



**TEXAS**  
Health and Human  
Services

**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)