025-08-20 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
1044 Milne Circle 1044 Milne Circle, COVINGTON, LA, 70435	Bridgette Carter-Miller	Phone: 9853276550 Email: bcarter-miller@milneds.org Fax: 9853276552	License: 2203782467 State ID: MR0011424 Originally licensed: 2015-09-11 Effective: 2025-10-01 License issued: 2025-08-20 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 1065 MILNE CIRCLE, COVINGTON, LA, 70435
Mustard Seed Group Home 41 Patricia Drive, COVINGTON, LA, 70433	Mark Baham	Phone: 9858929474 Email: hrocha@starcla.org. Fax: 9856434496	License: 649 State ID: MR0003172 Originally licensed: 1990-11-14 Effective: 2025-11-01 License issued: 2025-09-03 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 40201 HIGHWAY 190 EAST, SLIDELL, LA, 70461
Our Daily Bread 1663 Viola, MANDEVILLE, LA, 70448	Mark Baham	Phone: 9856461453 Email: hrocha@starcla.org. Fax: 9856248759	License: 2203784786 State ID: MR0003071 Originally licensed: 1988-08-25 Effective: 2025-12-01 License issued: 2025-09-19 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 40201 HIGHWAY 190 EAST, SLIDELL, LA, 70461
Potter"""""""""s Clay Community Home 1665 Viola Street, MANDEVILLE, LA, 70448	Mark Baham	Phone: 9856266246 Email: hrocha@starcla.org. Fax: 9856434496	License: 766 State ID: MR0003270 Originally licensed: 1994-08-26 Effective: 2026-02-01 License issued: 2025-11-24 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: 40201 HWY 190 EAST, SLIDELL, LA, 70461
Rock of Ages Group Home 1541 St. Ann Street, SLIDELL, LA, 70460	Mark Baham	Phone: 9852594646 Email: hrocha@starcla.org Fax: 9852594662	License: 2203784020 State ID: MR0012399 Originally licensed: 2018-07-30 Effective: 2026-07-01 License issued: 2026-05-21 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 40201 HIGHWAY 190 EAST, SLIDELL, LA, 70460
Acadiana Community Home 18542 Acadiana Street, LORANGER, LA, 70446	TERRENCE CRAWFORD	Phone: 9858788900 Email: Terrence.crawford@sevitahealth.com Fax: 9858788900	License: 2203786989 State ID: MR0002989 Originally licensed: 1989-02-12 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Alpha House 405 N General Pershing, HAMMOND, LA, 70401	Carrie Mercke	Phone: 9853456269 Email: admin@options4u.org Fax: 9853450297	License: 647 State ID: MR0003156 Originally licensed: 1990-06-30 Effective: 2026-07-01 License issued: 2026-05-06 Expires: 2027-06-30 Parish: TANGIPAHOA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 19362 W SHELTON ROAD, HAMMOND, LA, 70401
Billville Road Community Home 42175 Billville Road, HAMMOND, LA, 70403	Charmaine Jones	Phone: 2252946267 Email: charmaine.jones@evergreenls.org Fax: 2252946268	License: 2203782945 State ID: MR0011787 Originally licensed: 2016-10-11 Effective: 2025-11-01 License issued: 2025-09-26 Expires: 2026-10-31 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
C.B.s Place Group Home 1551 C.B. Temple Rd., KENTWOOD, LA, 70444	MR Collis Temple	Phone: 9852292994 Email: ctemple@harmonycenter.org Fax: 9852999976	License: 1004 State ID: MR0007003 Originally licensed: 2006-09-14 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 2736 FLORIDA BOULEVARD, BATON ROUGE, LA, 70802
Camellia Drive Community Home 1538 Camellia Drive, HAMMOND, LA, 70403	Charmaine Jones	Phone: 9853451504 Email: charmaine.jones@evergreenls.org Fax: 9853451504	License: 2203782810 State ID: MR0011670 Originally licensed: 2016-06-13 Effective: 2026-07-01 License issued: 2026-05-28 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
Creekwood Group Home 10273 Amelia Lane, HAMMOND, LA, 70403	Voris Vigee	Phone: 5044822130 Email: vvigee@voasela.org Fax: 5048362891	License: 709 State ID: MR0003219 Originally licensed: 1991-12-17 Effective: 2026-01-01 License issued: 2025-10-20 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: 4152 CANAL STREET, NEW ORLEANS, LA, 70119
Demarco Community Home 15822 Demarco Lane, HAMMOND, LA, 70403	Charmaine Jones	Phone: 9853457900 Email: charmaine.jones@evergreenls.org Fax: 9853457711	License: 2203782917 State ID: MR0011776 Originally licensed: 2016-09-13 Effective: 2025-10-01 License issued: 2025-09-04 Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
Elaine Parr House 20238 Hwy 190 East, HAMMOND, LA, 70401	LaTwanda McCoy	Phone: 9853453182 Email: smiles219@hotmail.com Fax: 9856623662	License: 583 State ID: MR0003110 Originally licensed: 1989-09-05 Effective: 2025-10-23 License issued: 2025-07-24 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 219 EAST THOMAS STREET, HAMMOND, LA, 70401
Frank Marten House 46090 Milton Road, HAMMOND, LA, 70401	LaTwanda McCoy	Phone: 9853453182 Email: smiles219@hotmail.com Fax: 9856623662	License: 712 State ID: MR0003222 Originally licensed: 1992-01-20 Effective: 2026-02-01 License issued: 2025-12-01 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 219 E. THOMAS STREET, HAMMOND, LA, 70401
Gatlin Community Home 10599 Gatlin Road, HAMMOND, LA, 70403	Charmaine Jones	Phone: 2255676600 Email: charmaine.jones@evergreenls.org Fax: 2255672800	License: 2203782916 State ID: MR0011777 Originally licensed: 2016-09-13 Effective: 2025-10-01 License issued: 2025-09-04

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
HWY 22 - West Group Home 20098 Hwy 22, PONCHATOULA, LA, 70454	Charmaine Jones	Phone: 9853862360 Email: charmaine.jones@evergreenls.org Fax: 9853869380	License: 2203782811 State ID: MR0011662 Originally licensed: 2017-06-03 Effective: 2026-07-01 License issued: 2026-05-28 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
Happy Haven Circle 42630 Hinson Road, HAMMOND, LA, 70403	Cassandra Smith	Phone: 9855430574 Email: cassandra@happyhaven.net Fax: 9855422832	License: 680 State ID: MR0003080 Originally licensed: 1989-01-09 Effective: 2025-09-01 License issued: 2025-06-30 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: P. O. BOX 3092, HAMMOND, LA, 70404
Happy Haven Perret 11365 Perret Lane, HAMMOND, LA, 70403	Cassandra Smith	Phone: 9855430574 Email: cassandra@happyhaven.net Fax: 2255422832	License: 534 State ID: MR0003064 Originally licensed: 1988-09-06 Effective: 2025-09-01 License issued: 2025-06-30 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: P. O. BOX 3092, HAMMOND, LA, 70404
Happy Haven Stein 44041 Stein Road, HAMMOND, LA, 70401	Cassandra Smith	Phone: 9855430574 Email: cassandra@happyhaven.net Fax: 9855422832	License: 628 State ID: MR0003154 Originally licensed: 1990-07-11 Effective: 2026-07-01 License issued: 2026-04-22 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: P. O. BOX 3092, HAMMOND, LA, 70404
Harvey Lavigne Community Home 24345 Harvey Lavigne Rd., PONCHATOULA, LA, 70454	Charmaine Jones	Phone: 9855422148 Email: charmaine.jones@evergreenls.org Fax: 9855422147	License: 2203783039 State ID: MR0011839 Originally licensed: 2017-01-19 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
Helen""s House 44333 Easy Street, HAMMOND, LA, 70401	LaTwanda McCoy	Phone: 9853453182 Email: smiles219@hotmail.com Fax: 9856623662	License: 538 State ID: MR0003069 Originally licensed: 1988-09-29 Effective: 2025-09-01 License issued: 2025-07-24 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 219 EAST THOMAS STREET, HAMMOND, LA, 70401
Hwy 22-East Community Home 21147 Hwy 22, PONCHATOULA, LA, 70454	Charmaine Jones	Phone: 9853862258 Email: charmaine.jones@evergreenls.org Fax: 9853862257	License: 2203783035 State ID: MR0011855 Originally licensed: 2017-01-12 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
Jake Drive Community Home	Lori Davis	Phone: 9855421959 Email: hsf@hammondstrawpatch.co	License: 500 State ID: MR0003033 Originally licensed: 1988-01-07

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
14181 North Jake Drive, HAMMOND, LA, 70401		m Fax: 9855426778	Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: 14455 UNIVERSITY AVE, HAMMOND, LA, 70401
Klein Road Group Home 43488 Klein Road, HAMMOND, LA, 70403	Charmaine Jones	Phone: 9855491913 Email: charmaine.jones@evergreenls.org Fax: 9855491913	License: 2203782380 State ID: MR0011391 Originally licensed: 2015-06-16 Effective: 2026-07-01 License issued: 2026-05-28 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 40052 N HOOVER ROAD, PONCHATOULA, LA, 70454
La Casa Community Home 11076 General Ott Road, HAMMOND, LA, 70403	CARRIE MERCKE	Phone: 9853456269 Email: cmercke@options4u.org Fax: 9853450297	License: 704 State ID: MR0003214 Originally licensed: 1991-12-05 Effective: 2025-11-05 License issued: 2025-08-20 Expires: 2026-10-31 Parish: TANGIPAHOA Mailing address: 19362 W. SHELTON ROAD, HAMMOND, LA, 70401
Marie Bradley House 17348 Womack Drive, HAMMOND, LA, 70403	LaTwanda McCoy	Phone: 9853453182 Email: smiles219@hotmail.com Fax: 9856623662	License: 552 State ID: MR0003081 Originally licensed: 1989-03-03 Effective: 2025-09-01 License issued: 2025-07-24 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 219 EAST THOMAS STREET, HAMMOND, LA, 70401
Our House 20368 Green Acres Drive, HAMMOND, LA, 70401	CARRIE MERCKE	Phone: 9853456269 Email: admin@options4u.org Fax: 9853450297	License: 348 State ID: MR0002928 Originally licensed: 1984-03-27 Effective: 2026-04-01 License issued: 2026-02-23 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 19362 W SHELTON ROAD, HAMMOND, LA, 70401
Pecan Community Home 103 East Pecan St., PONCHATOULA, LA, 70454	Charmaine Jones	Phone: 9853867831 Email: charmaine.jones@evergreenls.org Fax: 9853867831	License: 2203782789 State ID: MR0011668 Originally licensed: 2016-06-08 Effective: 2026-07-01 License issued: 2026-05-28 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
Pine Grove Community Home 42460 Pelican Drive, PONCHATOULA, LA, 70454	TERRENCE CRAWFORD	Phone: 9858823808 Email: Terrence.crawford@sevitahealth.com Fax: 5048823808	License: 2203787034 State ID: MR0002994 Originally licensed: 1986-03-30 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 805 N. WHITTINGTON, SUITE 400, LOUISVILLE, KY, 40222
Range House 44084 Bennett Road, HAMMOND, LA, 70401	Lori Davis	Phone: 9855421959 Email: hsf@hammondstrawpatch.com Fax: 9855426778	License: 537 State ID: MR0003068 Originally licensed: 1999-09-01 Effective: 2025-09-01 License issued: 2025-07-23 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: P. O. BOX 218, HAMMOND, LA, 70404

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Smith and Cook Group Home 70223 N. Rainey Street, TANGIPAHOA, LA, 70465	MR Collis Temple	Phone: 9852296121 Email: ctemple@harmonycenter.org Fax: 9852296132	License: 1003 State ID: MR0007002 Originally licensed: 2006-09-14 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 2736 FLORIDA BOULEVARD, BATON ROUGE, LA, 70802
Sunset Community Home 17362 East Little Italy Road, HAMMOND, LA, 70403	Lori Davis	Phone: 9855421959 Email: hsf@hammondstrawpatch.com Fax: 9855426778	License: 594 State ID: MR0003122 Originally licensed: 1999-09-01 Effective: 2025-09-01 License issued: 2025-07-23 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 14455 UNIVERSITY AVENUE, HAMMOND, LA, 70401
Tracey Lane Community Home 15460 Tracey Lane, INDEPENDENCE, LA, 70443	TERRENCE CRAWFORD	Phone: 9858789605 Email: Terrence.crawford@sevitahealth.com Fax: 9858789605	License: 2203787024 State ID: MR0003117 Originally licensed: 1989-09-30 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Trippi Road Community Home 19004 Trippi Road, HAMMOND, LA, 70401	TERRENCE CRAWFORD	Phone: 9855428025 Email: Terrence.crawford@sevitahealth.com Fax: 9855428025	License: 2203787026 State ID: MR0007017 Originally licensed: 2006-11-08 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 800 N. CAUSEWAY BLVD, SUITE 1C, HAMMOND, LA, 70401
Wadesboro Community Home 15212 Wadesboro Rd, PONCHATOULA, LA, 70454	Charmaine Jones	Phone: 9853869907 Email: charmaine.jones@evergreenls.org Fax: 9853869907	License: 2203783038 State ID: MR0011838 Originally licensed: 2017-01-17 Effective: 2026-02-01 License issued: 2026-01-21 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 40052 N. HOOVER ROAD, PONCHATOULA, LA, 70454
Wells Road Community Home 21106 Wells Road, PONCHATOULA, LA, 70454	TERRENCE CRAWFORD	Phone: 9853705953 Email: Terrence.crawford@sevitahealth.com Fax: 9853705953	License: 2203787029 State ID: MR0003017 Originally licensed: 1987-06-25 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 800 N CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Bob White Community Home 14425 Highway 21 South, BOGALUSA, LA, 70427	TERRENCE CRAWFORD	Phone: 9857353065 Email: Terrence.crawford@sevitahealth.com Fax: 9857353065	License: 2203786992 State ID: MR0002983 Originally licensed: 1985-08-22 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: WASHINGTON Mailing address: 800 NORTH CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Enon Road Community Home 59415 Highway 60, BOGALUSA, LA, 70427	TERRENCE CRAWFORD	Phone: 9857357606 Email: Terrence.crawford@sevitahealth.com	License: 2203786998 State ID: MR0002995 Originally licensed: 1985-11-15 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: WASHINGTON

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 800 N. CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
Hamilton Group Home 2017 Hamilton Street, FRANKLINTON, LA, 70438	TERRENCE CRAWFORD	Phone: 9858395133 Email: Terrence.crawford@sevitahealth.com Fax: 9858395133	License: 2203787001 State ID: MR0003018 Originally licensed: 1987-05-21 Effective: 2026-03-31 License issued: 2026-05-04 Expires: 2027-02-28 Parish: WASHINGTON Mailing address: 800 N CAUSEWAY BLVD, SUITE 1C, MANDEVILLE, LA, 70448
May Street Community Home 1314 May Street, FRANKLINTON, LA, 70438	Terrence Crawford	Phone: 9858396671 Email: Terrence.crawford@sevitahealth.com Fax: 9858396671	License: 2203787010 State ID: MR0002986 Originally licensed: 1985-09-26 Effective: 2026-03-31 License issued: 2026-05-05 Expires: 2027-02-28 Parish: WASHINGTON Mailing address: 800 N. CAUSEWAY BLVD, SUITE 1C, LOUISVILLE, KY, 40222

Legal Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
Garcia & Coman	Manager	504-814-4654	Experienced physical, mental, sexual abuse, physical punishment, and neglect?
Southeast Louisiana Legal Services (SLLS) Washington parish , St Helena, Tangipahoa	Manager	985-345-2130	A non-profit offering free civil legal aid to low-income residents, covering St. Helena Parish through their Hammond office for issues like housing, benefits, and family law.

Volunteer and Faith-Based Services

Organization / Provider	Contact Person	Phone / Email	Services Provided
St Helena Catholic Outreach	Director	985-748-9057	We, at St. Helena Catholic Church, are concerned with educating, directing, and sustaining all who visit. In particular those who draw near to the teachings and traditions of Holy Mother Church. We strive to achieve this by utilizing the Cardinal Virtues of Justice, Prudence, Temperance and Fortitude.
Volunteers of America (VOA)	Director	225-387-0061	Volunteers of America South Central Louisiana inspire self-sufficiency, dignity, and hope by providing critical health and human services to thousands of vulnerable individuals and families across South Central Louisiana. Established in Baton Rouge in 1921, Volunteers of America South Central Louisiana now serves a 27-parish area. Our vision is to engage the energy and spirit of the people of Louisiana, to care for our neighbors who need help today, and to build healthier, more compassionate communities for tomorrow.

Household Repair - Plumbing, Electrical, Flooring, etc.

Organization / Provider	Contact Person	Phone / Email	Services Provided
Pelican Furniture and Home Repairs LLC	Manager	985-630-4811	Offering floor to roof repairs and remodels such as interior and exterior painting, drywall, bathroom remodels, tile, vinyl plank flooring, exterior repairs, etc. Quality work for a good price.
Victory Plumbing Repair	Manager	225-305-6333	The most common plumbing repairs involve clogged drains, dripping/leaky faucets, and running toilets, which waste water and money, alongside issues like water heater problems, low water pressure, leaky pipes, garbage disposal failures, and sewer line
Vortex Plumbing	Manager	225-935-8172	We are a licensed master plumbing company. We answer when no one else does don't flush without the vortex touch.
Cajun Maintenance	Manager	225-372-3244	Service offered Plumbing, water, heater, installation/repair, Hydro-jetting, Bathtub installation, Drain repair, Bathtub repair,
Foulks Southern Air & Plumbing	Manager	985-316-5130	Find & repair leak, Install faucet, Install garbage disposal, Install water heater, Repair faucet, Repair garbage disposal, Repair outdoor systems
All Star Plumbing and Air	Manager	985-778-2145	Find & repair leak, Install water heater, Repair pipe, Repair sewer, Repair toilet, Repair water heater, Unclog drain
Prestige Plumbing	Manager	985-503-0453	Find & repair leak, Install faucet, Install garbage disposal, Install water heater, Repair faucet, Repair garbage disposal, Repair outdoor systems

Heating Ventilation and Air Conditioning (HVAC)

Organization / Provider	Contact Person	Phone / Email	Services Provided
River City One Hour Air Conditioning & Heating	Manager	225-32-8692	AC maintenance, Heating maintenance, HVAC maintenance, Install AC, Install heating system, Repair AC, Repair heating system, Repair Heating
Ward Mechanical Contractors, Inc.	Manager	225-399-9035	The purpose of HVAC (Heating, Ventilation, and Air Conditioning) is to control a building's indoor environment by regulating temperature, humidity, and air quality, ensuring thermal comfort and healthy, breathable air by providing heating in winter, cooling in summer, filtering contaminants, and circulating fresh air. Essentially, it creates a comfortable, safe, and productive atmosphere in homes, offices, and other enclosed spaces year-round.
Foulks Southern Air Heating and Cooling	Manager	985-412-2291	AC maintenance, Clean ducts & vents, Ductless heating and AC services, Heating maintenance, HVAC maintenance, Install AC, Install ducts

Organization / Provider	Contact Person	Phone / Email	Services Provided
Airnow	Manager	985-495-0818	AC maintenance, Ductless heating and AC services, HVAC maintenance, Install AC, Install ducts & vents, Install heating system, Install
TMAC Heating & Cooling, LLC	Manager	985-298-9399	AC maintenance, Ductless heating and AC services, Heating maintenance, HVAC maintenance, Install AC, Install ducts & vents, Install
Full Time Electric & A/C	Manager	985-465-0055	AC maintenance, Ductless heating and AC services, Heating maintenance, HVAC maintenance, Install AC, Install ducts & vents, Install
Comfort Concepts LLC	Manager	985-298-9456	AC maintenance, Ductless heating and AC services, Heating maintenance, HVAC maintenance, Install AC, Install ducts & vents, Install

Pest Control - Bed Bugs, Fleas, Pest Infestation

Organization / Provider	Contact Person	Phone / Email	Services Provided
Redd pest Solutions	Manager	888-957-3994	The purpose of pest control is to protect human health, safety, and property by managing or eliminating organisms (pests) that spread diseases, contaminate food, damage structures, or cause allergies, ensuring comfortable and safe living/working environments, and preventing economic losses from infestations. It involves prevention, suppression, and eradication of pests like insects, rodents, and birds using various methods.

Janitorial, Biohazard and Hoarding Cleanup

Organization / Provider	Contact Person	Phone / Email	Services Provided
Louisiana's Biohazard, Hoarding & Extreme Cleaning Specialists	ValexX Sykes	504-722-1504	We are EXIT BIOHAZARD & CRIME SCENE CLEANUP. We are dedicated to making sure our service is the best and that we are there for you in your time of need. But who are we? Exit was founded by Valek X. Sykes. He is the owner and the one responsible for making Exit what it is today.

Pharmacy/Medication Delivery and Discounts

Organization / Provider	Contact Person	Phone / Email	Services Provided
CVS (Deham Spring)	Manager	225-664-9452	

Organization / Provider	Contact Person	Phone / Email	Services Provided
James Drug Store(Deham Spring)	Manager	225-665-5186	At James Drug Store, we're committed to helping you live a healthier life. Our pharmacy staff would be happy to help you with any questions you may have.
Layton Family Pharmacy	Manager	985-888-1170	Layton's Family Pharmacy is a locally-owned independent pharmacy dedicated to providing outstanding care to our patients. At Layton Family Pharmacy, we are dedicated to providing a wide range of high quality services that meet all of your health care needs. We are your source for all of your healthcare needs, including vitamins, specialty medication, free delivery for home bound patients, blister packing, and traditional prescription filling. We know your time is important and we strive to provide friendly and prompt service with no long wait times. Shop at Layton Family Pharma
Braswell Pharmacy	Manager	985-89-0818	According to research, home delivery of prescription drugs supports patients' timely access to medications for chronic and behavioral health conditions
Our Lady of Guasalupe Pharmacy	Manager	337-826-9810	We are located in the rural community of Grand Prairie, Louisiana, providing friendly, prompt and quality service at reasonable prices.

Home Health

Organization / Provider	Contact Person	Phone / Email	Services Provided
CenterWell Home Health(Hammond)	Carrie Matherne	985-429-9040	They bring personalized skills care directly to senior citizens their teams have nurses therapists they assess the physical and emotions and social wellness of our patients.
Apex Home Health Inc	Marcel Whitman	985-662-0552	Urgent care visits, chronic disease management and mental health and psychiatric care
Forest Manor Nursing and Rehabilitation Center	Mr. Clay Pere	985-892-6900	The purpose of a nursing home is to provide a residential setting for individuals who require 24-hour medical care and assistance with daily living activities that they can no longer perform independently. They serve those who are not sick enough for a hospital but cannot be cared for at home, offering both long-term and short-term rehabilitation services.
Hammond Nursing Home	Mr. Marcus C Naquin	985-542-1200	24/7 medical care: Nursing homes provide skilled nursing care, including medical monitoring, wound care, and management of chronic conditions, with licensed nurses and physicians available around the clock. Assistance with daily activities: Staff help with personal needs such as bathing, dressing, eating, and moving around, which is often referred to as "custodial care".

Organization / Provider	Contact Person	Phone / Email	Services Provided
Ponchatoula Community Care Center	Korey W Landry	985-229-2112	Ultimately, the primary purpose of a nursing home is to provide care and support for people with complex conditions, those who have a disability or are living with a terminal illness. Often, residents who live in nursing homes struggle significantly with daily life, which means they require additional support.
Golden Age Healthcare and Rehabilitation Center	Matt Bourque	225-665-5544	Golden Age Skilled Nursing Facility in Denham Springs, Louisiana, provides a warm and welcoming place of joy and dignity to those who desire a short-term stay of rehabilitation or for those who can no longer safely live alone. Our comprehensive and holistic program of care helps enhance our residents' quality of life and provides them with a place they are proud to call home.
Heritage Manor of Mandeville	Cindy Hilbaert	985-626-4798	Heritage Manor of Mandeville is a health care community offering individuals a place to recover, rehabilitate and/or reside, depending on their specific needs. For individuals who need short-term care after a surgery or hospital stay, we provide the skilled nursing services that help speed recovery and get you back home safely. For those who have had joint replacement surgery or a medical event such as a heart attack or stroke, our rehabilitation therapies help increase your mobility, strength, and ability to function. If you've reached a point where you need regular medical monitoring, we also provide long-term care in a homelike environment with plenty of activities to help nurture the body, mind and spirit. Whatever your healthcare needs, our staff is here to welcome you and help ensure you receive the care you need to reach your optimum level of health and well-being

Home Health — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
VitalCaring Group 1211 North Range Ave, Suite A, DENHAM SPRINGS, LA, 70726	Jenee Leblanc	Phone: 2252911230 Email: licensing@vitalcaring.com Fax: 2256644040	License: 2203781823 State ID: HH0001555 Originally licensed: 1995-10-01 Effective: 2025-11-01 License issued: 2025-10-22 Expires: 2026-10-31 Parish: LIVINGSTON Mailing address: P.O. BOX 222132 DALLAS TEXAS75222, DALLAS, TX, 75222
Concerned Care Home Health, Inc. 125 North Theard Street, Suite C,, COVINGTON, LA, 70433	RICHARD MARTIN	Phone: 9858923947 Email: rick.martin@concernedcare.com Fax: 5042108892	License: 2203786197 State ID: HH0001197 Originally licensed: 1970-05-11 Effective: 2026-04-01 License issued: 2026-03-17 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 125 NORTH THEARD STREET, SUITE C,, COVINGTON, LA, 70433
Family Home Health Agency	Robert Duane Pounds	Phone: 9857324892 Email:	License: 2203786683 State ID: HH0001340

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
109 Northpark Blvd Suite 310, COVINGTON, LA, 70433		keith.cooper@bhihealth.org Fax: 9857321878	Originally licensed: 1991-01-13 Effective: 2026-01-01 License issued: 2025-11-24 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 17617 S. HARRELLS FERRY RD, BATON ROUGE, LA, 70816
Key Home Health Care 69106 Hwy 190 Service Road, COVINGTON, LA, 70433	Amy P Boehm	Phone: 9855491539 Email: info@keyhomehealth.com Fax: 9855491577	License: 2203786902 State ID: HH0001542 Originally licensed: 1995-08-01 Effective: 2026-01-15 License issued: 2026-02-12 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 69106 HWY 190 SERVICE RD., COVINGTON, LA, 70433
Mercy Home Health Services. 1011 North Causeway Blvd, Suite 19, MANDEVILLE, LA, 70471	Stacy Brown	Phone: 9856741699 Email: kkramer@mercyhhs.com Fax: 9858886115	License: 2203786311 State ID: HH0001549 Originally licensed: 1995-09-05 Effective: 2026-05-01 License issued: 2026-04-16 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: PO BOX 1212, MANDEVILLE, LA, 70470
Ochsner Home Health of Covington 121 Park Place, Suite 1, COVINGTON, LA, 70433	JESSICA DUNLAVY	Phone: 9858927627 Email: lra@lhcgroup.com Fax: 9858927959	License: 2203784888 State ID: HH0001252 Originally licensed: 1984-09-27 Effective: 2025-12-01 License issued: 2025-10-28 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Omni Home Care 68445 Tammany Trace, MANDEVILLE, LA, 70471	STACEY MOLERO	Phone: 9856745175 Email: smolero@omnihomecare.com Fax: 9856745177	License: 1013 State ID: HH0001224 Originally licensed: 1984-08-31 Effective: 2025-09-01 License issued: 2025-08-07 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 68445 TAMMANY TRACE, MANDEVILLE, LA, 70471
Pulse Home Health Care 71683 Riverside Dr., Ste 110, COVINGTON, LA, 70433	SHEILA CARTER	Phone: 9858457088 Email: mitzi@superiorhhc.com Fax: 9858457098	License: 2203785723 State ID: HH0001262 Originally licensed: 1984-12-19 Effective: 2026-07-01 License issued: 2026-06-24 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 71683 RIVERSIDE DRIVE STE 110, COVINGTON, LA, 70433
SMH-Ochsner Home Health of Slidell 660 Oak Harbor Blvd, Ste 100, SLIDELL, LA, 70458	Gary Hendricks	Phone: 9856494990 Email: lra@lhcgroup.com Fax: 9856493507	License: 2203785297 State ID: HH0001228 Originally licensed: 1983-11-07 Effective: 2026-01-01 License issued: 2025-12-01 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: P.O. BOX 51266, LAFAYETTE, LA, 70505
Southeast Louisiana Home Health, LLC 832 E. Boston Street Ste 10, COVINGTON, LA, 70433	Heather Branch	Phone: 9858928008 Email: dcreighton@hcofla.com Fax: 9858938752	License: 2203784395 State ID: HH0001189 Originally licensed: 1970-03-02 Effective: 2026-03-01 License issued: 2026-02-25 Expires: 2027-02-28 Parish: ST. TAMMANY Mailing address: 832 E. BOSTON ST., #10, COVINGTON, LA, 70433

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
St. Tammany Hospital Home Health 101 Ashland Way, Ste 1, MADISONVILLE, LA, 70447	CINDY FOWLER	Phone: 9858984414 Email: cfowler@stph.org Fax: 9858984361	License: 2203785841 State ID: HH0001258 Originally licensed: 1984-10-24 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 101 ASHLAND WAY STE 1, MADISONVILLE, LA, 70447
APEX Home Health, LLC 1402 South Magnolia Street, Suite I & J, HAMMOND, LA, 70403	Marcel Whitman	Phone: 9856620552 Email: marcel@apexhh.com Fax: 9854675704	License: 2203782802 State ID: HH0001241 Originally licensed: 1984-03-08 Effective: 2026-05-01 License issued: 2026-04-14 Expires: 2027-04-30 Parish: TANGIPAHOA Mailing address: 1402 SOUTH MAGNOLIA, SUITE I & J, HAMMOND, LA, 70403
At Home Healthcare 150 S 7th St Ste B, PONCHATOULA, LA, 70454	BRIAN CHEHARDY	Phone: 5045133125 Email: bchehardy@athomehc.com Fax: 5045133126	License: 2203785135 State ID: HH0001451 Originally licensed: 1994-08-02 Effective: 2025-09-01 License issued: 2025-08-04 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: P.O. BOX 7550, METAIRIE, LA, 70001
Audubon Home Health of Hammond 307 W. Minnesota Park Rd, Ste 2, HAMMOND, LA, 70403	Ray Banker	Phone: 9855422010 Email: dtroxclair@audubonhomehealth.com Fax: 9855420880	License: 2203785954 State ID: HH0001313 Originally licensed: 1990-05-02 Effective: 2026-07-01 License issued: 2026-06-18 Expires: 2027-06-30 Parish: TANGIPAHOA Mailing address: 9256 INTERLINE AVE., BATON ROUGE, LA, 70809
CenterWell Home Health 1305 Derek Drive, Suites 1 & 2, HAMMOND, LA, 70403	Carrie Matherne	Phone: 9854299040 Email: FacilityLicensure@centerwellhomehealth.com Fax: 9854291858	License: 1210 State ID: HH0001398 Originally licensed: 1992-09-15 Effective: 2026-04-01 License issued: 2026-03-13 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 6630 SPRINT PARKWAY, SUITE 300:LICENSING DEPT, OVERLAND PARK, KS, 66211
Egan-Ochsner Home Health Northshore 1200 Derek Drive, Ste 202, HAMMOND, LA, 70403	Connie Fiorella	Phone: 9853864958 Email: lra@lhcgroup.com Fax: 9853863169	License: 2203784927 State ID: HH0001173 Originally licensed: 1984-02-07 Effective: 2026-05-01 License issued: 2026-04-16 Expires: 2027-04-30 Parish: TANGIPAHOA Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
Elara Caring 109 W. Minnesota Park Ste. 6A, HAMMOND, LA, 70403	ANDREA BELL	Phone: 9855490865 Email: regulatory@elara.com Fax: 9855491956	License: 2203787101 State ID: HH0001361 Originally licensed: 1991-09-05 Effective: 2025-10-06 License issued: 2026-06-29 Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 3010 LYNDON B JOHNSON FREEWAY SUITE 1100, DALLAS, TX, 75234
Elara Caring 109 West Minnesota Park STE 6, HAMMOND, LA, 70403	Renee Brockman	Phone: 9853408000 Email: regulatory@elara.com Fax: 9853408004	License: 2203786953 State ID: HH0001336 Originally licensed: 1983-06-20 Effective: 2025-10-06 License issued: 2026-04-07

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 3010 LYNDON B. JOHNSON FREEWAY STE 1100, DALLAS, TX, 75234
Life Source Home Health 107 N. Linden St., STE B, HAMMOND, LA, 70403	Greg Deichman	Phone: 9854191999 Email: apeters@lifesourcehh.com Fax: 9854190201	License: 2203786538 State ID: HH0001187 Effective: 2026-04-01 License issued: 2026-03-26 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 107 N LINDEN STREET, STE. B, HAMMOND, LA, 70401
Modern Home Health, Inc. 15781 Professtional Plaza, HAMMOND, LA, 70403	BRAD MATHERNE	Phone: 9854290210 Email: brad@modernhomehealth.net Fax: 9854292635	License: 2203784965 State ID: HH0001510 Originally licensed: 1994-12-27 Effective: 2026-02-01 License issued: 2026-01-08 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 15781 PROFESSTIONAL PLAZA, HAMMOND, LA, 70403
Stat Home Health Triton 19184 Dr John Lambert Dr, HAMMOND, LA, 70403	Kira Gilmore	Phone: 9859567041 Email: lmartinez@carpenterhealth.net Fax: 9856527072	License: 2203785343 State ID: HH0001240 Originally licensed: 1984-02-08 Effective: 2026-06-01 License issued: 2026-05-28 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 10615 JEFFERSON HIGHWAY, BATON ROUGE, LA, 70809
VitalCaring Group 41601 Veterans Ave. Suite 200A, HAMMOND, LA, 70403	Ashley Bottolfs	Phone: 9853456343 Email: licensing@vitalcaring.org Fax: 9853455136	License: 2203786220 State ID: HH0001180 Originally licensed: 1996-01-03 Effective: 2025-11-01 License issued: 2025-10-24 Expires: 2026-10-31 Parish: TANGIPAHOA Mailing address: 8150 NORTH CENTRAL EXPWY SUITE 1800, DALLAS, TX, 75206

Hospice — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Foundations Hospice 29937 South Montpelier Road, Ste D, ALBANY, LA, 70711	MARK MALKEMUS	Phone: 2252095629 Email: office@foundationshospice.com Fax: 2252096253	License: 2203785224 State ID: HP0012812 Originally licensed: 2022-02-21 Effective: 2026-02-01 License issued: 2025-12-04 Expires: 2027-01-31 Parish: LIVINGSTON Mailing address: 29937 SOUTH MONTPELIER ROAD, STE D, ALBANY, LA, 70711
Angel Touch Hospice 201 S. Main St., GREENSBURG, LA, 70441	Dr. Noah Johnson	Phone: 2252226170 Email: njohnson@anfelth.org Fax: 2253318086	License: 2203786171 State ID: HP0013210 Originally licensed: 2024-03-25 Effective: 2025-03-01 License issued: 2026-02-24 Expires: 2026-02-28 Parish: ST. HELENA Mailing address: 201 S. MAIN ST, GREENSBURG, LA, 70441
Concerned Care Hospice 125 North Theard St, Ste C, COVINGTON, LA, 70433	TIFFANY GOUX	Phone: 9858923947 Email: rick.martin@concernedcare.com Fax: 5042108892	License: 2203786195 State ID: HP0004737 Originally licensed: 2004-09-21 Effective: 2026-04-01 License issued: 2026-03-17

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 125 NORTH THEARD ST, STE C, COVINGTON, LA, 70433
Egan Hospice 121 Park Place, Suite 2, COVINGTON, LA, 70433	STEPHAINE CARTER	Phone: 9854675883 Email: LRA@lhcgroup.com Fax: 9854674346	License: 2203784826 State ID: HP0007452 Originally licensed: 2007-12-18 Effective: 2025-12-01 License issued: 2025-10-27 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: PO BOX 51266, LAFAYETTE, LA, 70505
Enhabit Hospice of the Northshore 360 Gateway Drive, Suite B, SLIDELL, LA, 70461	JAMIE WESTBROOK	Phone: 9857321762 Email: licensing@ehab.com Fax: 9857321944	License: 2203786712 State ID: HP0004849 Originally licensed: 2005-03-24 Effective: 2026-07-01 License issued: 2026-06-30 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 6688 N. CENTRAL EXPRESSWAY SUITE 1300, DALLAS, TX, 75206
Hospice Compassus - Greater New Orleans 1301 West Causeway Approach, MANDEVILLE, LA, 70471	KRISTY CALEYO	Phone: 9856398000 Email: licensure@compassus.com Fax: 9856398212	License: 2203781999 State ID: HP0004351 Originally licensed: 2001-01-26 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 1301 WEST CAUSEWAY APPROACH, MANDEVILLE, LA, 70471
Interim Healthcare Hospice of East Louisiana 2637 North Causeway Blvd., MANDEVILLE, LA, 70471	Stephanie Aucoin	Phone: 9852340400 Email: icognevich@interimhealthcare.com Fax: 9858886112	License: 2203785564 State ID: HP0010698 Originally licensed: 2012-05-03 Effective: 2025-12-01 License issued: 2025-10-21 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 2637 NORTH CAUSEWAY BLVD., MANDEVILLE, LA, 70741
Passages Hospice 46 Louis Prima Drive, STE A, COVINGTON, LA, 70433	Kelly Anderson	Phone: 5048754204 Email: shelleybarreca@gmail.com Fax: 5048754522	License: 2203786892 State ID: HP0010718 Originally licensed: 2012-06-01 Effective: 2025-11-27 License issued: 2026-01-28 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 617 DUBLIN ST, NEW ORLEANS, LA, 70118
St. Joseph Hospice and Palliative Care Northshore, LLC 409 W 21st Ave, Ste A, COVINGTON, LA, 70433	JAMIE WESTBROOK	Phone: 9858926955 Email: lmartinez@carpenterhealth.net Fax: 9853023754	License: 2203785545 State ID: HP0007103 Originally licensed: 2007-03-19 Effective: 2025-09-01 License issued: 2025-07-30 Expires: 2026-08-31 Parish: ST. TAMMANY Mailing address: 10615 JEFFERSON HWY., BATON ROUGE, LA, 70809
St. Tammany Hospital Hospice 101 Ashland Way, Suite 2, MADISONVILLE, LA, 70447	CINDY FOWLER	Phone: 9858715976 Email: cfowler@stph.org Fax: 9858715977	License: 2203785973 State ID: HP0001759 Originally licensed: 1995-05-01 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 725 WEST 11TH AVENUE, COVINGTON, LA, 70433

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Traditions Health 303 West 21st Avenue, COVINGTON, LA, 70433	DIANNA GLASCOCK	Phone: 9858933301 Email: licensing@vitalcaring.com Fax: 9858933401	License: 2203785142 State ID: HP0004757 Originally licensed: 2004-11-08 Effective: 2026-05-01 License issued: 2026-05-06 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 8150 NORTH CENTRAL EXPWY SUITE 1800, DALLAS, TX, 75206
ACG Hospice 1109 Fagan Drive Ste N, HAMMOND, LA, 70403	LACIE SIMONEAUX	Phone: 9857731995 Email: pamela.duncan@agapecaregroup.com.com Fax: 9857731098	License: 2203785374 State ID: HP0007161 Originally licensed: 2007-04-27 Effective: 2026-03-01 License issued: 2026-02-10 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 187 B. CHURCH STREET, STE 201, SPARTANBURG, SC, 29306
Apex Hospice 1402 South Magnolia St., Suite F.., HAMMOND, LA, 70403	MARCEL WHITMAN	Phone: 9854023050 Email: marcel@apexhh.com Fax: 9854675704	License: 2203786574 State ID: HP0012848 Originally licensed: 2022-06-20 Effective: 2026-01-01 License issued: 2025-12-17 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: 1170 WEST CAUSEWAY APPROACH, MANDEVILLE, LA, 70471
Hospice Specialists of Louisiana 150 S. 7th St, Suite C, PONCHATOULA, LA, 70454	David G Romero,LCSW	Phone: 9852881670 Email: dromero@hospicespla.com Fax: 8664229549	License: 2203785039 State ID: HP0012366 Originally licensed: 2017-02-24 Effective: 2026-06-01 License issued: 2026-05-26 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: P.O. BOX 7550, METAIRIE, LA, 70010
Modern Hospice 15781 Professtional Plaza, HAMMOND, LA, 70403	CHRISTY BEARD	Phone: 9854290210 Email: christy@modernhospice.net Fax: 8772396687	License: 2203784867 State ID: HP0003984 Originally licensed: 2000-09-14 Effective: 2026-02-01 License issued: 2026-01-13 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 15781 PROFESSTIONAL PLAZA, HAMMOND, LA, 70403
North Oaks Hospice 15790 Paul Vega MD Drive, HAMMOND, LA, 70403	CHERYL FLYNN	Phone: 9852307620 Email: mcandrewg@northoaks.org Fax: 9852307636	License: 354 State ID: HP0001763 Originally licensed: 1992-07-21 Effective: 2026-02-01 License issued: 2025-12-09 Expires: 2027-01-31 Parish: TANGIPAHOA Mailing address: 15790 PAUL VEGA MD DRIVE, HAMMOND, LA, 70403
Southern Grace Hospice 510 E. Morris Ave., HAMMOND, LA, 70403	Leeh Benoit	Phone: 9852771945 Email: lbenoit@southerngracehpc.com Fax: 9852771946	License: 2203786567 State ID: HP0007388 Originally licensed: 2007-10-08 Effective: 2025-12-01 License issued: 2025-11-07 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 510 E MORRIS AVE, HAMMOND, LA, 70403
VitalCaring Group 41601 Veterans Ave. Suite 200B, HAMMOND, LA, 70403	TERESA LEE	Phone: 5044566011 Email: licensing@vitalcaring.org Fax: 5044566964	License: 2203786245 State ID: HP0001765 Originally licensed: 1989-10-24 Effective: 2025-11-01 License issued: 2025-10-28 Expires: 2026-10-31 Parish: TANGIPAHOA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: P.O. BOX 222132, DALLAS, TX, 75222
Community Care Hospice 2124 Washington Street, FRANKLINTON, LA, 70438	PAULA PAINTER	Phone: 9853401880 Email: sdillonshandill@yahoo.com Fax: 9853407872	License: 2203786865 State ID: HP0007068 Originally licensed: 2006-12-21 Effective: 2026-01-01 License issued: 2026-01-05 Expires: 2026-12-31 Parish: WASHINGTON Mailing address: 2124 WASHINGTON STREET, FRANKLINTON, LA, 70438
Superior Pulse Hospice, LLC 1913 Main St., Suite 200, FRANKLINTON, LA, 70438	Reshee C Keller	Phone: 9858392575 Email: david@superiorhhc.com Fax: 9858395793	License: 2203786949 State ID: HP0013103 Originally licensed: 2024-04-29 Effective: 2026-01-16 License issued: 2026-03-29 Expires: 2026-12-31 Parish: WASHINGTON Mailing address: 1913 MAIN ST. SUITE 200, FRANKLINTON, LA, 70438

Nurse Staffing Agencies — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Impact Talent Solutions 3840 Emerald Dr STE 350, MANDEVILLE, LA, 70471	Greg Davis Jr	Phone: 2104718200 Email: greg.davis@ballardbrands.com Fax: 9859515069	License: 2203786265 State ID: NS0013289 Originally licensed: 2024-06-27 Effective: 2026-06-01 License issued: 2026-04-07 Expires: 2028-05-31 Parish: ST. TAMMANY Mailing address: 3840 EMERALD DR STE 350, MANDEVILLE, LA, 70471
TREO MedStaff LLC 205 Holiday Blvd, Suite 112, COVINGTON, LA, 70433	Trudy Cuiellette	Phone: 9858453339 Email: trudy@treomedstaff.com Fax: 2134035401	License: 2203786559 State ID: NS0013432 Originally licensed: 2025-05-15 Effective: 2025-05-15 License issued: 2025-05-15 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: P.O. BOX 1354, MADISONVILLE, LA, 70447
Vital Medical Staffing 735 N Causeway Blvd Suite 204, MANDEVILLE, LA, 70448	Robert Conley	Phone: 8508000010 Email: bob@louisiananursestaffing.com Fax: 9853875057	License: 2203786672 State ID: NS0013257 Originally licensed: 2024-05-01 Effective: 2025-08-10 License issued: 2025-08-10 Expires: 2027-07-31 Parish: ST. TAMMANY Mailing address: 735 N CAUSEWAY BLVD SUITE 204, MANDEVILLE, LA, 70448
Integra Care Medical Staffing 30523 Aviation Ln, TICKFAW, LA, 70466	Wayne Spring	Phone: 2252099940 Email: waynespring@charter.net Fax: 2252099941	License: 2203786233 State ID: NS0013277 Originally licensed: 2024-05-30 Effective: 2026-05-01 License issued: 2026-03-23 Expires: 2028-04-30 Parish: TANGIPAHOA Mailing address: 30523 AVIATION LN, TICKFAW, LA, 70466

Hospitals

Organization / Provider	Contact Person	Phone / Email	Services Provided
North Oaks	Mike K Sutton	985-230-6482	The main purpose of a hospital is to provide medical care, including diagnosis, treatment, and recovery services for patients with illnesses and injuries. Hospitals also serve to educate future healthcare professionals, conduct medical research, and provide a community resource for health and social services.
St. Tammany Parish Hospital	Joan M Coffeman	985-898-4000	Provide medical care, including diagnosis, treatment for acute and complex conditions, and emergency services. Recovery: Care for patients during their recovery from illness or surgery. Stabilization: Administer critical interventions and stabilize patients in emergency situations. Specialized services: Offer advanced and specialized care that may not be available elsewhere.
Riverside Medical Center	Jimmy Siebert	985-839-4431	The primary purpose of a hospital is to provide diagnostic and therapeutic patient services for various medical conditions, helping people recover from illness and injury and return to the community. Beyond immediate patient care, hospitals also serve as centers for medical education, research, and community health initiatives.
Lallie Kemp Medical Center	Lisa Bruhl	985-878-9421	Core Functions of a Hospital Diagnosis and Treatment: Hospitals are equipped with specialized staff and medical equipment to diagnose a wide range of diseases and provide effective treatment for the sick and injured. This includes everything from routine check-ups and surgical procedures to ongoing care for chronic conditions.
Hood Memorial Hospital	James Michael Washington	985-748-9485	In essence, hospitals are complex institutions dedicated to improving the health and well-being of individuals and communities by providing comprehensive medical services and advancing the field of medicine.

Hospital — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Sage Specialty Hospital 8375 Florida Boulevard, DENHAM SPRINGS, LA, 70726	SYBIL MILES	Phone: 2256652664 Email: smiles@sageltac.com Fax: 2256650736	License: 2203783624 State ID: HO0001699 Originally licensed: 1990-12-19 Effective: 2025-08-01 License issued: 2025-07-02 Expires: 2026-07-31 Parish: LIVINGSTON Mailing address: 8375 FLORIDA BLVD, DENHAM SPRINGS, LA, 70726
St. Helena Parish Hospital 16874 Highway 43, GREENSBURG, LA, 70441	MR Naveed Awan	Phone: 2252226111 Email: nawan@shhosp.org Fax: 2252224819	License: 102 State ID: HO0001623 Originally licensed: 1966-12-07 Effective: 2026-02-01 License issued: 2025-12-22 Expires: 2027-01-31 Parish: ST. HELENA Mailing address: 16874 HIGHWAY 43, GREENSBURG, LA, 70441

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Avala 67252 Industry Lane, COVINGTON, LA, 70433	BILL HANKINS	Phone: 9858016252 Email: bhankins@avala.com Fax: 9858013099	License: 2203783370 State ID: HO0004856 Originally licensed: 2005-02-06 Effective: 2025-10-17 License issued: 2026-02-09 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: 67252 INDUSTRY LANE, COVINGTON, LA, 70433
Beacon Behavioral Hospital - Northshore, LLC 64026 Hwy 434, Suite 300 (3rd Floor), LACOMBE, LA, 70445	JESSIKA SCALLION	Phone: 9859820226 Email: jessikas@beaconbh.com Fax: 9858829853	License: 2203784903 State ID: HO0006463 Originally licensed: 2005-10-14 Effective: 2025-12-01 License issued: 2025-11-18 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 14707 PERKINS RD, BATON ROUGE, LA, 70810
Covington - AMG Physical Rehabilitation Hospital 5025 Keystone Blvd., Suite 200, COVINGTON, LA, 70433	Jamien Walker	Phone: 9858880301 Email: jamien.walker@amgihm.com Fax: 9858880302	License: 2203782672 State ID: HO0011533 Originally licensed: 2016-02-25 Effective: 2026-02-01 License issued: 2026-01-07 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: 101 LA RUE FRANCE, SUITE 500, LAFAYETTE, LA, 70508
Covington Behavioral Health 201 Greenbriar Boulevard, COVINGTON, LA, 70433	Richelle Stansbury	Phone: 9858932970 Email: richelle.stansbury@covingtonbh.com Fax: 9858671150	License: 691 State ID: HO0004557 Originally licensed: 2003-09-25 Effective: 2025-11-01 License issued: 2025-09-28 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 201 GREENBRIAR BOULEVARD, COVINGTON, LA, 70433
Covington Trace ER & Hospital 4107 LA-59, MANDEVILLE, LA, 70471	Matthew Bernard	Phone: 9859513650 Email: mbernard@covingtonhospital.com Fax: 9859513659	License: 2203785787 State ID: HO0012995 Originally licensed: 2023-06-30 Effective: 2026-06-01 License issued: 2026-04-23 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 6030 S. RICE AVE,SUITE C, HOUSTON, TX, 77081
North Shore Rehabilitation Hospital 64030 Hwy 434, 1st and 2nd Floor of the Tower, LACOMBE, LA, 70445	Laurel Dupont	Phone: 9852184660 Email: ldupont@selectmedical.com Fax: 9858821000	License: 2203784364 State ID: HO0012522 Originally licensed: 2019-08-14 Effective: 2025-08-01 License issued: 2025-06-12 Expires: 2026-07-31 Parish: ST. TAMMANY Mailing address: 64030 HWY 434, 1ST AND 2ND FLOOR OF THE TOWER, LACOMBE, LA, 70445
Northlake Behavioral Health System 23455 Sparrow Rd., MANDEVILLE, LA, 70448	Joe Buckley	Phone: 9856266300 Email: joeb@northlakebh.org Fax: 9856266559	License: 2203783325 State ID: HO0001724 Originally licensed: 1963-06-11 Effective: 2025-12-01 License issued: 2025-10-14 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 23455 SPARROW RD., MANDEVILLE, LA, 70448
Our Lady of the Lake Surgical Hospital 1700 W. Lindberg Drive, SLIDELL, LA, 70458	Michael Pisciotta	Phone: 9856410600 Email: mpisciotta@ololsh.com Fax: 8442698002	License: 2203785940 State ID: HO0004948 Originally licensed: 2005-10-19 Effective: 2026-03-01 License issued: 2025-12-22 Expires: 2027-02-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Parish: ST. TAMMANY Mailing address: 1700 W. LINDBERG DRIVE, SLIDELL, LA, 70458
PAM Specialty Hospital of Covington 20050 Crestwood Blvd., COVINGTON, LA, 70433	Scott Thigpen	Phone: 9858757525 Email: sthigpen@pamspecialty.com Fax: 9858757336	License: 680 State ID: HO0004638 Originally licensed: 2004-02-01 Effective: 2026-03-01 License issued: 2026-01-27 Expires: 2027-02-28 Parish: ST. TAMMANY Mailing address: 1828 GOOD HOPE ROAD, SUITE 102, ENOLA, PA, 17025
Slidell Memorial Hospital 1001 Gause Boulevard, SLIDELL, LA, 70458	Sandy Badinger	Phone: 9852802200 Email: sandy.badinger@ochsner.org Fax: 9852808626	License: 156 State ID: HO0001595 Originally licensed: 1963-06-08 Effective: 2026-05-01 License issued: 2026-03-25 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 1001 GAUSE BOULEVARD, SLIDELL, LA, 70458
St. Tammany Parish Hospital 1202 South Tyler Street, COVINGTON, LA, 70433	JOAN M COFFMAN	Phone: 9858984000 Email: jcoffman@stph.org Fax: 9858984394	License: 104 State ID: HO0001599 Originally licensed: 1963-10-15 Effective: 2026-02-01 License issued: 2026-01-28 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: 1202 SOUTH TYLER STREET, COVINGTON, LA, 70433 Already listed elsewhere in this region; license details supplied here
Sterling Surgical Hospital 989 Robert Blvd., SLIDELL, LA, 70458	Taylor Cera	Phone: 9856908200 Email: tcera@sterlingsurgical.net Fax: 9856908259	License: 498 State ID: HO0004378 Originally licensed: 2003-05-06 Effective: 2026-05-01 License issued: 2026-03-19 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 989 ROBERT BLVD., SLIDELL, LA, 70458
Cypress Pointe Surgical Hospital 42570 S. Airport Rd., HAMMOND, LA, 70403	Paolo Zambito	Phone: 9855106200 Email: pzambito@cpsh.org Fax: 9855106202	License: 690 State ID: HO0010514 Originally licensed: 2010-12-01 Effective: 2025-12-01 License issued: 2025-11-10 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 42570 S. AIRPORT RD., HAMMOND, LA, 70403
Hood Memorial Hospital 301 West Walnut St., AMITE, LA, 70422	JAMES M WHITTINGTON	Phone: 9857489485 Email: whittingtonm@hoodmemorial.com Fax: 9857488144	License: 139 State ID: HO0001649 Originally licensed: 1971-03-22 Effective: 2025-09-24 License issued: 2026-03-06 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 301 WALNUT STREET, AMITE, LA, 70422 Already listed elsewhere in this region; license details supplied here
Lallie Kemp Medical Center 52579 Highway 51 South, INDEPENDENCE, LA, 70443	LISA BRUHL	Phone: 9858789421 Email: lbruhl@lsuhsc.edu Fax: 9858781306	License: 175 State ID: HO0004957 Originally licensed: 1966-05-18 Effective: 2026-06-01 License issued: 2026-05-21 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 52579 HIGHWAY 51 SOUTH, INDEPENDENCE, LA, 70443

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
North Oaks Medical Center, LLC 15790 Paul Vega MD Drive, HAMMOND, LA, 70403	MS Michele K Sutton	Phone: 9853452700 Email: suttonm@northoaks.org Fax: 9852306482	License: 703 State ID: HO0001582 Originally licensed: 1963-05-10 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: POST OFFICE BOX 2668, HAMMOND, LA, 70404
North Oaks Rehabilitation Hospital, LLC 1900 South Morrison Boulevard, HAMMOND, LA, 70403	HERMAN (MAC) BARRIENT	Phone: 9855427777 Email: barrientm@northoaks.org;ridgelr@northoaks.org Fax: 9852305670	License: 704 State ID: HO0001718 Originally licensed: 1995-08-18 Effective: 2026-01-01 License issued: 2025-12-03 Expires: 2026-12-31 Parish: TANGIPAHOA Mailing address: 1900 SOUTH MORRISON BOULEVARD, HAMMOND, LA, 70403
Oceans Behavioral Hospital of Hammond 15782 Professional Plz, HAMMOND, LA, 70403	Angel Stansbury	Phone: 9852771415 Email: cadie.robertson@oceanshealthcare.com Fax: 9852003321	License: 2203784575 State ID: HO0007260 Originally licensed: 2007-06-04 Effective: 2025-12-01 License issued: 2025-11-03 Expires: 2026-11-30 Parish: TANGIPAHOA Mailing address: 3905 HEDGCOXE ROAD, UNIT 250249, PLANO, TX, 75025
PAM Specialty Hospital of Hammond 42074 Veterans Avenue, HAMMOND, LA, 70403	Michael Harrell	Phone: 9859028148 Email: mharrell@pamspecialty.com Fax: 9859029148	License: 2203783742 State ID: HO0004047 Originally licensed: 2001-02-06 Effective: 2026-05-01 License issued: 2026-04-06 Expires: 2027-04-30 Parish: TANGIPAHOA Mailing address: 1828 GOOD HOPE ROAD SUITE 102, ENOLA, PA, 17025
Universal Behavioral Health Hospital 800 South Oak Street, HAMMOND, LA, 70403	Naveed Awan	Phone: 9855003265 Email: admin@ubhhospital.com Fax: 2254271242	License: 2203784886 State ID: HO0012713 Originally licensed: 2021-03-24 Effective: 2026-03-01 License issued: 2026-01-27 Expires: 2027-02-28 Parish: TANGIPAHOA Mailing address: 800 S OAK ST, HAMMOND, LA, 70403
Bogalusa Rehabilitation Hospital 621 Columbia Street, BOGALUSA, LA, 70427	Charles L Matthews	Phone: 3372544535 Email: charles@bogalusa1rehab.org Fax: 3372544535	License: 2203784583 State ID: HO0012575 Originally licensed: 2020-03-11 Effective: 2026-03-01 License issued: 2026-02-09 Expires: 2027-02-28 Parish: WASHINGTON Mailing address: 606 PALFREY STREET, FRANKLIN, LA, 70538
FMOL Health | Our Lady of the Angels 433 Plaza St., BOGALUSA, LA, 70427	Ralph Serpas	Phone: 9857306706 Email: ralph.serpas@fmolhs.org Fax: 9857306709	License: 2203781960 State ID: HO0001569 Originally licensed: 1965-04-02 Effective: 2026-05-06 License issued: 2026-05-06 Expires: 2027-02-28 Parish: WASHINGTON Mailing address: 433 PLAZA STREET, BOGALUSA, LA, 70427
Riverside Medical Center 1900 South Main St., FRANKLINTON, LA, 70438	Jimmy Seibert	Phone: 9858394431 Email: jimmyseibert@rmchospital.com Fax: 9858390319	License: 168 State ID: HO0001602 Originally licensed: 1966-06-21 Effective: 2026-06-01 License issued: 2026-04-15

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2027-05-31 Parish: WASHINGTON Mailing address: 1900 SOUTH MAIN ST., FRANKLINTON, LA, 70438 Already listed elsewhere in this region; license details supplied here

Law Enforcement

Organization / Provider	Contact Person	Phone / Email	Services Provided
LIVINGSTON PARISH	Sheriff Jason G. Ard	225-435-1324	The Sheriff's duties include maintaining court security, managing the jail, providing police services, traffic control, and serving legal documents.
ST. TAMMANY PARISH	Sheriff Randy Smith	985-809-8200	A sheriff is an elected county official responsible for law enforcement, jail operations, and court security, with duties including enforcing laws, serving warrants, transporting prisoners, and managing county jails
TANGIPAHOA PARISH	Sheriff Gerald D. Sticker	985-345-6150	Sheriffs are the chief law enforcement officers in their county and provide general law enforcement services, especially in unincorporated areas. This includes patrolling, responding to emergencies, investigating crimes, and preserving the peace.
ST. HELENA PARISH	Sheriff "Clay" Chutz	225-222-4413	They are responsible for running the county jail, including booking, housing, and releasing inmates. Court security: The sheriff's office provides security for county courts, protecting judges, juries, and the public. Civil process: Sheriffs serve court orders, summons, subpoenas, and other legal documents, as well as carrying out evictions and foreclosures ordered by the courts. Prisoner transport: They are responsible for transporting prisoners to and from court appearances.
WASHINGTON PARISH	Sheriff Jason Smith	985-839-3434	Jurisdiction: Sheriffs typically have jurisdiction over the entire county, while local police are limited to city or town boundaries. Leadership: Sheriffs are usually elected, giving them more autonomy than police chiefs, who are typically appointed. Funding: Sheriff's offices are funded by the county, while police departments are funded by their respective municipalities.

Coroners

Organization / Provider	Contact Person	Phone / Email	Services Provided
Livingston Parish	Ron Coe, M.D.	225-686-3980	A coroner's jury is a group of citizens assembled during a coroner's inquest to assist in determining the identity of the deceased and the cause and manner of

Organization / Provider	Contact Person	Phone / Email	Services Provided
			death. Their role is purely fact-finding and an inquest is an inquiry, not a civil or criminal trial.
St Tammy Parish	Chris Tape, M.D.	985-781-1150	Coroners serve a critical function at the intersection of public safety, law, and medicine. Their specific responsibilities can vary by jurisdiction, as some US states use a coroner system while others use a medical examiner system, or a combination of both.
Tangipahoa Parish	Rick Foster, M	985-902-8580	Scene Investigation: Responding to the location of death (which can be 24/7 and in various conditions), observing and recording the position and condition of the body and any related evidence. Identification: Establishing the positive identity of the deceased, which may involve using physical features, dental records, or DNA when identity is not obvious.
Washibgton Parish	Roger Casama, M.D.	985-355-5724	Cause and Manner of Death Determination: Determining the medical cause of death (the injury or disease that resulted in death) and the manner of death (classifying it as natural, accident, suicide, homicide, or undetermined). Medical and Forensic Coordination: Ordering and coordinating autopsies, toxicology tests, X-rays, and other scientific studies (e.g., bacteriology, pathology, anthropology) performed by specialists and forensic pathologists.
St Helena Parish	Jimmie W. Varnado, M.D.	225-222-9260	In some jurisdictions, the coroner may also have unique legal powers, such as the ability to issue subpoenas, issue arrest warrants, or even arrest the county sheriff under specific circumstances, serving as a check on local authority.

Veterans Affairs

Organization / Provider	Contact Person	Phone / Email	Services Provided
Livingston Parish	CARRIE Morgan	225-686-3295/carrie.morgan@la.gov	The role of the Department of Veterans Affairs (VA) is to provide comprehensive benefits and services to the nation's veterans, including healthcare, education, disability compensation, home loans, and burial benefits. It operates the largest integrated health care system in the U.S. and administers various programs to support veterans and their families. The VA also has a "fourth mission" to provide disaster assistance to the public when activated by the government
St Helena Parish	CARRIE Morgan	225-22-6202/carrie.morgan@la.gov	Operates the Veterans Health Administration (VHA), the largest integrated health care network in

Organization / Provider	Contact Person	Phone / Email	Services Provided
			the United States. Provides a wide range of medical services, including care for polytrauma, spinal cord injuries, traumatic brain injuries, and mental health conditions like PTSD. Benefits and services Financial and disability: Offers disability compensation payments, pensions, and life insurance for veterans and their survivors. Education: Provides education and training assistance to help veterans transition to civilian life. Housing: Guarantees home loans to help veterans finance a home. Burial: Provides burial and memorial benefits for eligible veterans.
Tangipahoa Paris	Benjamin Bradley	985-229-3451/benjamin.bradley@la.gov	National Cemetery Administration (NCA): Manages national cemeteries for the burial of veterans. Fourth Mission: Provides medical care to the general public during major disasters or health emergencies, as activated by the President. Support: Works to prevent and end veteran homelessness through initiatives in partnership with other federal agencies. Procurement: Is authorized to procure medical supplies for both its own use and other government agencies.
Washington Parish	James Lee	985-732-6607/james.lee@la.gov	Additionally, the VA has a "Fourth Mission" to support national preparedness and response to war, terrorism, national emergencies, and natural disasters by developing plans and ensuring continued service to veterans, as well as providing backup medical support to the nation when needed.
St Tammy Parish	Jeannie Hughes	985-893-6201 Jeannis.Hughes@la.gov	The U.S. Department of Veterans Affairs (VA) is a Cabinet-level executive branch department responsible for providing a wide range of services and benefits to eligible military veterans, their families, caregivers, and survivors. Its mission is "to care for those who have served in our nation's military and for their families, caregivers, and survivors".

Kidney Care

Organization / Provider	Contact Person	Phone / Email	Services Provided
Kidney & Hypertension Associates	Office Manager	985-893-0911	A nephrologist is a kidney specialist (a doctor of internal medicine) who diagnoses, treats, and manages kidney diseases, from chronic kidney disease (CKD) and kidney stones to kidney failure (requiring dialysis or transplant) and hypertension (high blood pressure). They handle complex kidney issues, manage fluid/electrolyte balance, and treat systemic conditions like diabetes or autoimmune diseases that affect the kidneys, aiming to slow disease progression and prevent complications.
Fresenius Kidney Care Pontchartrain	Sean Gilson	985-893-7265	to prevent kidney disease, improve the lives of those affected through education, support, and access to treatment (like dialysis or transplant), and drive innovation for better therapies, ultimately ensuring patients can live healthier, fuller lives by fighting kidney disease on all fronts. Key goals include early detection, equitable access to care, and empowering patients to manage their condition and prevent complications.
Northlake Nephrology Institute	Manager	985-867-8585	We are the best trained, most experienced nephrology team on the Northshore, with over 7 decades of experience between us in managing a wide array of kidney conditions.
SNG ST. TAMMANY DIALYSIS CENTER	Manager	985-792-5334	The SNG St. Tammany Dialysis Center, L.P. offers in-center treatment for dialysis care for patients at all stages of chronic kidney disease. We strive to accommodate patients in the most comfortable way possible to ensure that their treatment goes smoothly.
Fresenius Kidney Care Washington Parish	Mr. Sean Gibson	985-839-3605	Prevention & Education: Promoting healthy habits (diet, exercise, not smoking) and early screening to stop kidney disease before it starts. Patient Support: Providing resources, financial assistance (e.g., for dialysis costs, transportation), and emotional support for patients and families.

End Stage Renal Disease — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Fresenius Kidney Care Walker 29250 Walker South Road, WALKER, LA, 70785	Terry Bellon	Phone: 2256670768 Email: Terry.bellon@fmc-na.com Fax: 2256670769	License: 2203783439 State ID: ES0007066 Originally licensed: 2006-11-08 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: LIVINGSTON Mailing address: 29250 WALKER SOUTH ROAD, WALKER, LA, 70785
Fresenius Medical Care Denham Springs 137 Veterans Blvd, DENHAM SPRINGS, LA, 70726	MS Kathy Darr	Phone: 2256652796 Email: Clinic8886@fmc-na.com Fax: 2256656813	License: 2203781907 State ID: ES0007548 Originally licensed: 2008-01-03 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: LIVINGSTON Mailing address: 137 VETERANS BLVD, DENHAM SPRINGS, LA, 70726

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Walker South Dialysis 28375 Walker Road S, WALKER, LA, 70785	Ashley Blades	Phone: 2256642099 Email: Ashley.Blades@davita.com Fax: 2257916079	License: 2203782857 State ID: ES0011375 Originally licensed: 2016-07-18 Effective: 2026-06-01 License issued: 2026-06-01 Expires: 2027-05-31 Parish: LIVINGSTON Mailing address: 5200 VIRGINIA WAY L& C DEPT., BRENTWOOD, TN, 37027
Covington Trace Dialysis 3999 US Hwy 190 Service Road , Suite A, COVINGTON, LA, 70433	KATHERINE CUADRADO	Phone: 9852761998 Email: Katherine.Cuadrado@davita.com Fax: 9852766856	License: 2203784076 State ID: ES0012411 Originally licensed: 2018-09-17 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 500 VIRGINIA WAY, L& C DEPT., BRENTWOOD, TN, 37027
Dialysis Systems of Covington 210 Greenbriar Blvd., COVINGTON, LA, 70433	Katherine Cuadrado	Phone: 9858751915 Email: Katherine.Cuadrado@davita.com Fax: 9858751918	License: 065 State ID: ES0001171 Originally licensed: 2003-07-03 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 5200 VIRGINA WAY L&C DEPT 4TH FLOOR, BRENTWOOD, TN, 37027
Fremaux Dialysis 1566 Shortcut Hwy, SLIDELL, LA, 70458	RACHEL HAINS	Phone: 9856439237 Email: christy.wilcox@davita.com Fax: 9857260400	License: 2203782156 State ID: ES0011278 Originally licensed: 2014-09-18 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: ST. TAMMANY Mailing address: 5200 VIRGINIA WAY ATTN : L & C DEPT., BRENTWOOD, TN, 37027
Fresenius Kidney Care Tchefuncte River 397 Highway 21, Suite 602, MADISONVILLE, LA, 70447	Alisha Showalter	Phone: 9857925334 Email: Clinic100741@fmc-na.com Fax: 9857925234	License: 2203783925 State ID: ES0004909 Originally licensed: 2005-05-25 Effective: 2025-12-01 License issued: 2025-11-19 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 397 HIGHWAY 21, SUITE 602, MADISONVILLE, LA, 70447
Fresenius Medical Care Slidell 877 Brownswitch Road, SLIDELL, LA, 70458	Sean Gilson	Phone: 9856436283 Email: Clinic3824@fmc-na.com Fax: 9856436383	License: 172 State ID: ES0007558 Originally licensed: 2008-01-17 Effective: 2026-01-01 License issued: 2025-12-15 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 877 BROWNSWITCH ROAD, SLIDELL, LA, 70458
Pontchartrain Kidney Center 170 Greenbriar Blvd., COVINGTON, LA, 70433	Sean Gilson	Phone: 9858937265 Email: Clinic1925@fmc-na.com Fax: 9858675650	License: 019 State ID: ES0001112 Originally licensed: 2003-04-02 Effective: 2026-02-01 License issued: 2026-01-22 Expires: 2027-01-31 Parish: ST. TAMMANY Mailing address: 170 GREENBRIAR BLVD., COVINGTON, LA, 70433
Slidell Kidney Care 662 Robert Blvd, SLIDELL, LA, 70458	Rachel Hains	Phone: 9856495197 Email: Rachel.Hains@davita.com Fax: 9856495218	License: 2203781119 State ID: ES0001120 Originally licensed: 2003-07-29 Effective: 2025-08-01 License issued: 2025-07-28

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Expires: 2026-07-31 Parish: ST. TAMMANY Mailing address: 5200 VIRGINIA WAY L&C DEPT. 4TH FLOOR, BRENTWOOD, TN, 37027
Florida Parishes Artificial Kidney Center 16081 Doctors Blvd, Suite A, HAMMOND, LA, 70403	Sean Gilson	Phone: 9853455621 Email: Clinic1233@fmc-na.com Fax: 9853455622	License: 092 State ID: ES0001085 Originally licensed: 2003-11-05 Effective: 2025-10-01 License issued: 2025-09-19 Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 16081 DOCTORS BLVD, HAMMOND, LA, 70403
Fresenius Kidney Care Amite 207 West Mulberry St., AMITE, LA, 70422	Sean Gilson	Phone: 9857488285 Email: sean.gilson@freseniusmedicalcare.com Fax: 9857488229	License: 2203783924 State ID: ES0001121 Originally licensed: 2003-11-03 Effective: 2025-11-01 License issued: 2025-10-25 Expires: 2026-10-31 Parish: TANGIPAHOA Mailing address: 207 WEST MULBERRY ST., AMITE, LA, 70422
Fresenius Medical Care Kentwood 916 Avenue G, KENTWOOD, LA, 70444	Sean Gilson	Phone: 9852298018 Email: clinic2756@fmc-na.com Fax: 9852298078	License: 149 State ID: ES0004006 Originally licensed: 2003-12-01 Effective: 2025-09-01 License issued: 2025-08-20 Expires: 2026-08-31 Parish: TANGIPAHOA Mailing address: 916 AVENUE G, KENTWOOD, LA, 70444
Hammond Dialysis Clinic, LLC 42286 Veterans Ave., HAMMOND, LA, 70403	Gisela Pitre	Phone: 9853458855 Email: gisela.pitre@innovativerenal.com Fax: 9853458856	License: 2203783285 State ID: ES0012029 Originally licensed: 2017-05-08 Effective: 2026-06-01 License issued: 2026-05-27 Expires: 2027-05-31 Parish: TANGIPAHOA Mailing address: 42286 VETERANS AVE., HAMMOND, LA, 70403
Quality Care Dialysis Center of Hammond 1204 South Morrison Boulevard, Suite. A, HAMMOND, LA, 70403	Sean Gilson	Phone: 9853450544 Email: clinic1951@fmc-na.com Fax: 9853451676	License: 087 State ID: ES0001129 Originally licensed: 2003-10-06 Effective: 2025-10-01 License issued: 2025-09-26 Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 1204 SOUTH MORRISON BOULEVARD, SUITE. A, HAMMOND, LA, 70403
Bogalusa Kidney Care 2108 South Avenue F, BOGALUSA, LA, 70427	Donna Steele	Phone: 9857357811 Email: Mari.Branch@davita.com Fax: 9857351501	License: 089 State ID: ES0001109 Originally licensed: 2003-11-03 Effective: 2025-11-01 License issued: 2025-10-22 Expires: 2026-10-31 Parish: WASHINGTON Mailing address: 5200 VIRGINIA WAY L&C DEPARTMENT, BRENTWOOD, TN, 37027
Fresenius Kidney Care Washington Parish 2219 Main Street, FRANKLINTON, LA, 70438	Sean Gilson	Phone: 9858393605 Email: Sean.Gilson@fmc-na.com Fax: 9858393606	License: 2203784028 State ID: ES0012400 Originally licensed: 2018-08-06 Effective: 2025-09-01 License issued: 2025-08-12 Expires: 2026-08-31 Parish: WASHINGTON Mailing address: 2219 MAIN STREET, FRANKLIN, LA, 70538

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Already listed elsewhere in this region; license details supplied here
Washington Parish Dialysis 724 Washington Street, FRANKLINTON, LA, 70438	Melissa Creel	Phone: 9857951111 Email: Melissa.Creel@davita.com Fax: 9857950000	License: 004 State ID: ES0001071 Originally licensed: 2003-02-14 Effective: 2026-07-01 License issued: 2026-06-23 Expires: 2027-06-30 Parish: WASHINGTON Mailing address: 5200 VIRGINIA WAY L& C DEPT., BRENTWOOD, TN, 37027

Nursing Homes

Organization / Provider	Contact Person	Phone / Email	Services Provided
St Helena Parish Nursing Home	Jacoby Beene Administrator	225-222-4102	It is to provide 24/7 medical, personal, and rehabilitative care for individuals who can't live independently due to severe illness, disability, or cognitive decline, offering skilled nursing, therapies (physical, occupational, speech), help with daily activities (bathing, dressing), and a safe, supervised environment with complex medical management, serving as the highest level of care outside a hospital.
Heritage Manor (Mandeville)	Cindy Hilbert	985-626-4798	Many people are admitted to a nursing home temporarily to recover after a hospital stay for an illness, injury, or surgery (e.g., hip replacement, stroke recovery, or wound care). The goal of short-term care is to help residents regain strength, mobility, and independence through rehabilitation services so they can return to their own homes or a less intensive care setting.
Harvest Manor Healthcare and Rehabilitation	Shelley Johnson Administrator	225-665-8946	Harvest Manor was the first nursing facility established in Livingston Parish. ... Our facility is managed to offer skilled nursing and convalescent care.

STATEWIDE

Housing and Rental Assistance

Organization / Provider	Contact Person	Phone / Email	Services Provided
Louisiana Housing Corporation	Director	programswebinfo@la.gov 888-54-2001	Energy Assistance, Homelessness Solutions, Housing Development, HOME Program, Funding Sources. In keeping with its mission to ensure that every Louisiana resident is granted an opportunity to obtain safe, affordable, energy-efficient housing, the LHC offers both conventional and government mortgages through its Premier Program. These programs are designed to help

Organization / Provider	Contact Person	Phone / Email	Services Provided
			prospective homebuyers meet down payment and closing costs on their new home. Amount of assistance for the MRB Assisted Program is 4%. Assistance for the MRB Home program ranges between 5-9% depending on loan amount.

Nursing Home — Licensed Providers (November 6, 2026)

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Golden Age Healthcare and Rehabilitation Center 27090 LA Hwy16, DENHAM SPRINGS, LA, 70726	Charles Brakenridge	Phone: 2256655544 Email: gaadministrator@plantationmgt.com Fax: 2256655573	License: 2203783096 State ID: NH0002607 Originally licensed: 1978-12-17 Effective: 2026-03-01 License issued: 2026-01-15 Expires: 2027-02-28 Parish: LIVINGSTON Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726 Already listed elsewhere in this region; license details supplied here
Harvest Manor Healthcare and Rehabilitation Center 839 North Range Avenue, DENHAM SPRINGS, LA, 70726	Shelley Johnson	Phone: 2256658946 Email: hmadministrator@plantationmgt.com Fax: 2256655573	License: 2203784584 State ID: NH0002564 Originally licensed: 1988-07-08 Effective: 2026-03-01 License issued: 2026-01-15 Expires: 2027-02-28 Parish: LIVINGSTON Mailing address: 301 VETERANS BLVD, DENHAM SPRINGS, LA, 70726
St Helena Parish Nursing Home 32 North 2nd St., GREENSBURG, LA, 70441	Naveed Awan	Phone: 2252224102 Email: nawan@shhosp.org Fax: 2252226149	License: 453 State ID: NH0002577 Originally licensed: 1986-11-05 Effective: 2026-06-01 License issued: 2026-04-15 Expires: 2027-05-31 Parish: ST. HELENA Mailing address: 32 NORTH SECOND STREET, GREENSBURG, LA, 70441 Already listed elsewhere in this region; license details supplied here
Christwood 100 Christwood Blvd., COVINGTON, LA, 70433	Jason Weilbaecher	Phone: 9858980515 Email: jweilbaecher@christwoodrc.com Fax: 9858980552	License: 690 State ID: NH0002777 Originally licensed: 1998-07-30 Effective: 2025-08-01 License issued: 2025-07-08 Expires: 2026-07-31 Parish: ST. TAMMANY Mailing address: 100 CHRISTWOOD BLVD., COVINGTON, LA, 70433
Forest Manor Nursing and Rehabilitation Center 1330 Ochsner Blvd, COVINGTON, LA, 70433	Nicholas Casteel	Phone: 9858926900 Email: Ncasteel@asimgt.com Fax: 9852474072	License: 2203781572 State ID: NH0002624 Originally licensed: 1965-11-05 Effective: 2026-03-01 License issued: 2026-01-20 Expires: 2027-02-28 Parish: ST. TAMMANY Mailing address: 1330 OCHSNER BLVD, COVINGTON, LA, 70433 Already listed elsewhere in this region; license details supplied here
Greenbriar Community Care Center 505 Robert Blvd., SLIDELL, LA, 70458	Candice Rogers	Phone: 9856436900 Email: crogers@commcare.com Fax: 9856459129	License: 960 State ID: NH0002714 Originally licensed: 1969-09-16 Effective: 2026-06-01

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			License issued: 2026-05-11 Expires: 2027-05-31 Parish: ST. TAMMANY Mailing address: 505 ROBERT BLVD, SLIDELL, LA, 70458
Heritage Manor of Mandeville 2202 Lonesome Road, MANDEVILLE, LA, 70448	William H Kenyon	Phone: 9856264798 Email: whkenyon@asimgt.com Fax: 9856263878	License: 2203787057 State ID: NH0002700 Originally licensed: 1993-08-05 Effective: 2026-05-14 License issued: 2026-05-11 Expires: 2027-04-30 Parish: ST. TAMMANY Mailing address: 2202 LONESOME ROAD, MANDEVILLE, LA, 70448 Already listed elsewhere in this region; license details supplied here
Heritage Manor of Slidell 106 Medical Center Drive, SLIDELL, LA, 70461	Ames Bankston	Phone: 9856430307 Email: abankston@asimgt.com Fax: 9856439307	License: 969 State ID: NH0002669 Originally licensed: 1997-11-19 Effective: 2026-01-01 License issued: 2025-11-14 Expires: 2026-12-31 Parish: ST. TAMMANY Mailing address: 106 MEDICAL CENTER DRIVE, SLIDELL, LA, 70461
Lacombe Nursing Centre 28119 Hwy. 190, LACOMBE, LA, 70445	Keller Cotita	Phone: 9858825417 Email: keller@lacombecare.com Fax: 9858823100	License: 2203786482 State ID: NH0002753 Originally licensed: 1987-05-22 Effective: 2025-12-01 License issued: 2025-10-22 Expires: 2026-11-30 Parish: ST. TAMMANY Mailing address: 28119 HWY 190, LACOMBE, LA, 70445
Lakeshore Manor Nursing & Rehab 1400 Lindberg Drive, SLIDELL, LA, 70458	KIM RUSSELL	Phone: 9856414985 Email: kim.russell@stbernardncc.com Fax: 9856460793	License: 2203785421 State ID: NH0002647 Originally licensed: 1997-12-31 Effective: 2026-07-01 License issued: 2026-05-18 Expires: 2027-06-30 Parish: ST. TAMMANY Mailing address: 10503 TIMBERWOOD CIRCLE, SUITE 200, LOUISVILLE, KY, 40223
Pontchartrain Health Care Center 1401 Hwy. 190, MANDEVILLE, LA, 70448	PATRICIA LAVARINE	Phone: 9856268581 Email: patti@pontcare.com Fax: 9856249478	License: 312 State ID: NH0002712 Originally licensed: 1973-10-18 Effective: 2025-11-01 License issued: 2025-10-24 Expires: 2026-10-31 Parish: ST. TAMMANY Mailing address: 1401 HWY. 190, P. O. BOX 338, MANDEVILLE, LA, 70448
Trinity Trace Community Care Center 612 Holy Trinity Drive, COVINGTON, LA, 70433	Matt Bourque	Phone: 9856435630 Email: mbourque@commcare.com Fax: 9856496065	License: 2203784591 State ID: NH0002715 Originally licensed: 1965-05-28 Effective: 2026-04-01 License issued: 2026-02-12 Expires: 2027-03-31 Parish: ST. TAMMANY Mailing address: 612 HOLY TRINITY DRIVE, COVINGTON, LA, 70433
Belle Maison Nursing & Rehabilitation Center, LLC 15704 Medical Arts Plaza, HAMMOND, LA, 70403	Austin Loop	Phone: 9855420110 Email: bellemaisonadmin@centralmanagement.com Fax: 9855428619	License: 2203784160 State ID: NH0002625 Originally licensed: 1974-10-31 Effective: 2026-08-01 License issued: 2026-06-24 Expires: 2027-07-31 Parish: TANGIPAHOA

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
			Mailing address: 15704 MEDICAL ARTS PLAZA, HAMMOND, LA, 70403
Hammond Nursing Home 501 Old Covington Hwy., HAMMOND, LA, 70403	MR Marcus C Naquin	Phone: 9855421200 Email: hamnur@i-55.com Fax: 9855422062	License: 327 State ID: NH0002520 Originally licensed: 1974-11-06 Effective: 2025-11-01 License issued: 2025-10-07 Expires: 2026-10-31 Parish: TANGIPAHOA Mailing address: 501 OLD COVINGTON HWY., HAMMOND, LA, 70403 Already listed elsewhere in this region; license details supplied here
Heritage HealthCare - Hammond 1300 Derek Drive, HAMMOND, LA, 70403	Shelby Lowery	Phone: 9853457210 Email: hhadministrator@plantationmgt.com Fax: 9854291259	License: 2203784263 State ID: NH0002620 Originally licensed: 1963-01-28 Effective: 2026-04-01 License issued: 2026-03-11 Expires: 2027-03-31 Parish: TANGIPAHOA Mailing address: 1300 DEREK DRIVE, HAMMOND, LA, 70403
Landmark Nursing Center Hammond 42250 North Oaks Dr, HAMMOND, LA, 70403	HUNTER L SMITH	Phone: 9855428570 Email: HLSMITH@asimgt.com Fax: 9854298352	License: 2203784123 State ID: NH0002626 Originally licensed: 1998-02-01 Effective: 2025-10-01 License issued: 2025-07-30 Expires: 2026-09-30 Parish: TANGIPAHOA Mailing address: 42250 NORTH OAKS DR, HAMMOND, LA, 70403
Lodge at Tangi Pines (The) 10746 Hwy 16, AMITE, LA, 70422	Bond Babin	Phone: 9857489464 Email: bond@hometownhc.com Fax: 9857485349	License: 2203785035 State ID: NH0002754 Originally licensed: 1965-05-03 Effective: 2025-08-01 License issued: 2025-07-25 Expires: 2026-07-31 Parish: TANGIPAHOA Mailing address: 10746 HWY 16, AMITE, LA, 70422
Ponchatoula Community Care Center 1560 Highway 51, PONCHATOULA, LA, 70454	KOREY W LANDRY	Phone: 9852292112 Email: korey.landry@commcare.com Fax: 3186413768	License: 2203784923 State ID: NH0002563 Originally licensed: 1979-09-04 Effective: 2026-05-01 License issued: 2026-03-12 Expires: 2027-04-30 Parish: TANGIPAHOA Mailing address: 950 W. CAUSEWAY APPROACH, MANDEVILLE, LA, 70471 Already listed elsewhere in this region; license details supplied here
Fair City Health and Rehab 2000 Main Street, FRANKLINTON, LA, 70438	Clayton David	Phone: 9858394491 Email: cdavid@faircityrehab.com Fax: 9858392972	License: 2203786156 State ID: NH0002733 Originally licensed: 1965-06-01 Effective: 2026-03-01 License issued: 2026-02-12 Expires: 2027-02-28 Parish: WASHINGTON Mailing address: 2000 MAIN STREET, FRANKLINTON, LA, 70438
Good Samaritan Living Center 605 Hilltop Ave., FRANKLINTON, LA, 70438	KENNETH SMITH	Phone: 9858396706 Email: ksmith@goodsamlivingcenter.com Fax: 9858396783	License: 842 State ID: NH0002578 Originally licensed: 1989-04-13 Effective: 2026-05-01 License issued: 2026-03-18 Expires: 2027-04-30 Parish: WASHINGTON Mailing address: 605 HILLTOP AVE., FRANKLINTON, LA, 70438

Organization / Provider	Contact Person	Phone / Email	Services Provided / Licensing
Resthaven Living Center 1301 Harrison St., BOGALUSA, LA, 70427	Joshua Broussard	Phone: 9857323909 Email: cmagee@resthavenlivingcenter.com Fax: 9857357451	License: 2203783120 State ID: NH0002623 Originally licensed: 1954-03-15 Effective: 2026-02-01 License issued: 2026-01-23 Expires: 2027-01-31 Parish: WASHINGTON Mailing address: 1301 HARRISON STREET, BOGALUSA, LA, 70427

AI Assistance Disclosure

This booklet was developed with the assistance of artificial intelligence to facilitate the transfer and synthesis of licensed-provider information from a user-generated spreadsheet into the EPS Resource Guide format. The final content has been thoroughly reviewed, verified, and edited by the author to ensure complete accuracy, regulatory compliance, and professional integrity.