



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

**Eagle Pass/Uvalde**

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
New Glorious Home Health, Inc.	830-758-0265	1018144
Perrylee Home Health Care Services, Inc.	210-690-2735	1016401

**DSA**

Agency	Telephone	Contract Number
Caprock Home Health Services, Inc.	830-278-8108 830-278-8259	1016188
First Primary Home Care, Inc. d/b/a Bee First Primary Care	888-224-9897	1027441

\_\_\_\_\_  
(Signature of Participant or Legally Authorized Representative)

\_\_\_\_\_  
(Date)