



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

Lufkin

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)

Begins With You Case Management

Contract No.: 4100008 Provider No.: 1030482
Telephone: (832) 470-5764 Alt. Telephone:

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

Contract No.: 1015934 Provider No.:
Telephone: (903) 693-9751 Alt. Telephone: (903) 758-2471

Direct Services Agencies (DSA)

Disability Services of the Southwest, Inc.

Contract No.: 1015850 Provider No.:
Telephone: (903) 657-5100 Alt. Telephone:

Four K Healthcare, LLC d/b/a Blue Star Home Care

Contract No.: 4200034 Provider No.: 1032074
Telephone: (512) 387-5787 Alt. Telephone:

(Signature of Participant or Legally Authorized Representative)

(Date)