



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

**Amarillo**

Catchment Area

\_\_\_\_\_, \_\_\_\_\_

(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)**

**Advocating for C.L.A.S.S., LLC**

**Contract No.:** 1019863

**Telephone:** ( 806) 356-7299

**Provider No.:**

**Alt. Telephone:**

**Educare Community Living Corporation-Texas**

**Contract No.:** 1021268

**Telephone:** ( 806) 356-8416

**Provider No.:**

**Alt. Telephone:**

**Perrylee Home Health Care Services, Inc.**

**Contract No.:** 1015816

**Telephone:** ( 866) 491-2220

**Provider No.:**

**Alt. Telephone:** (806) 747-9042

**Direct Services Agencies (DSA)**

**Caprock Home Health Services, Inc.**

**Contract No.:** 1015833

**Telephone:** ( 806) 463-7051

**Provider No.:**

**Alt. Telephone:**

**Caregivers Home Health Texas, Inc. d/b/a Touch of Class**

**Contract No.:** 1015882

**Telephone:** ( 806) 467-1700

**Provider No.:**

**Alt. Telephone:**

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**(Signature of Participant or Legally Authorized Representative)**

**(Date)**