









**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

Updated: June 2, 2021

Provider Name

**Arc of The Farmington Valley, Inc. The**

225 Commerce Dr. Canton CT 06019  
 Phon (860) 693-6662 Fax (860) 693-866  
 Stephen E. Morris smorris@favarh.org

**Provider Type:**  
Agency

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Continuous Residential Support	Customized Employment Supports	Group Day Supports (DSO)	Group Supported Employment	Healthcare Coordination	Independent Support Broker	Individualized Day Supports	Individualized Home Supports	Individualized Home Supports - 2	Individualized Home Supports - 3	Indiv. Supported Employment	Interpreter Services	Live-In Caregiver	Nutrition	Parenting Support	Peer Support	Personal Supports	Prevocational Services	Remote Supports	Respite	Senior Supports	Shared Living	Transitional Employment Services	Transportation
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Yes Yes Yes No Yes

**ARI of Connecticut, Inc.**

174 Richmond Hill Ave. Stamford CT 06902  
 Phon (203) 324-9258 Fax  
 Susanne D. Kuligowski kuligowskis@arict.org

**Provider Type:**  
Agency

No No No No No

**Armour, Nadean**

46 Litchfield Road Watertown CT 06795  
 Phon (860) 818-0102 Fax  
 Nadean Armour nadean.armour@gmail.com

**Provider Type:**  
Individual Practitioner

Yes Yes Yes No No

**Ascension Habilitative Support Services, LLC**

66 Franklin Street, Suite 18 Norwich CT 06360  
 Phon (860) 326-5871 Fax (860) 909-047  
 Robert Pendola rpendola@ascensionhss.com

**Provider Type:**  
Agency

Yes Yes Yes No No

**Aspire Living & Learning, Inc. (formerly IPP)**

538 Preston Avenue Meriden CT 06450  
 Phon (203) 317-2700 Fax (203) 317-2896  
 David Gallaway dgallaway@allinc.org

**Provider Type:**  
Agency

Yes Yes Yes No No

**Association for Community Organizations and Resource Development Inc. (ACORD)**

7 Barnes Industrial Road South Wallingford CT 06492  
 Phon (203) 269-3599 Fax (203) 269-1980  
 Francine M. Pangaro fran@acordinc.org

**Provider Type:**  
Agency

Yes Yes Yes No No

**At the Corner of Determination and Hope, LLC**

607 Roode Road Griswold CT 06351  
 Phon (860) 705-8772 Fax  
 Elizabeth Z. Brown elizabeth@cdhservices.org

**Provider Type:**  
Agency

Yes Yes Yes No No



**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: June 2, 2021**

Provider Name

**Benhaven, Inc.**  
 187 Half Mile Rd. North Haven CT 06473  
 Phon (203) 239-6425 Fax (203) 239-1318  
 Kathryn Dupree kdupree@benhaven.org

**Provider Type:**  
Agency

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Continuous Residential Support	Customized Employment Supports	Group Day Supports (DSO)	Group Supported Employment	Healthcare Coordination	Independent Support Broker	Individualized Day Supports	Individualized Home Supports	Individualized Home Supports - 2	Individualized Home Supports - 3	Indiv. Supported Employment	Interpreter Services	Live-In Caregiver	Nutrition	Parenting Support	Peer Support	Personal Supports	Prevocational Services	Remote Supports	Respite	Senior Supports	Shared Living	Transitional Employment Services	Transportation
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Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Bergsteinsson, Ingo, Ph.D., BCBA**  
 42 Mountain Road Farmington CT 06032  
 Phon (860) 716-4192 Fax  
 Ingo Bergsteinsson, Ph.D., B berging11@gmail.com

**Provider Type:**  
Individual Practitioner

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Bluebird, L.L.C. (formerly Griswold Special Care, Inc.)**  
 116 Sherman Avenue New Haven CT 06511  
 Phon Fax  
 Lesley Mills lesley.mills@griswoldhomecare.com

**Provider Type:**  
Agency

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Bodington, Eileen**  
 186 Hang Dog Lane Wethersfield CT 06019  
 Phon (860) 833-9576 Fax  
 Eileen Bodington eileen.bodington@cox.net

**Provider Type:**  
Individual Practitioner

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Brian House, Inc.**  
 P.O. Box 134 Chester CT 06412  
 Phon (860) 345-4457 Fax (860) 345-4707  
 Margaret Winkley pwinkley@brianhouse.org

**Provider Type:**  
Agency

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Bridges Healthcare, Inc.**  
 941-949 Bridgeport Avenue Milford CT 06460  
 Phon (203) 878-6365 Fax (203) 874-5252  
 John Dixon jdixon@bridgesmilford.org

**Provider Type:**  
Agency

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Bristol Adult Resource Center, Inc.**  
 195 Maltby Street PO Box 726 Bristol CT 06011  
 Phon (860) 261-5592 Fax (860) 845-889  
 Mary F. Etter metter@bristolarc.org

**Provider Type:**  
Agency

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: June 2, 2021**

Provider Name	Provider Type:	Yes	Yes	Yes	No	No	Project SEARCH Internship Prog.	Adult Day Health	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Continuous Residential Support	Customized Employment Supports	Group Day Supports (DSO)	Group Supported Employment	Healthcare Coordination	Independent Support Broker	Individualized Day Supports	Individualized Home Supports	Individualized Home Supports - 2	Individualized Home Supports - 3	Indiv. Supported Employment	Interpreter Services	Live-In Caregiver	Nutrition	Parenting Support	Peer Support	Personal Supports	Prevocational Services	Remote Supports	Respite	Senior Supports	Shared Living	Transitional Employment Services	Transportation						
<b>Greenwich Adult Day Care Inc. (dba River House Adult Day Center)</b> 125 River Road Extension Phon (203) 622-0079 Donna Spellman	Cos Cob CT 06807 Fax (203) 622-4344 dspellman@theriverhouse.org	Yes	Yes	Yes	No	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Grenier, Catherine</b> 362 Woodland Street Phon (860) 874-7401 Cathy Grenier	Manchester CT 06040 Fax Catg29@att.net	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Guazzelli, Christina</b> 20 Audi Lane Phon (305) 495-7230 Christina Guazzelli	Stratford CT 06614 Fax bxalchanges@gmail.com	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Guide Inc.</b> 129 Asylum Street Phon (860) 887-9383 Lena Bean	Norwich CT 06360 Fax (860) 237-5358 guide@guidect.org	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Gustafson, John</b> 169 Route 87 Phon (860) 942-4016 John Gustafson	Columbia CT 06237 Fax (860) 337-0201 ctbehaviorconsulting@gmail.com	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hanley, Michael Ph.D.</b> 80 Brace Road Phon (860) 481-2131 Michael J. Hanley, Ph.D.	West Hartford CT 06107 Fax 80Hanley@comcast.net	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HARC, Inc.</b> 900 Asylum Ave. Phon (860) 218-6000 Kenneth Cabral	Hartford CT 06105 Fax (860) 541-1770 kcabral@harc-ct.org	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	





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**Updated: June 2, 2021**

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<b>J.M. Enterprises, LLC</b> 61 Hawthorne Avenue Hamden CT 06517 Phon (203) 506-4400 Fax (203) 248-9658 Judy Goldberg jmenterprisesllc@yahoo.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Jaffee Family and Behavior Therapy Services, Inc.</b> 29 Stony Hill Road Ridgefield CT 06877 Phon (203) 470-8057 Fax Carey Jaffee careyjaffee@yahoo.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Jewish Association for Community Living, Inc. (JCL)</b> 34 Jerome Avenue Bloomfield CT 06002 Phon (860) 522-5225 Fax (860) 246-4114 Denis Geary dgeary@jcl-ct.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Jewish Family Services of Greater Hartford, Inc.</b> 333 Bloomfield Avenue, Suite A West Hartford CT 06117 Phon (860) 236-1927 Fax (860) 236-6483	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Jordan-Parker, Linda, Ed. D.</b> 11 Brace Road Somers CT 06071 Phon (860) 819-1088 Fax Linda Jordan-Parker, Ed .D. ljordanparker@gmail.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Journey Found, Inc.</b> 60 Hilliard Street Manchester CT 06040 Phon (860) 643-9844 Fax (860) 643-9534 Tracey Walker twalker@journeyfound.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Karan, Orv, Ph.D.</b> 1890 Littel Acres Road Glastonbury CT 06033 Phon (860) 657-9910 Fax (860) 657-2618 Orv Karan, Ph.D. Okaran@aol.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>











**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: June 2, 2021**

Provider Name

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Individ tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Continuous Residential Support	Customized Employment Supports	Group Day Supports (DSO)	Group Supported Employment	Healthcare Coordination	Independent Support Broker	Individualized Day Supports	Individualized Home Supports	Individualized Home Supports - 2	Individualized Home Supports - 3	Indiv. Supported Employment	Interpreter Services	Live-In Caregiver	Nutrition	Parenting Support	Peer Support	Personal Supports	Prevocational Services	Remote Supports	Respite	Senior Supports	Shared Living	Transitional Employment Services	Transportation
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<b>Murphy, Annemarie, Ph.D</b>	1057 Broad St. Bridgeport CT 06604	Phon (203) 459-0515 Fax (203) 459-4237	Annemarie Murphy, Ph.D goldpsych@earthlink.net	<b>Provider Type: Individual Practitioner</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Nagurney, Meaghan</b>	1150 Summer Street Stratford CT 06905	Phon (203) 624-1880 Fax	Meaghan Nagurney meaghan.nagurney@gmail.com	<b>Provider Type: Individual Practitioner</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Network, Inc.</b>	23 Route 6 Andover CT 06232	Phon (860) 742-1313 Fax (860) 742-1010	Susan Pearson Spearson@Networkhumanservices.org	<b>Provider Type: Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>New Beginnings for Life, LLC</b>	20 Hartford Road #44 Salem CT 06420	Phon (860) 531-9426 Fax	Ellen Young eyoung.nbfl@gmail.com	<b>Provider Type: Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>New Canaan Group Home, Inc.</b>	162 South Ave. New Canaan CT 06840	Phon (203) 972-3867 Fax (203) 972-3915		<b>Provider Type: Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>New England Business Associates, Inc.</b>	66 Industry Avenue, Suite 11 Springfield MA 01104	Phon (413) 821-9200 Fax (413) 821-9209	Jeannine Pavlak jeannine.pavlak@nebaworks.com	<b>Provider Type: Agency</b>	No	No	No	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>New England Residential Services, Inc.</b>	282 Main Street Ext. Middletown CT 06457	Phon (860) 347-9633 Fax (860) 346-3388	Chet Fischer cfischer@newenglandresidential.com	<b>Provider Type: Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: June 2, 2021**

Provider Name	Yes	Yes	Yes	No	No	Agency with Choice	Adult Day Health	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Continuous Residential Support	Customized Employment Supports	Group Day Supports (DSO)	Group Supported Employment	Healthcare Coordination	Independent Support Broker	Individualized Day Supports	Individualized Home Supports	Individualized Home Supports - 2	Individualized Home Supports - 3	Indiv. Supported Employment	Interpreter Services	Live-In Caregiver	Nutrition	Parenting Support	Peer Support	Personal Supports	Prevocational Services	Remote Supports	Respite	Senior Supports	Shared Living	Transitional Employment Services	Transportation
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**Patterson, Glenroy**      **Provider Type: Individual Practitioner**  
 72 Birchwood Road      East Hartford      CT 06118  
 Phon (321) 914-7430      Fax (860) 812-2399  
 Glenroy Patterson, M.S., AB      gpatterson1@tradingspacesaba.com

**Pepin, Martina**      **Provider Type: Individual Practitioner**  
 7 Fermily Drive      Westport      CT 06880  
 Phon (203) 803-6664      Fax (203) 226-5761  
 Martina Pepin      christinapepin@optonline.net

**Phillips, Sonji**      **Provider Type: Individual Practitioner**  
 1177 High Ridge Road Suite 245      Stamford      CT 06905  
 Phon (855) 778-1262      Fax  
 Sonji Phillips      Sphillips@BriasonAssociates.com

**Powell, Keisha**      **Provider Type: Individual Practitioner**  
 3 Jessie Lane      East Windsor      CT 06016  
 Phon (860) 983-8112      Fax  
 Keisha Powell      powelltherapysolutions@gmail.com

**PrimeCare, Inc.**      **Provider Type: Agency**  
 562 Watertown Ave.      Waterbury      CT 06708  
 Phon (203) 597-8525      Fax (203) 757-5116  
 James. M. Kelly      office@primecareinc.org

**Psychological Assessment Services**      **Provider Type: Individual Practitioner**  
 21 Hazel Terrace      Woodbridge      CT 06525  
 Phon (203) 848-7590      Fax (203) 285-6455  
 Bina Roginsky      roginsky@hotmail.com

**Quality Behavioral Solutions, LLC**      **Provider Type: Agency**  
 46 Glemby Street      Hamden      CT 06514  
 Phon (203) 722-9920      Fax  
 Justin Scott      35scottj@gmail.com













**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: June 2, 2021**

Provider Name	Provider Type:	Yes	Yes	Yes	No	Yes	Agency with Choice	Project SEARCH Internship Prog.	Adult Day Health	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Continuous Residential Support	Customized Employment Supports	Group Day Supports (DSO)	Group Supported Employment	Healthcare Coordination	Independent Support Broker	Individualized Day Supports	Individualized Home Supports	Individualized Home Supports - 2	Individualized Home Supports - 3	Indiv. Supported Employment	Interpreter Services	Live-In Caregiver	Nutrition	Parenting Support	Peer Support	Personal Supports	Prevocational Services	Remote Supports	Respite	Senior Supports	Shared Living	Transitional Employment Services	Transportation								
<b>Turning Leaf Agency, Corp.</b> 1251 S. Main Street Middletown CT 06457 Phon (860) 346-0771 Fax (860) 346-0772 Derrick Gibbs dgibbs@turningleafagencyct.com	<b>Agency</b>	Yes	Yes	Yes	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
<b>United Cerebral Palsy Association of Eastern Connecticut, Inc.</b> 42 Norwich Rd. Quaker Hill CT 06375 Phon (860) 443-3800 Fax (860) 443-8272 Jennifer Keatley jkeatley@ucpect.org	<b>Agency</b>	Yes	Yes	Yes	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<b>United Community &amp; Family Services, Inc.</b> 165 McKinley Ave. Norwich CT 06360 Phon (860) 889-1252 Fax (860) 892-2340 Janis Davis jdavis@ucfs.org	<b>Agency</b>	Yes	Yes	Yes	No	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>VanderMaelen, Ann</b> 11 Dean Circle Andover MA 01810 Phon (860) 227-5253 Fax (978) 475-4730 Ann VanderMaelen avandermaelen@thearcnlc.org	<b>Individual Practitioner</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vangor, Laura</b> 7 Avenue D Beacon Falls CT 06403 Phon (203) 982-1246 Fax Laura Vangor BCBAVangor@gmail.com	<b>Individual Practitioner</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vantage Group, Inc. The</b> 29 North Plains Hwy Unit 15 Wallingford CT 06492 Phon (203) 234-7737 Fax (203) 793-7817 Rick Pittman Rpittman@vantagegroupinc.org	<b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Viability, Inc.</b> 115 Elm Street Suite 214 Enfield CT 06082 Phon (860) 683-2178 Fax (860) 683-2497	<b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

Updated: June 2, 2021

Provider Name

**Vinfen Corporation of Connecticut, Inc.**

860 Prospect Hill Rd. Windsor CT 06095  
 Phon (860) 688-3165 Fax (860) 688-3196  
 Robert Crane craner@vinfen.org

**Provider Type:**  
Agency

Yes Yes Yes No No

**Vista Life Innovations, Inc.**

107 Bradley Road Madison CT 06443  
 Phon (860) 399-8080 Fax (203) 245-5181

**Provider Type:**  
Agency

Yes Yes Yes No No

**Vogl Program for Autism Spectrum Disorders, LLC The**

2370 Market Street #103 #126 San Francisco CA 94114  
 Phon (860) 391-5124 Fax (800) 664-5812  
 Andrew Vogl, M.A., BCBA andrew@voglautism.com

**Provider Type:**  
Agency

Yes Yes Yes No No

**Walker, Nickeisha**

2 Deerfield Road Ellington CT 06029  
 Phon (860) 549-4807 Fax  
 Nickeisha Walker nijwalker@gmail.com

**Provider Type:**  
Individual Practitioner

Yes Yes Yes No No

**Waterbury ARC, Inc.**

1929 East Main St. Waterbury CT 06705  
 Phon (203) 575-0707 Fax (203) 596-0400  
 Acting Director: Richard Kal rkalcznski@waterburyarc.org

**Provider Type:**  
Agency

Yes Yes Yes No No

**Wegner-Vincent, Erin**

34 Forest Lane Canton CT 06019  
 Phon (765) 635-0397 Fax  
 Erin Wegner-Vincent, LCSW ewvlcsw@gmail.com

**Provider Type:**  
Individual Practitioner

Yes Yes Yes No No

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Continuous Residential Support	Customized Employment Supports	Group Day Supports (DSO)	Group Supported Employment	Healthcare Coordination	Independent Support Broker	Individualized Day Supports	Individualized Home Supports	Individualized Home Supports - 2	Individualized Home Supports - 3	Indiv. Supported Employment	Interpreter Services	Live-In Caregiver	Nutrition	Parenting Support	Peer Support	Personal Supports	Prevocational Services	Remote Supports	Respite	Senior Supports	Shared Living	Transitional Employment Services	Transportation
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Provider Name

**Zwicker, Thomas**  
 34 Woodlawn Street Hamden CT 06517  
 Phon (203) 901-0646 Fax (475) 227-2242  
 Thomas Zwicker tzwicker@zabatherapy.com

**Provider Type:**  
**Individual Practitioner**

Yes Yes Yes No No

Accepting New Individuals	<input checked="" type="checkbox"/>	Accepting Individuals to Res Prog	<input checked="" type="checkbox"/>	Accepting Indiv tod ay Programs	<input checked="" type="checkbox"/>	Agency with Choice	<input type="checkbox"/>	Adult Day Health Project SEARCH Internship Prog.	<input type="checkbox"/>	Assisted Living	<input type="checkbox"/>	Assistive Technology	<input type="checkbox"/>	* Behavioral Support Services	<input checked="" type="checkbox"/>	ABA	<input checked="" type="checkbox"/>	PBS	<input checked="" type="checkbox"/>	Blended Supports	<input type="checkbox"/>	Camp	<input type="checkbox"/>	Companion supports	<input type="checkbox"/>	Community Living Arrangement	<input type="checkbox"/>	Community Companion Home	<input type="checkbox"/>	Continuous Residential Support	<input type="checkbox"/>	Customized Employment Supports	<input type="checkbox"/>	Group Day Supports (DSO)	<input type="checkbox"/>	Group Supported Employment	<input type="checkbox"/>	Healthcare Coordination	<input type="checkbox"/>	Independent Support Broker	<input type="checkbox"/>	Individualized Day Supports	<input type="checkbox"/>	Individualized Home Supports	<input type="checkbox"/>	Individualized Home Supports - 2	<input type="checkbox"/>	Individualized Home Supports - 3	<input type="checkbox"/>	Individual Supported Employment	<input type="checkbox"/>	Interpreter Services	<input type="checkbox"/>	Live-In Caregiver	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	Parenting Support	<input type="checkbox"/>	Peer Support	<input type="checkbox"/>	Personal Supports	<input type="checkbox"/>	Prevocational Services	<input type="checkbox"/>	Remote Supports	<input type="checkbox"/>	Respite	<input type="checkbox"/>	Senior Supports	<input type="checkbox"/>	Shared Living	<input type="checkbox"/>	Transitional Employment Services	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
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**\* [Select this link for a list of Clinical Behavioral Support Providers qualified to provide PBS and ABA](#)**