



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

San Angelo

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)

Management Agencies (CMA)

Concho Valley Center for Human Advancement d/b/a MHMR Services for the Concho Valley
Contract No.: 1020980 **Provider No.:**
Telephone: (325) 658-7750 **Alt. Telephone:**

Healthcare Continuum, Inc.
Contract No.: 1015762 **Provider No.:**
Telephone: (325) 223-9393 **Alt. Telephone:**

Direct Services Agencies (DSA)

Caprock Home Health Services, Inc.
Contract No.: 1015837 **Provider No.:**
Telephone: (325) 672-2264 **Alt. Telephone:** (325) 480-2052

Educare Community Living Corporation-Texas
Contract No.: 1021305 **Provider No.:**
Telephone: (325) 942-8050 **Alt. Telephone:** (210) 735-619 ext. 144

(Signature of Participant or Legally Authorized Representative)

(Date)