

Rooted in Care, Growing in Maine



The Impact of Maine's Immigrant-Owned &
Operated Residential Care Agencies

By Maine Immigrant Business Coalition
June 2026

EXECUTIVE SUMMARY

Across the state of Maine,

a quiet cultivation in compassionate care has taken root. Thirty residential care agencies, each owned and operated by immigrants who come from nations across the African continent have united to form the Maine Immigrant Business Coalition (MIBC). Together, we constitute a cornerstone of Maine's infrastructure that serves some of the state's most vulnerable residents with dignity, dedication, and deep cultural warmth.

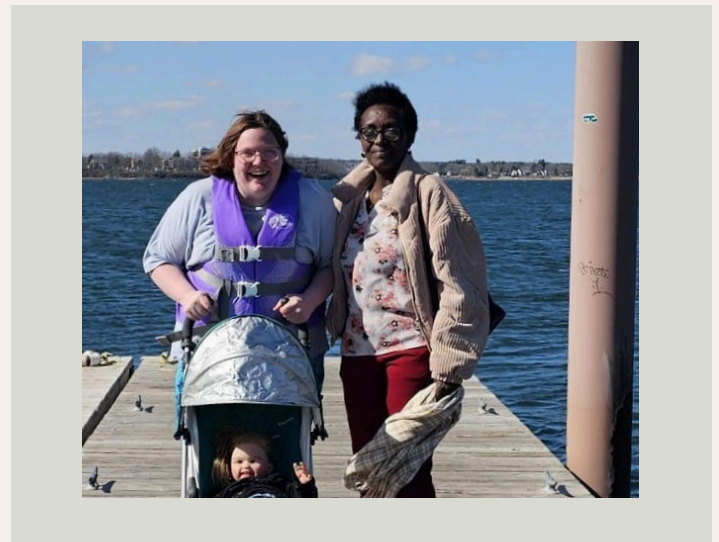
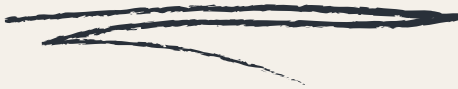
This report documents and celebrates the extraordinary contributions of these agencies and our hundreds of direct service workers. It examines the clinical and regulatory requirements these professionals meet, the wellbeing and security experienced by families in our care, the economic ripple effects we generate across Maine communities, and the broader social fabric we help weave outside of the workplace- from church pulpits to youth soccer sidelines.

The formation of this coalition marks an important milestone: for the first time, our agencies are collectively raising our voices to illuminate the indispensable role that immigrant-owned care businesses play in the health and well-being of Maine's residents and communities.

MAINE IMMIGRANT BUSINESS COALITION

President - Landry Kwizera, Psych R.N.
Vice President - Felix Mutunzi
Secretary - Monia Mukiza

June 2026



"Having an immigrant Direct Service Provider has brought a unique and valuable perspective to the care of Bryce. Often, they bring a strong work ethic, deep empathy, and a cultural appreciation for caregiving and respect for others. They truly treat Bryce and I like family. I couldn't ask for anything more." - Amanda K., Guardian to Bryce

Landry

TESTIMONIAL

I came to the U.S. from Rwanda in 2011 — first to Virginia, then to Maine, where I already had friends living here. I took jobs at a seafood company and later at a hotel. Around that time I met my wife and we started our family.

After our first child was born, I went back to school in 2014. At first I studied biotechnology because my dream was to go to medical school. Then I learned about a scholarship program for people going into high-demand jobs in Maine. Nursing was one of them, and it made sense for me. I could stay in health care while also supporting my family. I received a full scholarship, attended SMCC, and later transferred to the USM nursing program.

My interest in psychiatric nursing comes from my own experience. I survived the 1994 genocide against the Tutsi in Rwanda and lost most of my family. When I got to the U.S., I realized how much that trauma had affected me. Counseling helped me understand that healing meant facing those memories instead of hiding from them.

While I was in nursing school, I worked as a DSP in group homes because the schedule worked with school and family life. That job changed me. I worked with people who were vulnerable and often left out of the community, and I realized how important good care and support can be.

During my last year at USM, I had a Mental Health clinical rotation at Spring Harbor, a behavioral health provider in Westbrook, and was hired before I even graduated. I worked across pediatric, adolescent, adult, and ICU psychiatric units throughout Maine, and also served as a travel nurse. Through those experiences, I saw firsthand where the biggest gaps existed — especially in staff training, de-escalation practices, and creating safer support systems for both workers and residents.

When my current partners approached me about opening Golden Group Home Services, I saw a chance to help improve the system from the inside. In a smaller organization, I can have more impact and help create the kind of care environment I always believed was possible.

Maine has been my home for 15 years now, and this work is one way I give back. I'm also proud to serve as president of the Rwandan Community Association of Maine and to help strengthen both the workforce and the broader community.



– Landry Kwizera, Psych R.N. and CFO Golden Group Home Services

MAINE IMMIGRANT BUSINESS COALITION SCOPE

The Maine Immigrant Business Coalition was established in 2026 to give voice to 30 residential care agencies across the state, each founded and led by immigrants who chose Maine as their home and built businesses grounded in service. Our agencies' service area spans the state, bringing professional care to communities from the coast to the western mountains.

The story of our agencies is inseparable from the story of Maine's African immigrant community. Over the past two decades, immigrants from Burundi, Cote D'Ivoire, the Democratic Republic of Congo, Ghana, Rwanda, Somalia, and other African nations resettled in Maine, many through refugee support programs, others through family reunification or employment pathways. We brought a profound cultural ethic of communal care: the understanding that caring for elders, the ill, and those with disabilities is not merely a profession, but a sacred obligation.

Many agency owners began our careers as direct service workers ourselves: certified nursing assistants, personal support specialists, and home health aides. We are professionals with degrees in social work. One agency owner is a psychiatric nurse; another is a former auditor for a global accounting firm; another is an architect.

Recognizing an unmet need and sensing the opportunity to build something lasting, we pursued licensure, established businesses, hired within the community, and created agencies that reflect both Maine's needs and our own heritage of care.

Together our coalition agencies provide around-the-clock care for more than 400 individuals* with a variety of needs along a spectrum of behavioral diagnoses, with most residents requiring two-to-one care and many others requiring three staff per resident, per shift, 24 hours a day, all year round. The average* length of stay is four years.

Meeting this client need demands over 3,300 shifts*, primarily direct care provider positions. Many individuals work multiple shifts to meet the need. Beyond direct service providers agencies require positions ranging from administrative infrastructure to home maintenance. Our presence ripples through communities in the form of millions of dollars in payroll and MaineCare-supported services.

(*based on data provided by 21 coalition members)

400+
Residents receiving care from MIBC members
Demand for service is greater

2:1+
Staff to Resident Ratio
Minimum 2 workers per shift

4 years
Average Resident Stay
Some residents have been stable for 8 years

3,300+
Workforce Shifts
Nearly all African-born workforce

Our Brother, Chris is one of the most severely neurologically and behaviorally affected-disabled citizens of the State of Maine. Chris has severe autism, schizophrenia and the life-threatening form of OCD. He is mostly non-verbal and severely self-injurious. At nearly age 50, Chris has spent most of his life receiving a variety of Maine-funded services. My husband and I have seen "the worst of the worst" and the very best when it comes to his physical care and regard for him as a human being. A guardian of 3, we have dealt with many agencies and have varied experiences with each.

In 2024, after Chris was abused within a previous placement, we started a hunt for a new one. This was no easy task! Residential placements are not "one-size-fits-all." Safe Residential Care (SRC) secured an appropriate placement within the agency that fit his needs. Everyone, EVERYONE listened.

All staff wanted the very best for Chris and sought to understand his complexities. SRC relies on immigrant labor to staff their services and I have witnessed a standard of care that exceeds my expectations. Immigrant staff have been especially and exceptionally responsive to Chris' needs. They are devoted to making his life better, respecting his wishes and rights and yet, understanding the structure he needs to be able to access them.

Some agencies change staff for these complex afflicted individuals so frequently, that they cannot feel safe in their homes. SRC staff show an uncharacteristic commitment to his true needs. They work very hard to understand the interplay between, a lifetime of trauma, severe cognitive developmental and psychiatric issues. Chris' SR staff communicate well in English and coordinate and follow through well with medical and allied health needs. They recognize situations that need medical attention. The agency has medical staff to assist the direct care staff.

Since arriving at his new home and because of the specific care he receives, Chris' condition has improved dramatically. He still struggles mightily with every part of daily life and care, especially self injury. Staff recognize behavioral antecedents and triggers and are able to recognize when he needs an early or quick redirection intervention to prevent frustration or escalation. They know what parts of a task he can do himself and where they need to assist. They can recognize when he should not be pushed when he's not in a good space.

He now feels safe again. This home is clean and well-stocked. Chris has choices! He regained 30 pounds to his previously emaciated frame. Previously, he could only ride in a car and walk around a duck pond or running track. Now, he receives his cocktail of psychiatric medications from his qualified direct caregiver. He attends weekly fun activities, walks almost daily, jumps on his trampoline, and is able to enter a store and purchase items with assistance. He is visually much happier, and spontaneously communicates more. He tells jokes! He plays simple games.



MAINE NEEDS MORE BEHAVIORAL RESIDENTIAL CAPACITY

There are more than 100 organizations in Maine that provide educational, vocational, residential, and community support services for over 8,000 individuals with intellectual disabilities, autism spectrum disorders, and brain injuries, part of Maine’s “Section 21” system, according to Maine Department of Health and Human Services.

The 30+ members of the Maine Immigrant Business Coalition represent about one quarter of those providers. And still the demand for services far exceeds the supply.

The Maine Coalition for Housing and Quality Services reports that Maine has lost at least 26 residential care facilities since 2019, including homes serving people with intellectual and developmental disabilities. The wait list for placements tops 2,520 people.

The Maine Center for Economic Policy estimates that the state needs an additional 1,600 workers to serve this population in residential care.

8,000+

Total Section 21 population in Maine

2,500+

People on the waitlist for residential placement

1,600

Workforce shortfall

Immigrant-owned residential care providers are not the cause of Maine's disability-services challenges. Rather, they are part of the infrastructure helping the state address them. Maine's Department of Health and Human Services has identified workforce and provider capacity as key constraints, and immigrant caregivers and providers are helping fill those gaps.



"When I came to Maine four years ago, I never expected to build a career in residential care. I'm originally from Rwanda and studied architecture in China where I earned my degree, but after arriving in the United States, I found myself wanting work that felt more meaningful and connected to people.

That's when I met Guillaume, the founder of Peace Residential Care. As the father of a daughter with developmental disabilities, he

wanted to create the kind of care he would want for his own family. He invited me and other friends and family to help.

In the beginning, we all did a little bit of everything. We provided direct care, managed homes, handled paperwork, and worked with insurance companies. Those early days were challenging, but they were also rewarding because we knew we were building something that mattered.

Today, Peace Residential Care has 20 residents and support another dozen clients in their own homes. I'm proud of what we've accomplished. We've helped people receive the support they need while creating opportunities for caregivers and professionals like me. As a new mother, I'm continuing my education and earning additional certifications so I can provide more mental health services and take on new responsibilities.

I speak six languages, and my journey has taken me from Rwanda to China to Maine. Along the way, I've learned that everyone wants the same thing: to be treated with dignity, respected for who they are, and given the opportunity to thrive. That's what we strive to provide every day at Peace Residential Care, and it's why this work means so much to me."



THE DAILY WORK OF CARE

At the heart of the Maine Immigrant Business Coalition's work are the direct service providers, nearly all immigrants, who show up every day, every night, every holiday, and every weekend to ensure that Maine's most vulnerable residents are safe, comfortable, and treated with dignity.

The residents served by coalition agencies are adults with physical disabilities, intellectual and developmental disabilities, traumatic brain injuries, severe behavioral and psychiatric diagnosis, and other conditions that require ongoing assistance with the fundamental tasks of daily life. For them, the direct support professionals employed by coalition agencies are often the most constant human presence in their lives.



Without this residential care many would be institutionalized, incarcerated, or living on the streets. Oftentimes our agencies receive clients directly from crisis scenarios.

The agencies in our coalition provide residential care on a 24-hours-a-day, 7-days-a-week, 365-days-a-year basis. Each shift is staffed by a minimum of two direct care workers, a standard that ensures mutual safety.

Some residents have such severe psychiatric diagnoses that they can pose a danger to themselves, staff, and others requiring more provider support. The typical 2:1 ratio maintains continuous oversight for residents who may require immediate assistance at any hour. It has an added benefit of reducing caregiver burden. This is not occasional or part-time support. It is total, sometimes dangerous, immersive care.

Person-centered planning is at the heart of the care provided by coalition members. Through individualized Home Support Goals and Person-Centered Plans (PCPs), providers deliver Home and Community-Based Services (HCBS) that reflect each resident's unique needs, preferences, strengths, and aspirations.

A primary goal of these services is to promote greater independence and self-determination. Providers work alongside residents to build skills, increase community participation, and support each individual in achieving the highest possible level of independence while living safely and meaningfully in their community.

Tommy

TESTIMONIAL

Our son, Tommy, is a 40-year-old with pervasive developmental disorder. We received him as a foster child at 6 months old and eventually adopted him. As he grew up, because of his behavior it wasn't safe for him to be unsupervised.

Tommy was in his early 20s when he went into a group home for the first time. They could provide better structure for him than we could do at home. Plus, we're not going to be around forever.

Tommy was with another provider for quite some time and we grew to think that they weren't providing the kind of support that we thought he needed so we transitioned him to the Golden Group Home Services. Our contact there, Ben, does a lot of interceding when we have any concerns. We're just thankful for him and his understanding and the way he works for Tommy. Ben is one of the immigrants that's hired there. He has a ton of experience and he's very good.

I can have a hard time understanding the accents of some of the providers that work with Tommy. Tommy understands them better than I do because he's with them more.

A lot of these folks go into the group homes because they don't have anyplace else to go. They need supervision and structure and people who understand the issues they present. And that goes back to the agencies providing the training that's needed.



ACTIVITIES OF DAILY LIVING

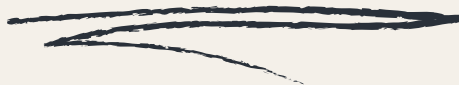
A Comprehensive Scope of Care

Coalition direct service providers are trained and certified to assist with the full spectrum of activities of daily living (ADLs) and instrumental activities of daily living (IADLs), including:

Bathing, showering, and grooming assistance	Transportation to medical appointments	Hair care including culturally appropriate styles
Oral hygiene and dental care routines	Excursions to local parks, nature areas, and recreation	Family visits and relationship support
Dressing and undressing with adaptive techniques	Attendance at church, mosque, and faith services	Feeding assistance and meal preparation
Toileting and continence care with dignity	Shopping, errands, and community outings	Participation in community events and programs
Skin care and pressure injury prevention	Social engagement and recreational activities	Medication reminders and administration support
Mobility, transfers, and positioning assistance	Access to cultural activities and celebrations	Vital sign monitoring and health observation

Protecting the health, safety, and rights of residents is a fundamental responsibility of coalition members. Providers deliver person-centered supports in environments that promote dignity, choice, privacy, and community inclusion while ensuring that residents receive the care and protections necessary to live safely and thrive.

Coalition members are committed to safeguarding individual rights and supporting informed decision-making, self-advocacy, and personal autonomy. Through continuous attention to health, safety, and quality of life, providers help residents achieve their goals while maintaining the highest standards of care and accountability.



MAKING COMMUNITY CONNECTIONS

Coalition members understand that human flourishing requires more than physical care. A resident who attends church on Sunday, strolls through a park on Wednesday, and sees family on Saturday is a resident who retains a sense of self, belonging, and joy. Coalition agencies make community engagement a core element of the care model. Workers regularly provide transportation in agency and personal vehicles to medical appointments, specialist visits, grocery stores, houses of worship, parks, community events, and family gatherings. For many residents, this is their only reliable access to the outside world.

Shelby

TESTIMONIAL

My 31 year old daughter Shelby lives with profound autism. She had lived elsewhere for five years but they didn't have reliable staff. Even I would have to go and cover when there was no staff! We got very short notice from this company that they would cease residential service. Suddenly the Bangor market was flooded with 50 clients needing housing.

My daughter is a challenge because of her high needs. Our case manager found us a new place in Lewiston. I'm an adult ed teacher so I wasn't scared that it's an African-owned agency- what's scary is being the first client!

My 1st question was, why would you take on someone like my daughter? He answered, doesn't it make sense that you start hard and it would get easier? As a new company they asked for my input. If I see something's not right I'll say so. Here we are 3 ½ years later. I've never heard they don't have staff. My daughter's behaviors are so minimal compared with before. They provide a calm safe and nurturing environment. She loves it!

My daughter is mostly non verbal and has good receptive language and understands everything her immigrant providers say. The other day a staff member said something that I didn't understand but my daughter did. That's what matters.

I expect her to be treated like a human being, in a safe environment. I see how they care for her. The house is clean. She's well taken care of. She's fed, gets into the community. The house is immaculate. The staff helps her with cooking and to put her laundry away. They help her learn to do things on her own and to be as independent as possible.

My daughter requires two staff people, 24/7. My daughter is unique. She has some severe needs. She has Tourette Syndrome. This can include self-injurious behaviors as well as aggression toward others. There aren't many agencies that take on her level of care. Americans aren't lining up to taking these jobs-it's hard work with not great pay. Shelby lives in a community of care. - Trudy M., mother and Guardian to Shelby.

REQUIRED CERTIFICATIONS & TRAINING: A COMPREHENSIVE OVERVIEW

The services provided by MIBC members are some of the most highly regulated and closely monitored support services in Maine. These agencies operate under MaineCare Section 21, a specialized Home and Community Based program designed for adults with intellectual disabilities, traumatic brain injury, or autism who might otherwise need to live in an institutional setting. Section 21 allows people to live in shared living arrangement, or in other community settings where they can build meaningful lives while receiving the support they need.

The work of MIBC agencies is deeply structured and carefully overseen by the State of Maine. Services must be reauthorized every 60 to 90 days, with agencies providing ongoing documentation to prove that care plans are being followed and individual needs are being met. Staffing levels are not decided by agencies themselves; they are determined by the state based on the needs of each individual receiving services. Direct Support Professionals (DSPs) must also meet strict hiring and training standards, including English-language certification requirements.

Brandon

PARTNER TESTIMONIAL

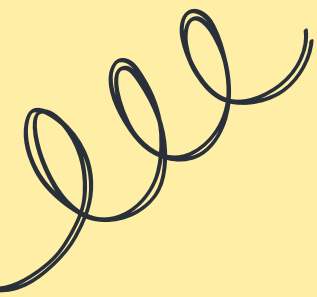
"I have been working in the mental health and IDD (intellectually or developmentally disabled) field for 14 years. At North American Family Institute, our whole guiding clinical philosophy is a normative approach in which people want to belong in the peer groups and communities they find themselves.

I see with immigrant providers throughout Maine that immigrants are working the hours, working the shifts, providing the care. I see a lot of consistency and patience. That's important with the section 21 population. These folks have longstanding diagnosis and trauma histories. The immigrant caregivers have patience to work with that." – Brandon Ingaharro, BS, Assistant Program Director and Community Case Management Adults with Developmental Disabilities, North American Family Institute

Certification / Training	Hours / Requirement	Issuing Authority / Provider
Personal Support Specialist (PSS) Certification	Minimum 80 hours pre-service training	Maine DHHS / Approved Training Programs
Direct Support Professional (DSP) Training	Ongoing annual competency requirements	Maine OADS / Agency-Based Training
Cardiopulmonary Resuscitation (CPR)	Initial + biennial recertification	American Heart Association / Red Cross
First Aid Certification	Initial + biennial recertification	American Red Cross / Approved Providers
Medication Administration (MAPA)	16-hour initial course + annual renewal	Maine DHHS Approved Trainers
Safe Food Handling	Food handler certification required	Maine DHHS / ServSafe
Bloodborne Pathogens Training	Annual OSHA-mandated training	OSHA / Agency Training Officers
Abuse, Neglect & Exploitation Prevention	Annual mandatory reporter training	Maine DHHS / Adult Protective Services
Dementia Care Training	Specialized 8-hour foundation course	Maine DHHS / Alzheimer's Association
Person-Centered Practices Training	Foundational and advanced modules	Maine OADS / Certified Trainers
Positive Behavioral Supports (PBS)	Required for ID/DD residential settings	Maine OADS / Behavior Specialists
Crisis Prevention & Intervention (CPI)	Nonviolent Crisis Intervention certification	Crisis Prevention Institute (CPI)
HIPAA Compliance Training	Annual privacy and confidentiality training	Agency Compliance Officers
Mental Health First Aid	8-hour certification course	National Council for Mental Wellbeing
Traumatic Brain Injury (TBI) Training	Specialized for TBI residential programs	Brain Injury Association of Maine
Fire Safety & Emergency Evacuation	Annual drills and certification	Maine State Fire Marshal's Office
Background Check (CHRC)	Criminal History Records Check – required pre-hire	Maine DHHS / State Bureau of Investigation
Adult Protective Services Training	Mandatory reporting obligations	Maine DHHS Adult Protective Services
Lifting & Transfer Techniques	Body mechanics and safe patient handling	Maine DHHS / Physical Therapists
Cultural Competency Training	Ongoing requirement for MaineCare providers	Maine DHHS / Cultural Organizations



Behind every service is an extensive system of compliance, reporting, staff training, and accountability. While much of this work happens behind the scenes, it is essential to ensuring that vulnerable Mainers receive safe, consistent, high-quality care.



Bryce

TESTIMONIAL

Safe Residential Care's residential staff have made a meaningful difference in Bryce's life and overall well-being. They've helped build independence, confidence, and consistency in routines, which in return has given him the opportunity to broaden his social and emotional well being. Being the guardian of Bryce came with worries and fears of him losing skills as I chose residential care. The staff at have stepped up in ways that I could never have imagined. The consistency and patience they have shown has allowed Bryce to accomplish things that I never thought he would. Their presence has given me peace of mind - I know that he is being taken care of and safe. Beyond that the staff members that work behind the scenes have been able to give me guidance and support necessary to navigate his needs.

Trust is everything when it comes to where I choose to have Bryce reside. Feeling confident in the staff's judgment, compassion, and reliability are the most important factors in regards to residential care. I believe that having trust creates a stronger relationship between myself and residential staff, allowing for open and honest communication. This is something I value about Safe Residential Care. Having an immigrant Direct Service Provider has brought a unique and valuable perspective to the care of Bryce. Often, they bring a strong work ethic, deep empathy, and a cultural appreciation for caregiving and respect for others. They truly treat Bryce and I like family. I couldn't ask for anything more. - Amanda K., Guardian to Bryce

POSITIVE OUTCOMES FOR *all Mainers*



For many families residential care is also an essential source of stability and relief. As parents and guardians age, work full-time, face health challenges of their own, or simply do not have the capacity to provide around-the-clock support, residential care and services provide by MIBC member agencies help ensure their loved ones can continue to live safely, independently, and with dignity in the community. The program creates a support system not only for the individual receiving services, but for entire families who want the best possible quality of life for their adult children or relatives.



As successful businesses, the Maine Immigrant Business Coalition's members contribute hundreds of jobs, pay millions of dollars in taxes.

Payroll taxes are only part of the story. Employees spend most of their earnings locally on housing, groceries, transportation, childcare, and other necessities. Economic development studies typically estimate that every dollar of direct care payroll generates additional economic activity in local communities.

We have established food pantries, after-school programs, and refugee welcome ministries that serve thousands of Maine residents annually. Many coalition care workers and agency owners are deeply involved in youth athletics, serving as volunteer coaches for school-affiliated and community league teams across Maine.

Our children attend Maine's public schools. Our engagement with those institutions strengthens the educational community for every family whose children share classrooms and playgrounds.

Kevin

TESTIMONIAL

For years, my mother cared for my brother Kevin. Kevin has developmental disabilities, autism, and psychosis, and can experience significant behavioral challenges, especially when he isn't taking his medication consistently.

As our mother's health declined following a dementia diagnosis, I found myself balancing a demanding full-time job, helping care for her, and supporting Kevin. It was overwhelming. There were times when Kevin would refuse his medication, become agitated, or stop communicating with me altogether. I worried constantly about his well-being and what would happen when I couldn't be there.

Finding We Care Residential Services was a miracle. I don't use that word lightly. It truly changed everything for our family.

Kevin is his own guardian, and the staff treat him with dignity and respect while providing the structure and routine he needs to thrive. They have built a relationship with him that allows them to communicate effectively, help him stay on track with his medication, and calmly support him when he becomes frustrated or upset. Their patience and understanding have made an incredible difference.

Today, Kevin is happy in his home in York County. He loves sitting on the front porch watching the world go by, and the staff regularly take him on outings and excursions that he enjoys. Most importantly, I know he is safe, supported, and surrounded by people who genuinely care about him.

The team communicates regularly with me about Kevin's progress and well-being, which gives me tremendous peace of mind. After years of uncertainty and worry, knowing that Kevin has this level of support is a gift I can't adequately describe.

It's a miracle.

— Mary Pat D., sister to Kevin



A FUTURE *vision*



Maine is fortunate.

At a moment when the nation faces an escalating caregiving crisis, Maine has, within its borders, more than thirty remarkable agencies staffed by hundreds of dedicated professionals who have answered the call. The formation of the Maine Immigrant Business Coalition represents a beginning. With collective voice and shared purpose, the coalition has articulated an ambitious vision for the future. This year we will work to:

- Expand our membership and geographic coverage
- Increase access to training and professional development
- Maintain and continuously improve compliance with applicable regulations, standards, and best practices
- Recruit next generation workforce and address worker burnout
- Strengthen our relationship with Maine's Office of Aging and Disability Services (OADS)
- Strengthen our relationship with allies and other key stakeholders such as Disability Rights Maine (DRM)
- Advocate for equitable reimbursement
- Overcome communication barriers
- Celebrate and educate others about the cultural contributions from Maine's immigrant caregivers



We invite policymakers, community leaders, philanthropists, and partners across Maine to join us in this work. The foundation has been laid. The coalition is ready. Maine's most vulnerable residents are waiting.







MAINE IMMIGRANT BUSINESS COALITION 2026 MEMBERS

Apex Residential Support Services
Assurance Residential Services
Azal Residential Care LLC
Best Friend Home Care
CarePlus Residential Services
Coastal Community Care
Charity Residential Care
Delight Care Services
Dirigo Support Professionals
Fidelity Adult Care LLC
Golden Group Home Services
Green Leaf Residential Care
Happy Haven
Hope Community Support Services
Hope Family Partners

Impactful Residential Care
Legends Residential Care
Lighthouse Health Services
Maine Community Homecare
Maine Family Services
OneLove HomeCare LLC
Own House Residential Care
Peace Residential
Safe Residential Care
Standard Care
Ubuntu Care
Urugo Residential Services
Victory Residential
We Care Residential Services
We Thrive, LLC



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