



**TEXAS**  
Health and Human  
Services

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

**Abilene**

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 Agency (CMA)
2. Choose one Direct Services Agency (DSA)

**Case Management Agencies (CMA)**

☐ **Accommodating Healthcare Services, LLC**

**Contract No.:** 1020748

**Provider No.:**

**Telephone:** ( 325) 455-0016

**Alt. Telephone:**

☐ **Healthcare Continuum, Inc.**

**Contract No.:** 1015764

**Provider No.:**

**Telephone:** ( 325) 672-4539

**Alt. Telephone:**

**Direct Services Agencies (DSA)**

☐ **Caprock Home Health Services, Inc.**

**Contract No.:** 1015834

**Provider No.:**

**Telephone:** ( 325) 672-2264

**Alt. Telephone:**

☐ **Educare Community Living Corporation-Texas**

**Contract No.:** 1021301

**Provider No.:**

**Telephone:** ( 325) 676-1473

**Alt. Telephone:**

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

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