



**TEXAS**  
Health and Human  
Services

## 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)

### 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:

### 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

Telephone: ( 512) 387-5787

Provider No.: 1032076

Alt. Telephone:

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**(Signature of Participant or Legally Authorized Representative)**

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**(Date)**