



TEXAS
Health and Human
Services

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

El Paso

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)

☐ **Texas Tech University Health Sciences Center at El Paso**

Contract No.: 4100012

Provider No.: 1031202

Telephone: (915) 215-5447

Alt. Telephone: (915) 479-5927

Direct Services Agencies (DSA)

☐ **Alta Vista Community Care Services, LLC**

Contract No.: 1017907

Provider No.:

Telephone: (915) 594-0098

Alt. Telephone:

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

Contract No.: 1015842

Provider No.:

Telephone: (915) 598-6522

Alt. Telephone:

☐ **Compassion Support, LLC d/b/a Caring Partner Home Care**

Contract No.: 4200032

Provider No.: 1031897

Telephone: (915) 444-8621

Alt. Telephone: (915) 282-8712

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

Contract No.: 1015847

Provider No.:

Telephone: (915) 774-8787

Alt. Telephone: (210) 798-0123

(Signature of Participant or Legally Authorized Representative)

(Date)