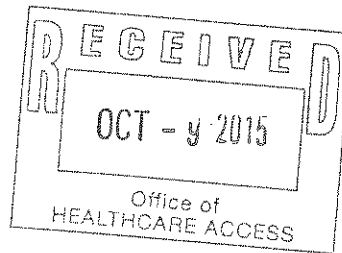


10-7-2015

To: State of Connecticut
Office of health Care Access
CON determination Form (2020)
Sandra Bauer or Kimberly Martone



From: Chaplin House (Proposed)
108 England Road
Chaplin, CT

Application

In our effort to comply with this application I have included Form 2020, Map of Eastern CT. highlighted area of population directly affected & Cert Data, Daily schedule of proposed program, General information of our Chief Councilor with copies of her licenses, aerial photo of site, and this cover page.

To address the question on the application these areas I believe could be critical. The property has been licensed and operated since 2004 as a camp for Autistic children. It was build for a inpatient facility and used in this manor. We purchased the property a couple months back and are doing clean up and any repair it needs at this time. We are working on employee for the staffing with the guidance of our head councilor.

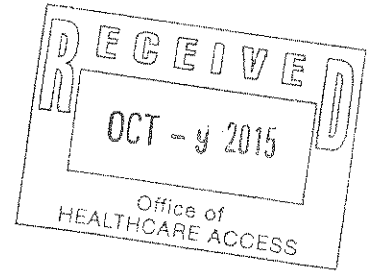
There will be no additional construction other then security system up grades and any requirements needed for the permitting and license process.

The program will be modeled as the privately owned and operated facilities within the State. We have included a basic one to three month outline that identifies our program and schedule for your review. We will not provide any medications or medical treatments such as Detox at our facility, but we will be working with such providers.

Respectfully submitted

A handwritten signature in cursive script, appearing to read "Darrell Chaloult".

Darrell Chaloult
CEO



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name	<i>Exp Land Homesford LLC</i> <i>65 Rye St. S. Windsor, Ct</i> <i>06074</i>	<i>Dorell</i> <i>Christoult</i>
Doing Business As	<i>Chaplin House of Care</i>	
Name of Parent Corporation	<i>Exp Land & Homesford LLC</i>	
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail	<i>65 Rye St.</i> <i>S. Windsor Ct 06074</i>	
What is the Petitioner's Status: P for profit and NP for Nonprofit	<i>P</i>	
Contact Person at Facility, including Title/Position: This individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.	<i>Dorell Christoult</i> <i>24 RAMPART COURT</i> <i>Tolland, Ct 06084</i>	<i>CEO</i>

Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail

Daniel Chabouff
24 Pamela Court
Tolland, Ct 06084

Contact Person's Telephone Number

860 - 836 - 9023

Contact Person's Fax Number

860 - 487 - 6200

Contact Person's e-mail Address

~~de~~ @imageplus corp. com

SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title: Chaplin House of Care

b. Estimated Total Project Cost: \$ 600,000.

c. Location of proposal, identifying Street Address, Town and Zip Code:
108 England Road - Chaplin, Ct

d. List each town this project is intended to serve: Chaplin, Windham, Brooklyn, Killingly, Pomfret, Danville, Putnam, Woodstock, Thomaston, Eastford, Ashford & Northwest Corner of Ct.

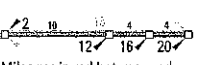
e. Estimated starting date for the project: ASAP - Facility ready for inspection.

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services ^{will} currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

To Determine Distance

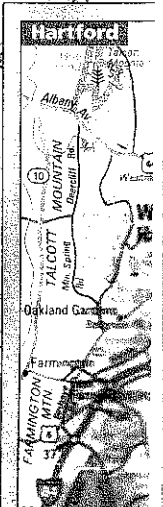
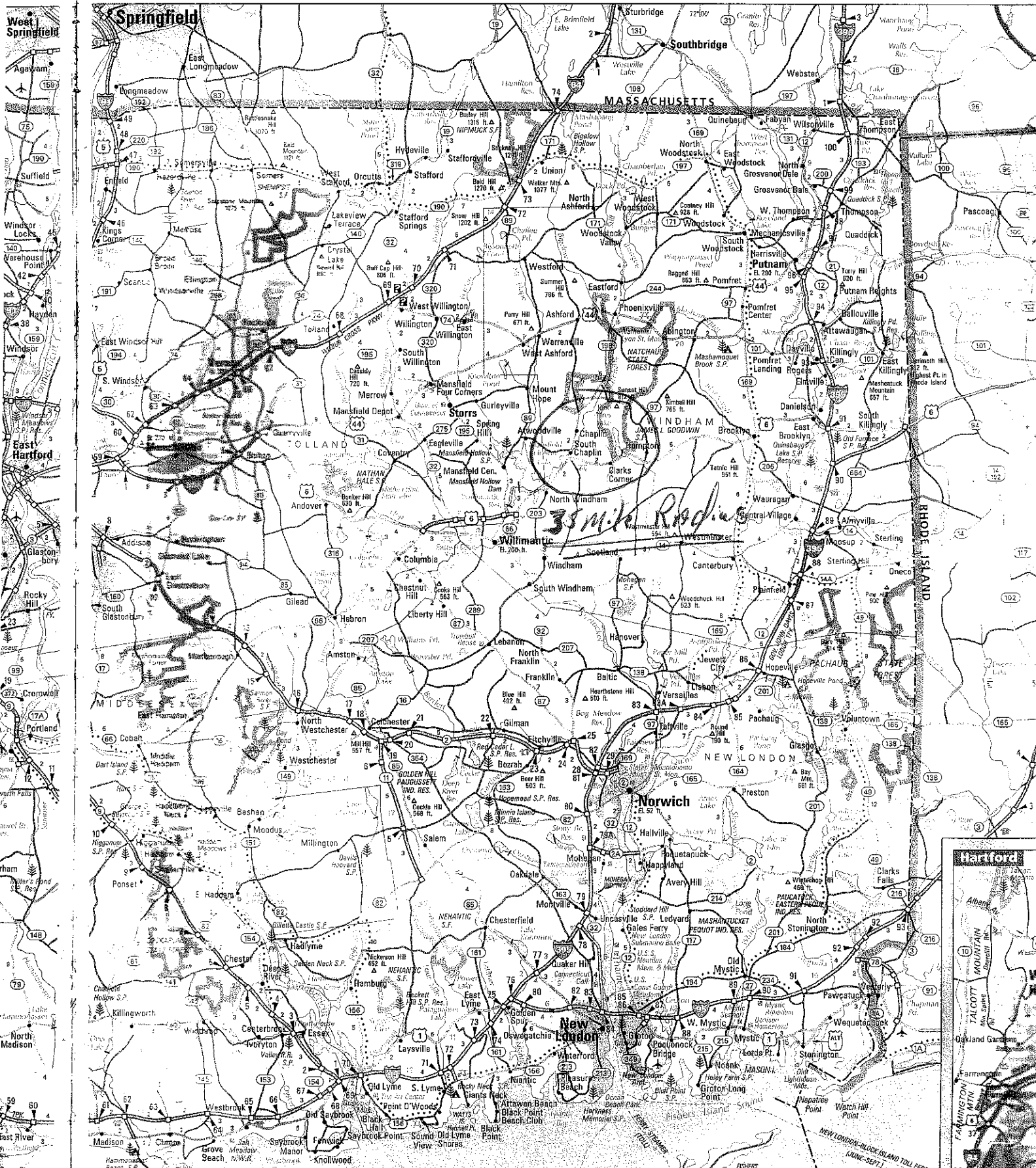
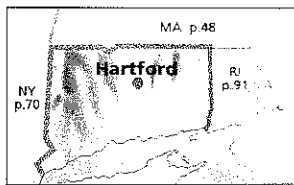


Mileages in red between red arrowheads; in black, between intersections.

Symbols

- Information Center
- Port of Entry
- State Park (with Camping Facilities)
- State Park (without Camping Facilities)
- Wayside, Roadside Park
- Campsite
- Airport
- Point of Interest
- Service Area
- Rest Area (Toilets)
- Rest Area (No Toilets)
- Free Limited - Access Highway
- Toll Limited - Access Highway
- Other Four-Lane Divided Highway
- Principal Highway
- Other Through Highway
- Other Road
- Unpaved Road
- Scenic Route

For an explanation of all map symbols, see page 1.



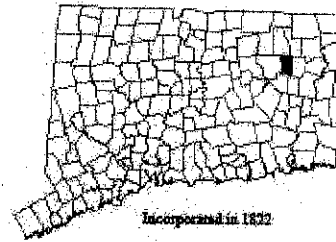
96-108 England Road ~ Cerc Data

Chaplin, Connecticut

CERC Town Profile 2014

Town Hall
P. O. Box 286
Chaplin, CT 06235
(860) 455-0073

Belongs to
Windham County
LMA Willimantic - Danielson
Northeast Economic Dev. Region
Windham Planning Area



Demographics

Population (2012)	Town	County	State	Race/Ethnicity (2012)	Town	County	State
2000	2,250	109,091	3,405,565	White	2,382	108,037	2,802,217
2010	2,362	117,708	3,545,837	Black	14	2,333	355,660
2012	2,412	118,046	3,572,213	Asian Pacific	0	1,464	139,827
2020	2,260	124,823	3,690,997	Native American	0	357	8,531
12-20 Growth / Yr	-0.8%	0.7%	0.4%	Other/Multi-Race	16	5,975	265,978
				Hispanic (any race)	150	11,332	480,185
Land Area (sq. miles)	19	513	4,845	Poverty Rate (2012)	4.2%	11.7%	10.0%
Pop./ Sq. Mile (2012)	124	230	737	Educational Attainment (2012)			
Median Age (2012)	41	39	40	Persons Age 25 or Older	Town	%	State
Households (2012)	884	43,909	1,360,184	High School Graduate	754	43%	677,253 28%
Med HH Inc. (2012)	\$75,333	\$58,489	\$69,519	Associates Degree	83	5%	177,531 7%
				Bachelors or Higher	490	28%	879,089 36%
Age Distribution (2012)							
	0-4	5-17	18-24	25-49	50-64	65+	Total
Male	40 2%	241 10%	71 3%	481 20%	246 10%	174 7%	1,253
Female	62 3%	181 8%	73 3%	447 19%	234 11%	142 6%	1,159
County Total	6,406 5%	19,848 17%	12,543 11%	39,700 34%	24,246 21%	15,303 13%	118,046
State Total	200,031 6%	612,181 17%	328,661 9%	1,104,793 33%	726,722 20%	509,822 14%	3,572,213

Economics

Business Profile (2013)	Units	Employment	Top Five Grand List (2009)	Amount	% of Net
Sector			Algonquin Gas Transmission Co	\$5,206,830	3.0%
Total - All Industries	54	338	Connecticut Light & Power	\$2,067,770	1.2%
23 Construction	13	19	Zlomick's Realty	\$845,000	0.5%
31 Manufacturing	NA	NA	Spring Valley LLC	\$794,700	0.5%
44 Retail Trade	4	19	Ives Kenneth L & Jessica L	\$696,800	0.4%
62 Health Care and Social Assistance	3	53	Net Grand List (2009)	\$172,092,742	
72 Accommodation and Food Services	9	33	Major Employers (2014)		
Total Government	12	187	Parish Hill High School	Orlando Excavations Inc	
Local/Municipal Government	10	185	Chaplin Elementary School	H & S Carpet Cleaning	
			Bden Camp & Retreat Ctr		

Education

2010-2011 School Year	Town	State	Connecticut Mastery Test Percent Above Goal								
			Grade 4		Grade 6		Grade 8				
			Town	State	Town	State	Town	State			
Total Town School Enrollment	290	548,313									
Most public school students through grade 6 attend Chaplin School District, which has 187 students. Students then go to Regional School District 11, which has 274 Students.			Reading	65 63	73 76	NA 75					
			Math	80 67	61 72	NA 67					
			Writing	35 67	54 65	NA 65					
			Average SAT Score								
			Average Class Size			Town			State		
For more education data see:	Students per Computer	Town	State	Grade K	Grade 2	Grade 7	Reading	536	502		
http://sde.pw.state.ct.us/Cedar/	Elementary:	3.0	4.1	20.0	20.0	17.8	Writing	529	506		
WEB/ResearchandReports/SS	Middle:			Grade 5	24.0	Grade 7	Math	495	506		
PRReports.aspx	Secondary:	1.9	2.9	High School	13.4						

96-108 England Road ~ Cerc Data

Chaplin Connecticut



Government

Government Form: Selectman-Town Meeting				Annual Debt Service (2012)	\$27,700
				As % of Expenditures	0.4%
Total Revenue (2012)	\$7,925,420	Total Expenditures (2012)	\$7,153,357	Eq. Net Grand List (2010)	\$241,368,513
Tax Revenue	\$5,194,116	Education	\$5,626,443	Per Capita	\$100,070
Non-tax Revenue	\$2,731,304	Other	\$1,526,914	As % of State Average	69%
Intergovernmental	\$2,646,028	Total Indebtness (2012)	\$180,122	Moody's Bond Rating (2012)	NA
Per Capita Tax (2012)	\$2,153	As % of Expenditures	2.5%	Actual Mill Rate (2012)	30.15
As % of State Average	83.4%	Per Capita	\$75	Equalized Mill Rate (2012)	21.53
				As % of State Average	4.0%
				% of Grand List Com/Ind (2010)	4.0%

Housing/Real Estate

Housing Stock (2012)	Town	County	State	Owner Occupied Dwellings (2012)	684	31,024	929,560
Total Units	996	48,996	1,485,445	As % Total Dwellings	69%	83%	63%
% Single Unit	83.8%	69.7%	64.6%	Subsidized Housing (2012)	24	6,018	161,379
New Permits Auth. (2012)	1	94	4,669	<i>Distribution of House Sales (2011)</i>			
As % Existing Units	0.10%	0.19%	0.31%	<i>Number of Sales</i>			
Demolitions (2012)	0	27	955	Less than \$100,000	0	52	392
House Sales (2011)	10	474	13,847	\$100,000-\$199,999	5	288	3,205
Median Price	\$192,000	\$165,000	\$291,000	\$200,000-\$299,999	4	108	3,494
Built Pre 1950 share (2012)	35.0%	32.6%	30.2%	\$300,000-\$399,999	1	21	2,086
				\$400,000 or More	0	5	4,670

Labor Force

<i>Place of Residence (2013)</i>	Town	County	State	<i>Connecticut Commuters (2011)</i>			
Labor Force	1,304	62,892	1,859,934	<i>Commuters into Town from:</i>			
Employed	1,212	57,447	1,715,398	Chaplin	52	Windham	182
Unemployed	92	5,445	144,536	Windham	36	Mansfield	104
Unemployment Rate	7.1%	8.7%	7.8%	Mansfield	20	Chaplin	52
<i>Place of Work (2013)</i>				Columbia	8	Killingly	40
Units	54	2,685	113,697	Hampton	7	Columbia	26
Total Employment	338	39,129	1,640,223	Scotland	7	Hartford	22
2000-13 AAGR	1.2%	0.5%	0.2%	Norwich	6	Norwich	22
Mfg Employment	NA	6,066	163,828	Pomfret	6	Putnam	19
				Manchester	5	Monroville	18

Other Information

<i>Crime Rate (2012)</i>	Town	State	<i>Distance to Major Cities</i>	Miles	<i>Residential Utilities</i>		
Per 100,000 Residents	971	2,433	Hartford	29	<i>Electric Provider</i>		
<i>Library (2013)</i>				Boston	Connecticut Light & Power		
Public Web Computers	2	New York City			(800) 286-2000		
Circulation per Capita	3	Providence			<i>Gas Provider</i>		
<i>Families Receiving (2014)</i>					NA		
Temporary Assistance	17					NA	
<i>Population Receiving (2014)</i>					<i>Water Provider</i>		
Food Stamps	227					Municipal Provider	
				Local Contact			
				<i>Cable Provider</i>			
				Charter Communications of Northeastern CT			
				(800) 827-8288			

Chaplin House

**Proposed daily guest schedule
Inpatient Treatment Drug & Alcohol Program**

Month One:

- **Monday through Friday;** up at 6:30 AM, breakfast until 8:00 AM, group meeting 1 hour, report to work station that guest was assigned work until 11:30 (this time will be used for doctor or other health needs as guest require), lunch from 11:30 AM till 12:30, personnel time 30 minutes, 1:00 PM 2nd meeting one hour, 2:00 PM till 4:30 PM councilor time & projects, then 30 personnel time, evening meal 5:00 PM till 6:30, personnel time until 8:00 PM when group meeting begins until 9:00 PM, personnel time till 11:00 PM lights out.
Note; counselor private meetings will be inserted as needed and scheduled with guest.
- **Saturday;** up at 7:00 AM breakfast till 9:00 AM, group meeting 1 hour, personnel time to do laundry, clean personnel space, trip for supplies, Lunch 12:00 to 1:30 PM, organized recreation, 5:00 PM to 6:30 dinner, personnel time until 8:00 group meeting, Lights out at 11:30 PM.
- **Sunday;** breakfast from 7:00 AM to 8:30 AM, personnel time until lunch at 11:30 AM to 1:00 PM, 1:00 a one hour group meeting, open time until dinner at 5:00 to 6:30, personnel time until 7:00 PM group meeting, lights out at 11:30.

Month Two:

- **Monday through Sunday;** Same as the first month except time will focus on after care, short term goal setting, personnel relationships and needs, some personnel calls scheduled with consoler, one hour visitation on Sunday at the facility by family and love ones.

Month Three:

- **Monday through Sunday;** This will contain all the routines of the first two months plus the introduction to mediation; this tool will help create the corner stone to build a new future where the guest visualizes a life without the addiction. Like all tools for the success of this program continued practice is necessary meetings, sponsor and motivation can and will bring a health life.
-

Katherine Bonilla, LMSW, LADC
44 Ashford Lake Drive
Ashford, CT 06278
(860)985-3494 Cellular

** Head Counselor
of Inpatient Services*

Education

Doctor of Social Work/Business Administration/August 2015-Present
California Intercontinental University, Health Care and Leadership

MSW/Master in Social Work/ September 2008-May 2011
Springfield College, Springfield, MA. / School of Social Work

BS in Human/Services/ January 2003-May 2007
Springfield College, Springfield, MA. /School of Human Services

Acupuncture Detoxification Specialist/ May 2006
National Acupuncture Detoxification Association

AAS-Human Services/January 1999-May 2004
Capitol Community College, Hartford, CT

Computerized Accounting Specialist/ May 1992-May 1993
Data Institute Business School, East Hartford, CT

Strengths & Skills

- Energetic professional with over 15 years of experience in individual, group, family counseling services, assessment, evaluation and case management.
- Excellent interpersonal, analytical and organizational skills.
- Proficient in Microsoft Office & computer database entry and fully bilingual (English/Spanish)

Work Experience

Integrated Behavioral Solutions-Owner

August 1, 2015-Present

License Therapist

Private Practice/Chaplin House
322 Main Street, Willimantic, CT 06226

Community Health Resources

June 2014-present

In-take Therapist

License In-take assessment Therapist coordinates all aspects of clinical treatment for assigned clients with major mental illness and substances abuse. Conduct an in-take assessment and completes diagnosis, coordinates client-centered treatment planning, work with client to develop treatment plan to meet presenting problems and needs to

Katherine I. Bonilla's Resume

determine appropriate treatment services to assigned clients for CSSD, IOP or AOP level of care.

Natchaug Hospital Primary Therapist

June 2012-June 2014

Provides direct clinical services, including individual, group, and family therapy. Trained to facilitate the 7 Challenges Model. Seven Challenges it's a comprehensive counseling program for youth and young adults that incorporates work on drug problems. Lincensed Alcohol and Drug Counselor-LADC, #000992

Hartford Behavioral Health CSSD and Adult Clinician

August 2011-July 2012

CSSD and Adult clinician provides outpatient psychotherapy individual, group, family, psychiatric, evaluation and supportive counseling to CSSD and clients. In-take assessments for Hartford Adult Probation and (SDP) Supervised Diversionary Program. Licensed Alcohol and Drug Counselor-LADC, #000992

Natchaug Hospital Primary Therapist-Per Diem

August 2012-July 2013

Intensive outpatient program with RiverEast providing support groups and individual therapy. Seven Challenges certified.

Hartford Dispensary-Willimantic Clinic Counselor and Acupuncture Detoxification Specialist

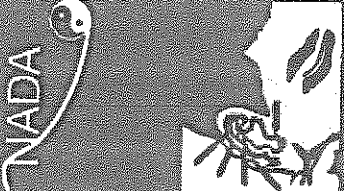
August 2005-August 2011

Counseling and clinical duties include the following: Individual, group family counseling services; assessment and evaluation; using the following treatment modalities; Stage of change model, Motivational Enhancement, Cognitive Behavioral and Rational Emotional Behavior Therapies; individualized treatment planning, referrals, record keeping and documentation duties as required by program policies and procedures; reports and forms (title xix), participation in staff meetings, case conferences, clinical seminars, supervisory and training sessions. Acupuncture Detoxification Specialist from National Acupuncture Detoxification Association.

Telemundo Television Station (ZGS Broadcast) Supervisor/Senior Account Executive

October 1994-August 2005

Direct marketing and Public Relations, responsible for meeting business development goals, thru extensive territory development of New England Hispanic market. Experienced with the development of multimedia presentations and computer based training in Excel and PowerPoint.



Certificate Number: 8031
Membership Status: Acupuncture Specialist
Member Since: May 31, 2006
Valid Until: 5/31/2017

National Acupuncture Detoxification Association

WALLET CARD
 STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

KATHERINE | BONILLA, LMSW
 NAME
 LICENSE NO 001366
 CURRENT THROUGH 02/29/16
 PROFESSION
 MASTERS LEVEL SOCIAL WORKER

Katherine Bonilla
 COMMISSIONER

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT
 THE INDIVIDUAL NAMED BELOW IS LICENSED
 BY THIS DEPARTMENT AS A
LICENSED ALCOHOL AND DRUG COUNSELOR

KATHERINE | BONILLA, LADC

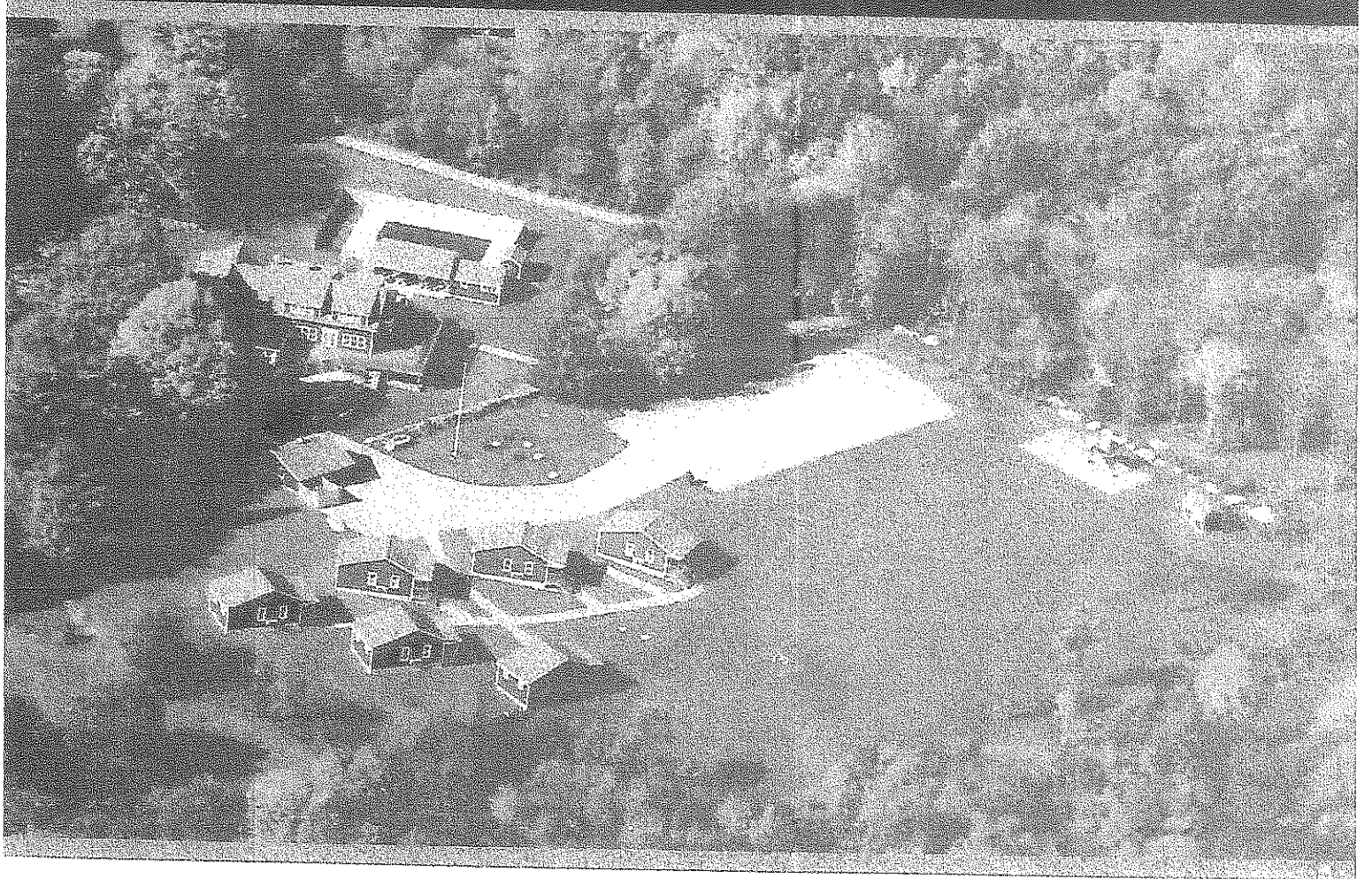
LICENSE NO 000992
CURRENT THROUGH 02/29/16
VALIDATION NO 03-174146

Katherine Bonilla
 COMMISSIONER

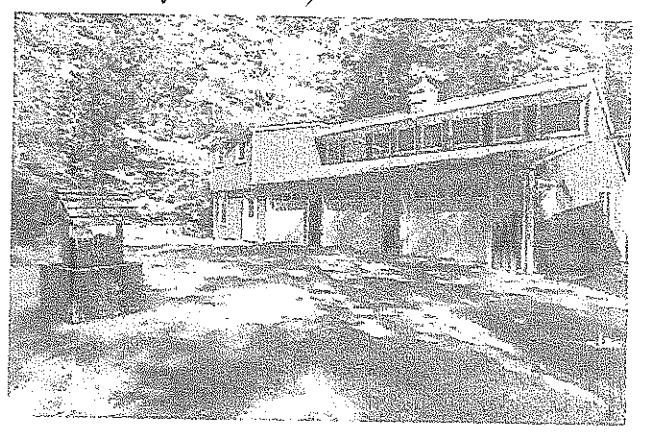
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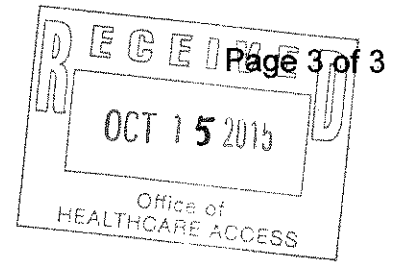
PROPERTY OFFERING

96-108 England Road Chaplin, CT 06235



over 9,000 Sq. Ft. on Property





SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Darrell Charlouff

Project Title: Chaplain House & Camp

I, Darrell Charlouff, _____
(Name) (Position – CEO or CFO)

of Chaplain House & Camp being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

Darrell Charlouff _____ 9-29-2015
Signature Date

Subscribed and sworn to before me on 29th of October 2015

Daniel C. Paulhus - Notary Public
Notary Public/Commissioner of Superior Court

My commission expires: August 31, 2016

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: Bruce A Manzeley

Project Title: _____

I, Bruce A Manzeley, CFO
(Name) (Position - CEO or CFO)

of England Homestead LLC being duly sworn, depose and state that the
(Organization Name)

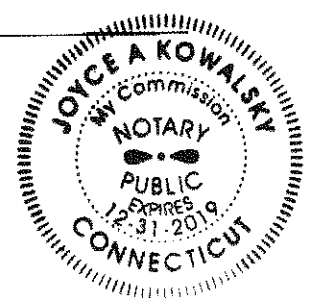
information provided in this CON Determination form is true and accurate to the best of my knowledge.

Bruce A Manzeley 10-5-15
Signature Date

Subscribed and sworn to before me on the 5th of Oct 2015

Joyce A Kowalsky
Notary Public/Commissioner of Superior Court

My commission expires: 12.31.2019





STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

October 21, 2015

VIA FACSIMILE ONLY

Mr. Darrell Chaloult
Chief Executive Officer
England Homestead, LLC
65 Rye Street
South Windsor, CT 06074

RE: Certificate of Need Determination Report Number 15-32034-DTR
Establishment of Inpatient Substance Abuse Facility

Dear Mr. Chaloult:

On October 9, 2015, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request on behalf of England Homestead LLC d/b/a Chaplin House & Camp ("Petitioner") with respect to the establishment of an inpatient substance abuse facility.

The Petitioner is seeking licensure as a Facility for the Care or Treatment of Substance Abusive or Dependent Persons in order to establish the Chaplin House & Camp ("Chaplin"). Chaplin will be a for-profit facility offering intensive inpatient treatment to individuals suffering from substance abuse or dependence.

Connecticut General Statutes § 19a-630(a)(1) requires a CON for the "establishment of a new health care facility". Connecticut General Statutes § 19a-630(11) defines a health care facility as including "... (H) substance abuse treatment facilities;...". With its proposal, the Petitioner is seeking to establish a substance abuse treatment facility. As such, OHCA hereby determines that a **CON is required** for the Petitioner's proposal.

Sincerely,

Kimberly R. Martone
Director of Operations

C: Rose McLellan, License and Applications Supervisor, DPH, DHSR

An Equal Opportunity Provider

(If you require aid/accommodation to participate fully and fairly, contact us either by phone, fax or email)

410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308
Telephone: (860) 418-7001 Fax: (860) 418-7053 Email: OHCA@ct.gov