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

**Wichita Falls**

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.:** 1020397

**Telephone:** ( 512) 468-7645

**Provider No.:**

**Alt. Telephone:** (940) 500-5799

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

**Contract No.:** 4100018

**Telephone:** ( 214) 862-5426

**Provider No.:** 1031501

**Alt. Telephone:**

**Direct Services Agencies (DSA)**

**Caprock Home Health Services, Inc.**

**Contract No.:** 1015839

**Telephone:** (325) 672-2264

**Provider No.:**

**Alt. Telephone:** (806) 416-8490

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(Signature of Participant or Legally Authorized Representative)

(Date)