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

**Waco/Temple**

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)

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**Case Management Agencies (CMA)**

**Ability Connection Texas**

Contract No.: 1017189

Telephone: ( 512) 468-7645

Provider No.:

Alt. Telephone: (214) 351-2500

**Accommodating Healthcare Services**

Contract No.: 1026752

Telephone: ( 254) 870-3444

Provider No.:

Alt. Telephone:

**Educare Community Living Corporation-Texas**

Contract No.: 1026155

Telephone: ( 254) 773-8453

Provider No.:

Alt. Telephone:

**Keosha Brightmon d/b/a Treasured Hearts**

Contract No.: 4100016

Telephone: ( 214) 862-5426

Provider No.: 1031509

Alt. Telephone:

**Direct Services Agencies (DSA)**

**Disability Services of the Southwest, Inc.**

Contract No.: 1015853

Telephone: ( 254) 776-6600

Provider No.:

Alt. Telephone:

**Four K Healthcare, LLC d/b/a Blue Star Home Care**  
Contract No.: 4200035                      Provider No.: 1032076  
Telephone: ( 512) 387-5787              Alt. Telephone:

**Ricia Daniels d/b/a Elite Services Home Health Agency**  
Contract No.: 4200020                      Provider No.: 1031232  
Telephone: ( 903) 436-1894              Alt. Telephone:

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(Signature of Participant or Legally Authorized Representative)

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(Date)