



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

San Antonio

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
Girling Health Care, Inc.	210-616-0212	1016264
Perrylee Home Health Care Services, Inc.	210-690-2735	1015829
The ARC of San Antonio	210-490-4300	1015935

DSA

Agency	Telephone	Contract Number
American Medical Home Health Services	724-469-1449	1029662
Caprock Home Health Services, Inc.	210-225-7003	1015843
Caregivers Home Health Texas, Inc. d/b/a Touch of Class	210-653-8475	1015883
Concord Primary Care Services, Inc.	210-732-0130	1018281
Disability Services of the Southwest, Inc.	210-798-0123 ext. 1410	1015852
Educare Community Living Corporation - Texas	210-979-7009	1015924
First Primary Home Care, Inc. d/b/a Bee First Home Care, Inc	888-224-9897	1027442

(Signature of Participant or Legally Authorized Representative)

(Date)