



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

Lufkin

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
Begins With You Case Management, Inc.	832-275-2505	1030482
Sabine Valley MHMR Center d/b/a Community Health Core	903-693-9751 903-758-2471	1015934

DSA

Agency	Telephone	Contract Number
Disability Services of the Southwest, Inc.	903-657-5100	1015850

(Signature of Participant or Legally Authorized Representative)

(Date)