



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

El Paso

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
Texas Tech University Health Sciences Center	915-215-5447 915-479-5927	1015954

DSA

Agency	Telephone	Contract Number
Alta Vista Community Care Services, LLC	915-594-0098	1017907
Caprock Home Health Services, Inc.	915-598-6522	1015842
Compassion Support, LLC d/b/a Caring Partner Home Care	915-345-4122	1027935
Disability Services of the Southwest, Inc.	915-774-8787 210-798-0123	1015847

(Signature of Participant or Legally Authorized Representative)

(Date)