



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

Beaumont

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)

Atlas Case Management, Inc.
Contract No.: 4100006 **Provider No.:** 1029841
Telephone: (713) 870-7099 **Alt. Telephone:**

Client Support Services, Inc.
Contract No.: 1015828 **Provider No.:**
Telephone: (409) 835-2791 **Alt. Telephone:**

Peppertree Complete Care, LLC
Contract No.: 1016627 **Provider No.:**
Telephone: (877) 287-5215 **Alt. Telephone:**

Perrylee Home Health Care Services, Inc.
Contract No.: 1015823 **Provider No.:**
Telephone: (409) 813-2211 **Alt. Telephone:**

Segnik Group, Inc.
Contract No.: 1027716 **Provider No.:**
Telephone: (713) 484-8699 **Alt. Telephone:**

Direct Services Agencies (DSA)

Disability Services of the Southwest, Inc.
Contract No.: 1025770 **Provider No.:**
Telephone: (409) 813-2527 **Alt. Telephone:**

Educare Community Living Corporation-Texas

Contract No.: 1015923

Provider No.:

Telephone: (409) 842-0779

Alt. Telephone: (409) 356-9723

(Signature of Participant or Legally Authorized Representative)

(Date)