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**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)

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**Case Management Agencies (CMA)**

**Accommodating Healthcare Services, LLC**

**Contract No.:** 1020748

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

**Provider No.:**

**Alt. Telephone:**

**Healthcare Continuum, Inc.**

**Contract No.:** 1015764

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

**Provider No.:**

**Alt. Telephone:**

**Direct Services Agencies (DSA)**

**Caprock Home Health Services, Inc.**

**Contract No.:** 1015834

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

**Provider No.:**

**Alt. Telephone:**

**Educare Community Living Corporation-Texas**

**Contract No.:** 1021301

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

**Provider No.:**

**Alt. Telephone:**

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(Signature of Participant or Legally Authorized Representative)

(Date)