



**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)