



**Community Living Assistance and Support Services (CLASS)
Selection Determination**

Abilene

Catchment Area

I, _____,
(Print Applicant's Name) (Area Code and Telephone No.)

choose the following as my CLASS provider agencies:

1. Choose one Case Management Services Agency (CMA)
2. Choose one Direct Services Agency (DSA)

CMA

Agency	Telephone	Contract Number
Accommodating Healthcare Services, LLC	325-455-0016	1020748
Healthcare Continuum, Inc.	325-704-5434	1015764

DSA

Agency	Telephone	Contract Number
Caprock Home Health Services, Inc.	325-672-2264	1015834
Educare Community Living Corporation-Texas	325-676-1473	1021301
Theracare Services, LLC	325-232-8768	1031132

(Signature of Participant or Legally Authorized Representative)

(Date)