



TEXAS
Health and Human
Services

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)