



**TEXAS**  
Health and Human  
Services

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

### **San Antonio**

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)**

☐ **Alamo Area Council of Governments**

**Contract No.:** 4100019

**Provider No.:** 1032405

**Telephone:** ( 210) 362-5200

**Alt. Telephone:**

☐ **Girling Health Care, Inc.**

**Contract No.:** 1016264

**Provider No.:**

**Telephone:** ( 210) 616-0212

**Alt. Telephone:**

☐ **Perrylee Home Health Care Services, Inc.**

**Contract No.:** 1015829

**Provider No.:**

**Telephone:** ( 210) 690-2735

**Alt. Telephone:**

☐ **The Arc of San Antonio**

**Contract No.:** 1015935

**Provider No.:**

**Telephone:** ( 210) 490-4300

**Alt. Telephone:**

### **Direct Services Agencies (DSA)**

☐ **American Medical Home Health Services – San Antonio, LLC**

**Contract No.:** 4200012

**Provider No.:** 1029662

**Telephone:** ( 210) 735-6109

**Alt. Telephone:**

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

**Contract No.:** 1015843

**Provider No.:**

**Telephone:** ( 210) 225-7003

**Alt. Telephone:**

☐ **Caregivers Home Health Texas, Inc. d/b/a Touch of Class**

**Contract No.:** 1015883

**Provider No.:**

**Telephone:** ( 210) 653-8475

**Alt. Telephone:**

☐ **Concord Primary Care Services, Inc.**

**Contract No.:** 1018281

**Provider No.:**

**Telephone:** ( 210) 732-0130

**Alt. Telephone:**

☐ **Disability Services of the Southwest, Inc.**

**Contract No.:** 1015852

**Provider No.:**

**Telephone:** ( 210) 798-0123 ext. 1410 **Alt. Telephone:**

☐ **Educare Community Living Corporation-Texas**

**Contract No.:** 1015924

**Provider No.:**

**Telephone:** ( 210) 979-7009

**Alt. Telephone:**

☐ **First Primary Home Care, Inc. d/b/a Bee First Primary Home Care**

**Contract No.:** 1027442

**Provider No.:**

**Telephone:** ( 888) 224-9897

**Alt. Telephone:**

☐ **Four K Health Care, LLC d/b/a Blue Star Home Care**

**Contract No.:** 4200027

**Provider No.:** 1031392

**Telephone:** ( 512) 387-5787

**Alt. Telephone:**

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(Signature of Participant or Legally Authorized Representative)

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(Date)