



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

**Corpus Christi**

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
Coastal Bend Center for Independent Living	361-334-2899 877-988-1999	1015937
Girling Health Care, Inc.	361-853-7470	1015942
Perrylee Home Health Care Services, Inc.	361-887-4770	1015831

**DSA**

Agency	Telephone	Contract Number
A.N.D. Home Healthcare, LLC d/b/a Helping Hands Home Services	361-853-7600	1020701
AHappy Home Home Care, LLC	956-459-0899	1029417
American Medical Home Health Services, LLC d/b/a American Medical Home Health Services-Mathis	361-547-5655 210-735-6109 ext 144	1028125
Caregivers Home Health Texas, Inc. d/b/a Touch of Class	361-806-0322	1015928
Educare Community Living Corporation - Texas	361-854-7630	1021302
First Primary Home Care, Inc.	888-411-0136 888-224-9897	1016576

<b>Agency</b>	<b>Telephone</b>	<b>Contract Number</b>
HUB City Home Health, Inc. d/b/a American Medical Home Health Services	724-684-4550	1029418

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**(Signature of Participant or Legally Authorized Representative)**

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**(Date)**