



TEXAS
Health and Human
Services

**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)

Case Management Agencies (CMA)

☐ **Ability Connection Texas**

Contract No.: 1020397

Telephone: (512) 468-7645

Provider No.:

Alt. Telephone: (940) 500-5799

Direct Services Agencies (DSA)

☐ **Caprock Home Health Services, Inc.**

Contract No.: 1015839

Telephone: (325) 672-2264

Provider No.:

Alt. Telephone: (806) 416-8490

(Signature of Participant or Legally Authorized Representative)

(Date)