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

**Longview**

Catchment Area

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(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)

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**Case Management Agencies (CMA)**

**Accommodating Healthcare Services, LLC**

**Contract No.:** 1027381

**Provider No.:**

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

**Keosha Brightmon d/b/a Treasured Hearts**

**Contract No.:** 4100015

**Provider No.:** 1031500

**Telephone:** ( 214) 862-5426

**Alt. Telephone:**

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

**Contract No.:** 1015830

**Provider No.:**

**Telephone:** ( 903) 236-9966 **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:**

Educare Community Living Corporation-Texas

Contract No.: 1021303

Provider No.:

Telephone: ( 903) 229-3231

Alt. Telephone: ( 903) 874-6543

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(Signature of Participant or Legally Authorized Representative)

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(Date)