



TEXAS
Health and Human
Services

Community Living Assistance and Support Services (CLASS) Selection Determination

Austin

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)

☐ **Ability Connection Texas**

Contract No.: 1017188

Telephone: (512) 468-7645

Provider No.:

Alt. Telephone: (214) 351-2500

☐ **AIWC Services, Inc.**

Contract No.: 1027566

Telephone: (832) 207-8500

Provider No.:

Alt. Telephone:

☐ **Educare Community Living Corporation-Texas**

Contract No.: 1021269

Telephone: (254) 773-8453

Provider No.:

Alt. Telephone: (254) 548-8707

☐ **Peppertree Complete Care, LLC**

Contract No.: 1027495

Telephone: (512) 887-3201

Provider No.:

Alt. Telephone: (877) 287-5215

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

Contract No.: 1015818

Telephone: (512) 459-2124

Provider No.:

Alt. Telephone: (512) 459-2124

☐ **The Arc of the Capital Area**

Contract No.: 1015894

Telephone: (512) 476-7044

Provider No.:

Alt. Telephone:

Direct Services Agencies (DSA)

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

Contract No.: 1015895

Provider No.:

Telephone: (512) 716-3903

Alt. Telephone:

☐ **Disability Services of the Southwest, Inc.**

Contract No.: 1015845

Provider No.:

Telephone: (512) 419-1962

Alt. Telephone:

☐ **First Primary Home Care d/b/a Bee First Primary Care**

Contract No.: 1027443

Provider No.:

Telephone: (855) 290-2395

Alt. Telephone: (512) 605-0534

☐ **Four K Healthcare, LLC d/b/a Blue Star Home Care**

Contract No.: 1027602

Provider No.:

Telephone: (512) 387-5787

Alt. Telephone:

☐ **Gucci Healthcare Services, Inc.**

Contract No.: 1020717

Provider No.:

Telephone: (512) 992-0905

Alt. Telephone:

☐ **Sylvia E Inameti d/b/a First Care Home Health Services**

Contract No.: 1017182

Provider No.:

Telephone: (512) 992-2425

Alt. Telephone:

(Signature of Participant or Legally Authorized Representative)

(Date)