



TEXAS
Health and Human
Services

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

Lubbock

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)

☐ **Advocating for C.L.A.S.S., LLC**

Contract No.: 1020359

Telephone: (806) 670-4117

Provider No.:

Alt. Telephone:

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

Contract No.: 1015825

Telephone: (806) 747-9042

Provider No.:

Alt. Telephone:

Direct Services Agencies (DSA)

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

Contract No.: 1016898

Telephone: (806) 793-3615 ext. 1561

Provider No.:

Alt. Telephone: (806) 791-0077

☐ **Educare Community Living Corporation-Texas**

Contract No.: 1021304

Telephone: (806) 792-2100

Provider No.:

Alt. Telephone:

(Signature of Participant or Legally Authorized Representative)

(Date)