



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

Midland/Odessa

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)

Educare Community Living Corporation-Texas
Contract No.: 1021273 **Provider No.:**
Telephone: (432) 803-7049 **Alt. Telephone:**

Perrylee Home Health Care Services, Inc.
Contract No.: 1015826 **Provider No.:**
Telephone: (806) 747-9042 **Alt. Telephone:** (806) 491-2220

Direct Services Agencies (DSA)

Compassion Support, LLC d/b/a Caring Partners Home Care
Contract No.: 4200033 **Provider No.:** 1031898
Telephone: (432) 276-2593 **Alt. Telephone:**

Disability Services of the Southwest, Inc.
Contract No.: 1015851 **Provider No.:**
Telephone: (432) 550-6900 **Alt. Telephone:** (915) 202-1527

(Signature of Participant or Legally Authorized Representative)

(Date)