



TEXAS
Health and Human
Services

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

Eagle Pass/Uvalde

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)

☐ **New glorious Home Health, Inc.**

Contract No.: 1018144

Telephone: (830) 758-0265

Provider No.:

Alt. Telephone:

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

Contract No.: 1016401

Telephone: (210) 690-2735

Provider No.:

Alt. Telephone:

Direct Services Agencies (DSA)

☐ **Caprock Home Health Services, Inc.**

Contract No.: 1016188

Telephone: (830) 278-8108

Provider No.:

Alt. Telephone: (830) 278-8259

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

Contract No.: 1027441

Telephone: (888) 224-9897

Provider No.:

Alt. Telephone:

(Signature of Participant or Legally Authorized Representative)

(Date)