



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

Wichita Falls

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
Ability Connection Texas	512-468-7645 940-500-5799	1020397

DSA

Agency	Telephone	Contract Number
Caprock Home Health Services, Inc.	940-761-1119 325-672-2264	1015839

(Signature of Participant or Legally Authorized Representative)

(Date)