## DEPARTMENT OF SOCIAL SERVICES (DSS) WAIVER SERVICES APPLICATION FOR QUALIFIED PROVIDERS

## 1. APPLICANT INFORMATION:

Identify the partnership, corporation, or governmental agency applying to lawfully establish, conduct, and provide service.

Name:		
Address:		
City:	State:	Zip:
FEIN #:	Phone:	•
Connecticut Administrator Identify the person responsible for the in Connecticut by the applicant.	e overall management an	nd oversight of the service(s) to be
Name:		
Title:		
Address:		
City:	State:	Zip:
Phone:	Fax Number:	
Email Address:		
Identify the organizational structure of Check one (1) of the following:		
☐ Individual (proprietorship) ☐ Non-Profit Corporation ☐ Public Agency		rtnership r-Profit Corporation
<ul> <li>Individual (proprietorship)</li> <li>Non-Profit Corporation</li> <li>Public Agency</li> <li>If the applicant has a parent corporation</li> <li>Name of Corporation:</li> </ul>	☐ Fo	r-Profit Corporation
Individual (proprietorship) Non-Profit Corporation Public Agency  If the applicant has a parent corporati Name of Corporation: Address:	on, please provide the fo	r-Profit Corporation
Individual (proprietorship) Non-Profit Corporation Public Agency  If the applicant has a parent corporati Name of Corporation: Address: City:	on, please provide the fo	r-Profit Corporation
Individual (proprietorship) Non-Profit Corporation Public Agency  If the applicant has a parent corporati Name of Corporation: Address: City: Phone:	on, please provide the fo	r-Profit Corporation
Individual (proprietorship) Non-Profit Corporation Public Agency  If the applicant has a parent corporati Name of Corporation: Address: City: Phone: Principle of the Entity:	on, please provide the fo	r-Profit Corporation
Individual (proprietorship) Non-Profit Corporation Public Agency  If the applicant has a parent corporati Name of Corporation: Address: City: Phone:	on, please provide the fo	r-Profit Corporation

## Ownership Information

If the business is other than a not for profit, please list the name(s) and Social Security Numbers for individuals who own at least 5% interest in the business.

Name	Address	Soc Sec #	Percent
			%
			%
			%
			%
			%

Use separate sheet of paper if additional space is needed.

## 2. PROVIDER AGENCY ACKNOWLEDGEMENT

3.

I certify that the information on this application are true and complete to the best of my knowledge and are made in good faith. I understand the partnership, corporation, or government agency is subject to disqualification if it knowingly makes any misstatement of fact. All statements made on this application, including employment information, are subject to verification as a condition of becoming a qualified provider.

Signature of Principal o	f the Entity for Provider Agency	Date	
ADMINISTRATOR'S	CERTIFICATION		
CRIMINAL CONVICTION purposes.	ONS: Answers to the following q	juestion will be consid	ered for qualification
	ONVICTED of an offense agains ding against you? (Exclude mino offender law).		
Principle of the Entity	y	cut Administrator [	☐ Yes ☐ No
If "Yes", please attach and time since release	a detailed explanation about the	nature of the conviction	on, degree of rehabilitation
54-142a. If your crimin under oath that you ha to a finding of delinque 146), an adjudication a or nolled, a criminal ch	ave been erased pursuant to Cor al records have been erased pur ave never been arrested. Criminal ency or that a child was a membe as a youthful offender (C.G.S. §5- parge for which the person has be solute pardon (C.G.S. §54-142a)	suant to one of these I records that may be or of a family with serv 4-76o), a criminal cha	statutes, you may swear erased are records pertaining ice needs (C.G.S. §46b-rge that has been dismissed
		ons and employment h	istory is true and complete to
association, or governifact. All statements ma application are subject	ation regarding criminal conviction date and is made in good faith. I use mental agency is subject to disquade in reference to criminal convicto verification as a condition of both conter immediately in writing	understand the partner ualification if I knowing ctions or employment pecoming a qualified p	ship, corporation, ly make any misstatement of history in regards to this rovider. I agree that I will
the best of my knowled association, or governifact. All statements ma application are subject notify the DDS Operation	dge and is made in good faith. I umental agency is subject to disquade in reference to criminal conviduate in the condition of both to verification as a condition of both to verification as a condition of both the condition of the	understand the partner ualification if I knowing ctions or employment pecoming a qualified p	ship, corporation, ly make any misstatement of history in regards to this rovider. I agree that I will

Note all towns that agency with serve with an "X" next to the town.

TOWN	TOWN	TOWN	TOWN
ANDOVER	EAST HARTFORD	MONTVILLE	SOMERS
ANSONIA	EAST HAVEN	MORRIS	SOUTHBURY
ASHFORD	EAST LYME	NAUGATUCK	SOUTHINGTON
AVON	EASTON	NEW BRITAIN	SOUTH WINDSOR
BARKHAMSTED	EAST WINDSOR	NEW CANAAN	SPRAGUE
BEACON FALLS	ELLINGTON	NEW FAIRFIELD	STAFFORD
BERLIN	ENFIELD	NEW HARTFORD	STAMFORD
BETHANY	ESSEX	NEW HAVEN	STERLING
BETHEL	FAIRFIELD	NEWINGTON	STONINGTON
BETHLEHEM	FARMINGTON	NEW LONDON	STRATFORD
BLOOMFIELD	FRANKLIN	NEW MILFORD	SUFFIELD
BOLTON	GLASTONBURY	NEWTOWN	THOMASTON
BOZRAH	GOSHEN	NORFOLK	THOMPSON
BRANFORD	GRANBY	NORTH BRANFORD	TOLLAND
BRIDGEPORT	GREENWICH	NORTH CANAAN	TORRINGTON
BRIDGEWATER	GRISWOLD	NORTH HAVEN	TRUMBULL
BRISTOL	GROTON	NORTH STONINGTON	UNION
BROOKFIELD	GUILFORD	NORWALK	VERNON
BROOKLYN	HADDAM	NORWICH	VOLUNTOWN
BURLINGTON	HAMDEN	OLD LYME	WALLINGFORD
CANAAN	HAMPTON	OLD SAYBROOK	WARREN
CANTERBURY	HARTFORD	ORANGE	WASHINGTON
CANTON	HARTLAND	OXFORD	WATERBURY
CHAPLIN	HARWINTON	PLAINFIELD	WATERFORD
CHESHIRE	HEBRON	PLAINVILLE	WATERTOWN
CHESTER	KENT	PLYMOUTH	WESTBROOK
CLINTON	KILLINGLY	POMFRET	WEST HARTFORD
COLCHESTER	KILLINGWORTH	PORTLAND	WEST HAVEN
COLEBROOK	LEBANON	PRESTON	WESTON
COLUMBIA	LEDYARD	PROSPECT	WESTPORT
CORNWALL	LISBON	PUTNAM	WETHERSFIELD
COVENTRY	LITCHFIELD	REDDING	WILLINGTON
CROMWELL	LYME	RIDGEFIELD	WILTON
DANBURY	MADISON	ROCKY HILL	WINCHESTER
DARIEN	MANCHESTER	ROXBURY	WINDHAM
DEEP RIVER	MANSFIELD	SALEM	WINDSOR
DERBY	MARLBOROUGH	SALISBURY	WINDSOR LOCKS
DURHAM	MERIDEN	SCOTLAND	WOLCOTT
EASTFORD	MIDDLEBURY	SEYMOUR	WOODBRIDGE
EAST GRANBY	MIDDLEFIELD	SHARON	WOODBURY
EAST HADDAM	MIDDLETOWN	SHELTON	WOODSTOCK
EAST HAMPTON	MILFORD	SHERMAN	
	MONROE	SIMSBURY	