

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: August 10, 2022

Provider Name

Armour, Nadean

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

Provider Type:

Individual Practitioner

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv to Day Programs	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	Cocontracting Provider for Nursing Supports	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
---------------------------	-----------------------------------	---------------------------------	--------------------	---------------------------------	------------------	-----------------	----------------------	-------------------------------	-----	-----	------------------	------	--------------------	------------------------------	--------------------------	---	--------------------------------	--------------------------------	--------------------------	----------------------------	-------------------------	----------------------------	-----------------------------	------------------------------	----------------------------------	----------------------------------	-----------------------------	----------------------	-------------------	-----------	-------------------	--------------	-------------------	------------------------	-----------------	---------	-----------------	---------------	----------------------------------	----------------

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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Aspire Living & Learning, Inc. (formerly IPP)

538 Preston Avenue, suite 100 Meriden CT 06708
 Phon (203) 317-2700 Fax (203) 317-2896
 Lisa Mierek lmierek@allinc.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 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 checked="" 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 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 checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

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	<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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------

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	<input 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------

Azimova, Marina A, Ed.M., MSW, BCBA

174 Mohawk Drive West Hartford CT 06117
 Phon (570) 417-1561 Fax
 Marina A. Azimova, Ed.M., bcbama@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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: August 10, 2022

Provider Name

Cohen, Nadean RN, BSN, MS

15 Knollcrest Drive Trumbull CT 06615
 Phon (203) 339-5263 Fax
 Nadean Cohen RN, BSN, MS nadeancohen@yahoo.com

Provider Type:

Individual Practitioner

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv to Day Programs	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	Cocontracting Provider for Nursing Supports	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
---------------------------	-----------------------------------	---------------------------------	--------------------	---------------------------------	------------------	-----------------	----------------------	-------------------------------	-----	-----	------------------	------	--------------------	------------------------------	--------------------------	---	--------------------------------	--------------------------------	--------------------------	----------------------------	-------------------------	----------------------------	-----------------------------	------------------------------	----------------------------------	----------------------------------	-----------------------------	----------------------	-------------------	-----------	-------------------	--------------	-------------------	------------------------	-----------------	---------	-----------------	---------------	----------------------------------	----------------

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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Community Based Services, Inc.

3 Fields Lane North Salem NY 10560
 Phon (914) 277-4771 Fax (914) 277-8956
 Vicki Sylvester, Ph.D. VSylvester@commbasedservices.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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

Community Care Team, LLC

42 Thompson Street, Suite 2E East Haven CT 06513
 Phon (203) 606-5742 Fax (475) 269-0983
 Ken Okwuosa kokwuosa@communitycareteam.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 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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

Community Navigators, Inc.

197 Kensington Road Berlin CT 06037
 Phon (860) 278-9300 Fax

Provider Type:

Agency

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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
----	----	----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------

Community Residences, Inc.

50 Rockwell Road Newington CT 06111
 Phon (860) 621-7600 Fax (860) 621-2228
 Pam Paisey ppaisey@criinc.org

Provider Type:

Agency

Yes	Yes	Yes	No	No	<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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

Community Services to Support Independence, Inc.

555 Westfield Avenue Bridgeport CT 06606
 Phon (646) 228-9582 Fax
 Maxine Vaughn cs2si@yahoo.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 type="checkbox"/>	<input 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 checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

Community Social Integration LLC

2666 State St. Suite 6 Hamden CT 06517
 Phon (203) 287-1543 Fax (203) 407-1625
 Marjorie Gibson mgibson@communitysocialintegration.com

Provider Type:

Agency

Yes	Yes	Yes	Yes	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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
-----	-----	-----	-----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: August 10, 2022

Provider Name

Digital Network Group, LLC dba Kinetic Potential

University of Bridgeport, Bauer Hall, 82 Marina Park Ci Bridgeport
Phon (301) 883-8255 Fax
Jim Smith jsmith@kpconnect.com

Provider Type:

Agency

Yes Yes Yes No No

Disability Resource Network, Inc.

230 Caroline Street Derby
Phon (203) 732-0030 Fax (203) 516-5489
John Esteves john@disability-resource.org

Provider Type:

Agency

Yes Yes Yes No No

Discovering Kindness Home Health, LLC

30 Hazel Terrace Suite #14 Woodbridge
Phon (877) 507-0779 Fax (877) 484-8265

Provider Type:

Agency

Yes Yes Yes No No

Donald & Macie Health, LLC

45 Wintonbury Avenue Suite 101 Bloomfield
Phon (860) 805-2258 Fax (860) 926-006
Patricia O'Garro-Ellis poe@donaldmacie.com

Provider Type:

Agency

Yes Yes Yes No No

Doolabh, Ajit, Ph.D., BCBA

45 Britannia Drive Danbury
Phon (203) 233-1211 Fax
Ajit Doolabh, Ph.D. BCBA doolabh@sbcglobal.net

Provider Type:

Individual Practitioner

Yes Yes Yes No No

Dorso, Jayra BCBA, LBA

12 Spindle Hill Raod, Unit 7G Wolcott
Phon (203) 565-9037 Fax
Jayra Dorso jayradorso@gmail.com

Provider Type:

Individual Practitioner

Yes Yes Yes No No

Duhan, Briana

35 Mountain Village Road, Apt #27 Waterbury
Phon (203) 695-5526 Fax
Briana Duhan bripeer2peer@gmail.com

Provider Type:

Individual Practitioner

Yes Yes Yes No No

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv to Day Programs	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	Cocontracting Provider for Nursing Supports	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
---------------------------	-----------------------------------	---------------------------------	--------------------	---------------------------------	------------------	-----------------	----------------------	-------------------------------	-----	-----	------------------	------	--------------------	------------------------------	--------------------------	---	--------------------------------	--------------------------------	--------------------------	----------------------------	-------------------------	----------------------------	-----------------------------	------------------------------	----------------------------------	----------------------------------	-----------------------------	----------------------	-------------------	-----------	-------------------	--------------	-------------------	------------------------	-----------------	---------	-----------------	---------------	----------------------------------	----------------

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: August 10, 2022

Provider Name

Grazio, Alexandria

58 Nicole Road Branford CT 06405
 Phon (203) 500-8331 Fax
 Alexandria Grazio alexandria.fusco@gmail.com

Provider Type:

Individual Practitioner

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv to Day Programs	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	Cocontracting Provider for Nursing Supports	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
---------------------------	-----------------------------------	---------------------------------	--------------------	---------------------------------	------------------	-----------------	----------------------	-------------------------------	-----	-----	------------------	------	--------------------	------------------------------	--------------------------	---	--------------------------------	--------------------------------	--------------------------	----------------------------	-------------------------	----------------------------	-----------------------------	------------------------------	----------------------------------	----------------------------------	-----------------------------	----------------------	-------------------	-----------	-------------------	--------------	-------------------	------------------------	-----------------	---------	-----------------	---------------	----------------------------------	----------------

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Green Chimneys Children's Services, Inc.

400 Doansburg Road, Box 719 Brewster NY 10509
 Phon (203) 744-5991 Fax (203) 797-0539

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Greenwich Adult Day Care Inc. (dba River House Adult Day Center)

125 River Road Extension Cos Cob CT 06807
 Phon (203) 622-0079 Fax (203) 622-4344
 Donna Spellman dspellman@theriverhouse.org

Provider Type:

Agency

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"/>	<input type="checkbox"/>
-----	-----	-----	----	----	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Grenier, Catherine

362 Woodland Street Manchester CT 06040
 Phon (860) 874-7401 Fax
 Cathy Grenier Catg29@att.net

Provider Type:

Individual Practitioner

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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Guazzelli, Christina

20 Audi Lane Stratford CT 06614
 Phon (305) 495-7230 Fax
 Christina Guazzelli bxaalchanges@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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Guide Inc.

129 Asylum Street Norwich CT 06360
 Phon (860) 887-9383 Fax (860) 237-5358
 Lena Bean guide@guidect.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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: August 10, 2022

Provider Name

Kuhn Employment Opportunities, Inc.

1630 North Colony Rd., P.O.Box 941 Meriden CT 06450
 Phon (203) 235-2583 Fax (203) 639-6500
 Beth Fisher bfisher@kuhnemployment.com

Provider Type:

Yes Yes Yes No No

Agency

Kurtz, Eileen

6 Chandler Drive Wolcott CT 06716
 Phon (203) 879-0698 Fax (203) 879-0698
 Eileen Kurtz eileenmkurtz@gmail.com

Provider Type:

Yes Yes Yes No No

Individual Practitioner

Lacroix, Alexandra, M.S., BCBA, LBA

716 East Street Southington CT 06489
 Phon (203) 525-6068 Fax
 Alexandra Lacroix alilacroix20@gmail.com

Provider Type:

Yes Yes Yes No No

Individual Practitioner

Lasse's Livery Service, Inc.

176 Cross Road Waterford CT 06385
 Phon (860) 443-1655 Fax (860) 437-7889
 Kem Bruno Kecurtin@curtinlivery.com

Provider Type:

Yes Yes Yes No No

Agency

Lefebvre, Gregory

74 Thomas Street Hamden CT 06514
 Phon (603) 315-7631 Fax
 Lefebvre, Gregory glefebvre63@gmail.com

Provider Type:

Yes Yes Yes No No

Individual Practitioner

Lemanski, Jerry

18 Eagle Drive Shelton CT 06484
 Phon (203) 231-0914 Fax
 Jerry Lemanski JerryLemanski@att.net

Provider Type:

Yes Yes Yes No No

Individual Practitioner

LePage, Allison

51 Midway Drive Cromwell CT 06416
 Phon (860) 424-1875 Fax
 Allison Curran allisonbcurran@gmail.com

Provider Type:

Yes Yes Yes No No

Individual Practitioner

Accepting New Individuals Accepting Individuals to Res Prog Accepting Indiv to Day Programs	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	Cocontracting Provider for Nursing Supports	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
---	--------------------	---------------------------------	------------------	-----------------	----------------------	---	------------------	------	--------------------	------------------------------	--------------------------	---	--------------------------------	--------------------------------	--------------------------	----------------------------	-------------------------	----------------------------	-----------------------------	------------------------------	----------------------------------	----------------------------------	-----------------------------	----------------------	-------------------	-----------	-------------------	--------------	-------------------	------------------------	-----------------	---------	-----------------	---------------	----------------------------------	----------------

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: August 10, 2022

Provider Name

Mello-Kennedy, Caryn

20 Christina Court
 Phon (860) 395-9144 Fax
 Caryn Mello-Kennedy cmellokennedy12@gmail.com

Clinton

Provider Type:

Individual Practitioner

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv to Day Programs	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	Cocontracting Provider for Nursing Supports	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
---------------------------	-----------------------------------	---------------------------------	--------------------	---------------------------------	------------------	-----------------	----------------------	-------------------------------	-----	-----	------------------	------	--------------------	------------------------------	--------------------------	---	--------------------------------	--------------------------------	--------------------------	----------------------------	-------------------------	----------------------------	-----------------------------	------------------------------	----------------------------------	----------------------------------	-----------------------------	----------------------	-------------------	-----------	-------------------	--------------	-------------------	------------------------	-----------------	---------	-----------------	---------------	----------------------------------	----------------

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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Mercy Drive-CT, Inc.

500 West Putnam Ave - Suite 400
 Phon (718) 725-9876 Fax (718) 793-8011
 Christabella Cochran mercydriveinc@aol.com

Greenwich

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 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 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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Midstate ARC, Inc. (formerly ARC of Meriden-Wallingford, Inc.)

200 Research Parkway
 Phon (203) 237-9975 Fax (203) 639-5513
 Pam Fields pfields@midstatearc.org

Meriden

Provider Type:

Agency

Yes	Yes	Yes	Yes	No	<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 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"/>	<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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-----	-----	-----	-----	----	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------

Milestones Behavioral Services, Inc.

339 Boston Post Road
 Phon (203) 306-0821 Fax (203) 306-0822
 Suzanne Letso sletso@mbs-inc.org

Orange

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Monarch Nursing Consultation, LLC

PO Box 431
 Phon (860) 249-1605 Fax (866) 439-7650
 Shanice Willingham, RN, BS swillingham@monarchnursing.com

Broad Brook

Provider Type:

Individual Practitioner

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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Morgan, Felicia, Ph.D., BCBA-D

CCSN 2300 Main Street
 Phon (860) 543-1369 Fax
 Felicia Morgan, Ph.D., BCBA- morgancandc@gmail.com

Glastonbury

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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: August 10, 2022

Provider Name

New England Business Associates, Inc.

66 Industry Avenue, Suite 11 Springfield MA 01104
 Phon (413) 821-9200 Fax (413) 821-9209
 Jeannine Pavlak jeannine.pavlak@nebaworks.com

Provider Type:

Yes No Yes No No

Agency

New England Residential Services, Inc.

282 Main Street Ext. Ste 2 Middletown CT 06457
 Phon (860) 347-9633 Fax (860) 346-3388
 Chester Fischer III cfischer@newenglandresidential.com

Provider Type:

Yes Yes Yes No No

Agency

New Foundations, Inc.

1776 Meriden Rd. Wolcott CT 06716
 Phon (203) 879-4631 Fax
 Sandi Vincenzo SVincenzo@NewFoundationsCT.com

Provider Type:

Yes Yes Yes No No

Agency

Newport, Paul

891 West Blvd, Apartment 520 Hartford CT 06105
 Phon (860) 857-0730 Fax (860) 231-1685
 Paul Newport phtnewport@comcast.net

Provider Type:

Yes Yes Yes No No

Individual Practitioner

North American Family Institute, Inc. (NAFI)

20 Batterson Park Road, Suite 300 Farmington CT 06032
 Phon (860) 284-1177 Fax (860) 284-1125
 Lynn Bishop lynnbishop@nafi.com

Provider Type:

Yes Yes Yes No No

Agency

Northeast Placement Services, Inc.

312 Rte 169 South Woodstock CT 06267
 Phon (860) 963-2555 Fax (860) 963-1961
 Timothy A. Kettle tkettle@northeastplacementservices.org

Provider Type:

Yes Yes Yes No No

Agency

Olbrych, Kristen

25 Brookside Road Redding CT 06896
 Phon (203) 770-2737 Fax
 Kristen Olbrych kristen@olbrychbcba.com

Provider Type:

Yes Yes Yes No No

Individual Practitioner

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv to Day Programs	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	Cocontracting Provider for Nursing Supports	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
---------------------------	-----------------------------------	---------------------------------	--------------------	---------------------------------	------------------	-----------------	----------------------	-------------------------------	-----	-----	------------------	------	--------------------	------------------------------	--------------------------	---	--------------------------------	--------------------------------	--------------------------	----------------------------	-------------------------	----------------------------	-----------------------------	------------------------------	----------------------------------	----------------------------------	-----------------------------	----------------------	-------------------	-----------	-------------------	--------------	-------------------	------------------------	-----------------	---------	-----------------	---------------	----------------------------------	----------------

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: August 10, 2022

Provider Name

Rebar, Colleen

41 Maplewood Drive Clinton CT 06413
 Phon (203) 339-5195 Fax
 Colleen Rebar colleenrebar@yahoo.com

Provider Type:

Individual Practitioner

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv to Day Programs	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	Cocontracting Provider for Nursing Supports	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
---------------------------	-----------------------------------	---------------------------------	--------------------	---------------------------------	------------------	-----------------	----------------------	-------------------------------	-----	-----	------------------	------	--------------------	------------------------------	--------------------------	---	--------------------------------	--------------------------------	--------------------------	----------------------------	-------------------------	----------------------------	-----------------------------	------------------------------	----------------------------------	----------------------------------	-----------------------------	----------------------	-------------------	-----------	-------------------	--------------	-------------------	------------------------	-----------------	---------	-----------------	---------------	----------------------------------	----------------

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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Reliance Health, Inc.

40 Broadway Norwich CT 06360
 Phon (860) 887-6536 Fax (860) 885-1970
 Carrie Dyer cdyer@reliancehealthinc.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 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 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 checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

Resources for Human Development Inc.

43 R. Marne Street Hamden CT 06514
 Phon (475) 441-7787 Fax (203) 774-7517
 Carmen Santiago-Dennison Carmen@rhd.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 checked="" 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 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 checked="" 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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------

Reynolds, Lionel

35 Winkler Road East Windsor CT 06088
 Phon (860) 655-7010 Fax
 Lionel Reynolds lreynolds7@cox.net

Provider Type:

Individual Practitioner

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 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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Rivera, Nicole

7182 Main Street Trumbull CT 06611
 Phon ((203) 3)-3967 Fax (203) 905-6831
 Nicole Rivera nicole-rivera@csfaa.org

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"/>	<input type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Rivers, Tabbetha

40 Thompson Avenue Waterbury CT 06708
 Phon (917) 324-7007 Fax (203) 573-9824
 Tabbetha Rivers trivers.sterling@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"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

RMS Development, Inc.

808 Four Rod Rd. P.O. Box 7333 Kensington CT 06037
 Phon (860) 828-8635 Fax (860) 828-3912
 Joseph W. Drexler jdrexler@rms-inc.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 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 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 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 checked="" type="checkbox"/>
-----	-----	-----	----	----	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	-------------------------------------

