



**TEXAS**  
Health and Human  
Services

**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)