



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

Valley

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.: 1015925

Provider No.:

Telephone: (956) 230-4142 **Alt. Telephone:** (956) 428-0371

Fuera Investment Group, LLC

Contract No.: 1028353

Provider No.:

Telephone: (965) 928-1811 **Alt. Telephone:**

Lifetime Living, Inc.

Contract No.: 1017411

Provider No.:

Telephone: (956) 687-8463 **Alt. Telephone:**

The Valley Association for Independent Living, Inc.

Contract No.: 1015854

Provider No.:

Telephone: (956) 668-8245 **Alt. Telephone:**

Direct Services Agencies (DSA)

29 HHA, Inc. d/b/a A Beautiful Day Healthcare

Contract No.: 4200024

Provider No.: 1031261

Telephone: (956) 447-2046 **Alt. Telephone:**

Agua Cristalina Home Care, LLC

Contract No.: 1025608

Telephone: (956) 793-4191

Provider No.:

Alt. Telephone:

Amable Home Care, LLC

Contract No.: 1026851

Telephone: (965) 509-5801

Provider No.:

Alt. Telephone: (956) 277-0351

Dulce Esperanza Home Health Care, LLC

Contract No.: 1017750

Telephone: (956) 580-2119

Provider No.:

Alt. Telephone:

First Primary Home Care, Inc. d/b/a Bee First Primary Home Care

Contract No.: 1016426

Telephone: (956) 412-5988

Provider No.: 1029418

Alt. Telephone: (888) 224-9897

M&R Management, LLC d/b/a Morning Glory Provider Services

Contract No.: 1021309

Telephone: (956) 765-1466

Provider No.:

Alt. Telephone:

Nurses That Care Sitter Services, Inc.

Contract No.: 1018663

Telephone: (956) 668-0029

Provider No.:

Alt. Telephone:

Stepping Stones Home Care Services, Ltd.

Contract No.: 1017665

Telephone: (956) 661-9400

Provider No.:

Alt. Telephone:

Texas Visiting Nurse Service, Ltd.

Contract No.: 1015939

Telephone: (956) 412-1401

Provider No.:

Alt. Telephone:

(Signature of Participant or Legally Authorized Representative)

(Date)