



**TEXAS**  
Health and Human  
Services

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

**Longview**

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 Services Agency (CMA)
2. Choose one Direct Services Agency (DSA)

**Case Management Agencies (CMA)**

☐ **Accommodating Healthcare Services, LLC**

Contract No.: 1027381

Provider No.:

Telephone: ( 903) 717-7240 Alt. Telephone: (817) 239-5224

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

Contract No.: 1015830

Provider No.:

Telephone: ( 903) 471-5088 Alt. Telephone:

☐ **Sabine Valley MHMR Center d/b/a Community Health Core**

Contract No.: 1014496

Provider No.:

Telephone: ( 903) 237-2368 Alt. Telephone: (903) 331-2202

**Direct Services Agencies (DSA)**

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

Contract No.: 1020703

Provider No.:

Telephone: ( 903) 234-0433 Alt. Telephone:

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

Contract No.: 1015849

Provider No.:

Telephone: ( 903) 297-2817 Alt. Telephone:

\_\_\_\_\_  
(Signature of Participant or Legally Authorized Representative)

\_\_\_\_\_  
(Date)