



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

Longview

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	903-717-7240 817-239-5224	1027381
Perrylee Home Health Care Services, Inc.	903-236-9966	1015830
Sabine Valley MHMR Center d/b/a Community Health Core	903-237-2368 903-331-2202	1014496

DSA

Agency	Telephone	Contract Number
A.N.D. Home Healthcare, LLC d/b/a Helping Hands Home Services	903-234-0433	1020703
Disability Services of the Southwest, Inc.	903-297-2817	1015849
Educare Community Living Corporation-Texas	903-753-8063	1021303

(Signature of Participant or Legally Authorized Representative)

(Date)