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

**Corpus Christi**

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)**

**Coastal Bend Center for Independent Living**

**Contract No.:** 1015937

**Telephone:** ( 361) 334-2899

**Provider No.:**

**Alt. Telephone:** (361) 883-8461

**Girling Health Care, Inc.**

**Contract No.:** 1015942

**Telephone:** ( 361) 853-7470

**Provider No.:**

**Alt. Telephone:**

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

**Contract No.:** 1015831

**Telephone:** ( 361) 887-4770

**Provider No.:**

**Alt. Telephone:**

**Direct Services Agencies (DSA)**

**A.N.D Home Healthcare, LLC d/b/a Helping Hands Home Services**

**Contract No.:** 1020701

**Telephone:** ( 361) 853-7600

**Provider No.:**

**Alt. Telephone:**

**American Medical Home Health Services, LLC d/b/a American Medical Home Health Services - Mathis**

**Contract No.:** 1028125

**Telephone:** ( 361) 547-5655

**Provider No.:**

**Alt. Telephone:** (210) 735-6109 ext. 144

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

**Contract No.:** 1015928

**Provider No.:**

**Telephone:** ( 361) 806-0322

**Alt. Telephone:**

**Educare Community Living Corporation-Texas**

**Contract No.:** 1021302

**Provider No.:**

**Telephone:** ( 361) 854-7630

**Alt. Telephone:**

**First Primary Home Care, Inc. d/b/a Bee First Primary Home Care**

**Contract No.:** 1016576

**Provider No.:**

**Telephone:** ( 888) 411-0136

**Alt. Telephone:** (888) 224-9897

**HUB City Home Health, Inc. d/b/a American Medical Home Health Services**

**Contract No.:** 4200007

**Provider No.:** 1029418

**Telephone:** ( 724) 684-4550

**Alt. Telephone:**

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

**(Date)**