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**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)

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**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

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

**(Date)**