



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

**Midland/Odessa**

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
Educare Community Living Corporation-Texas	432-803-7049	1021273
Perrylee Home Health Care Services, Inc.	806-747-9042 866-491-2220	1015826

**DSA**

Agency	Telephone	Contract Number
Compassion Support, LLC d/b/a Caring Partners Home Care	432-276-2593	1028467
Disability Services of the Southwest, Inc.	432-550-6900	1015851

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

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