



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

**San Angelo**

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
Concho Valley Center for Human Advancement d/b/a MHMR Services for the Concho Valley	325-658-7750	1020980
Healthcare Continuum, Inc.	325-223-9393	1015762

**DSA**

Agency	Telephone	Contract Number
Caprock Home Health Services, Inc.	325-944-3666	1015837
Educare Community Living Corporation-Texas	325-942-8050	1021305

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

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