## Follow these steps to complete your initial CLA licensing application online with a User ID and Password

- We recommend use of a desktop or laptop computer to renew; webpages may not display properly on a tablet or mobile device.
- https://www.elicense.ct.gov/login.aspx

Ctgou   state of connecticut	HOME MY ACCOUNT ONLINE SERVICES
Access Your Account	i Welcome
Account Fast Track Renewal	Welcome to the State of Connecticut's eLicense Website
User ID	VERIFY A LICENSE & ROSTER:     Select ONLINE SERVICES for a list of available services.     NOTE: All data contained within License Lookup is maintained by the state of Connecticut, updated     instantly and is considered primary source verification.
Password Password Log In	LICENSE RENEWAL: • To access your account, enter your User ID and Password. Step-by-Step Instructions. • First time users MUST validate an active email address and answer three security questions • DO NOT REGISTER A NEW ACCOUNT TO RENEW.
Don't have an account? Register Forgot Password? Forgot User ID?	FAST TRACK RENEWAL:     Check your renewal notification for availability.     To access, click the gray Fast Track Renewal tab. Step-by-Step Instructions.     Allows access to online renewal only.
	INITIAL APPLICATION:     All applicants MUST register if this is a first time application     Select the "Register" link and create a new account.

1) Enter the temporary User Id and Password included in the letter that will be emailed to you.

Access Your Account	CONNECTICUT DEPARTMENT OF DEVELOPMENTAL SERVICES
Account Fast Track Renewal	Quality and Systems Improvement Division
User ID WHOL2745394	Dear: WHOLAND ST. DDS is providing the logon information to start your Online application: Select the following link and logon to the eLicense website to begin the Application process:
Password  Log In	Link: https://www.elicense.ct.gov **Note: at Topso you will be required to define security questions, verify your email address, and change your username and Password. Temporary Online UserID: WHOL2745394 Temporary Online Password: 868552
Don't have an account? Register Forgot Password? Forgot User ID?	Sincerely, Jackson Pierre-Louis Division Director Quality & Systems Improvement
	460 Capitol Avenue, Hartford, CT 06106

http://www.ct.gov/dds/cwp/view.asp?a=2839&q=331086

2) <u>First time users will see that they have 3 issues with their account. You will need to enter an email address, answer security questions, and change your temporary password. You will need to create answers to the 3 Security Questions. You may select another question from the dropdown menu by clicking the arrow to the right of the question. Once you have completed answering the question - Click Save.</u>

**A**I\*

C.OU STATE OF CONNECTICUT	HOME	MY ACCOUNT 3	ONLINE SERVICES -
Change Security Questions			
A There are currently 3 issues with your account. Please resolve them before going further.			
Your email address has not been verified. If you have not yet received an email to do this, please No Secret Answers. First time users must change their password.	follow the instructions below	N.	
Security Questions			
You must answer 3 different security questions below. Question 1	Answer 1*		

Answer 1*
Answer 1
Answer 2*
Answer 2
Answer 3*
Answer 3

3) You must verify the email that was sent to your email account before proceeding.

User Account         Your security questions have been changed successfully.         ▲ There are currently 2 bisues with your account.         Please resolve them before going further.         Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below.         First time users must change their password.         Image: Imag		
A There are currently 2 issues with your account. Please resolve them before going further.         Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below. First time users must change their password.         User ID:       WHOL1       Change User ID         E-mail:       leah.mccarvIll@ct.gov Your account or new email address has not yet been verified. You have been sent a verification email by the system to your email address of record. You may have to check your SPAM filter. Citek on the link provided in the email. Once clicked you will be returned to your account and provided access. If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you. Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email. Generate E-mail         Password:       Change Password         Security       Change Security Questions	User Account	
Please resolve them before going further.         Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below.         First time users must change their password.         User ID:       WHOL1         Change User ID         E-mail:       leah mccarvil@ct.gov         Your account or new email address has not yet been verified.         You have been sent a verification email by the system to your email address of record.         You may have to check your SPAM filter. Click on the link provided in the email.         Once clicked you will be returned to your account and provided access.         If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you.         Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.         Generate E-mail         Password:       Change Password         Security       Change Security Questions	Your security questions t	nave been changed successfully.
First time users must change their password.         User ID:       WHOL1       Change User ID         E-mail:       leah.mccarvil@ct.gov       Change Email         Your account or new email address has not yet been verified. You have been sent a verification email by the system to your email address of record. You have been sent a verification email by the system to your email address of record. You have been sent a verification email. Once clicked you will be returned to your account and provided access.       Change Email         If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you. Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email. Generate E-mail       Change Password         Password:       Change Password       Change Security Questions		
E-mail:       leah.mccarvll@ct.gov       Change Email         You raccount or new email address has not yet been verified.       You have been sent a verification email by the system to your email address of record.       You may have to check your SPAM filter. Click on the link provided in the email.       Once clicked you will be returned to your account and provided access.         If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you.       Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.         Generate E-mail       Generate E-mail         Password:       Change Password         Security       Change Security Questions		
E-mail:       leah.mccarvil@ct.gov       Change Email         You raccount or new email address has not yet been verified.       You have been sent a verification email by the system to your email address of record.       You may have to check your SPAM filter. Click on the link provided in the email.       Once clicked you will be returned to your account and provided access.         If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you.       Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.         Generate E-mail       Generate E-mail         Password:       Change Password         Security       Change Security Questions		
Your account or new email address has not yet been verified.       You have been sent a verification email by the system to your email address of record.         You may have to check your SPAM filter. Click on the link provided in the email.       Once clicked you will be returned to your account and provided access.         If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you.       Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.         Generate E-mail       Generate E-mail         Password:       Change Password         Security       Change Security Questions	User ID:	WHOL1 Change User ID
Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.         Generate E-mail         Change Password:         Security         Change Security Questions	E-mail:	Your account or new email address has not yet been verified. You have been sent a verification email by the system to your email address of record. You may have to check your SPAM filter. Click on the link provided in the email.
Security Questions		Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.
	Password:	Change Password
		Change Security Questions

4) You will receive an email that will look like this in your email box. "<u>Click here</u>" to continue to the online renewal page.

donotreplyelicense2@po.state.ct.us 12:32 PM Email Verification	X
Email Verification	
donotreplyelicense2@po.state.ct.us Sent: Mon 4/16/2018 12:32 PM To: McCarvill, Leah	
Dear WHOLAND LANE,	
This message is intended to verify the email address on file for you in the State of Connecticut's eLicer website and to allow you to use the other online functionality.	nsing
To complete the process, please click the hyperlink below if it appears in your email program. If it doe appear as a hyperlink please read the instructions below.	es not
<u>Click here</u>	
If a hyperlink does not appear above, then please copy the following text into your web browser's add bar (all the text below must be put in as a single line with no spaces)	dress
https://elicense-uat.ct.gov/Account/VerifyEmail.aspx?guid=de318d97-79ea-4f68-9877_ 4de323f45e7a&email=leah.mccarvill@ct.gov	

5) You will see the screen below confirming you email verification. Click on My Account.

CC000 STATE OF CONNECTICUT	HOME	MY ACCOUNT	ONLINE SERVICES -

E-mail Verification

The e-mail address leah.mccarvill@ct.gov has now been verified. Please continue to Login.

### 6) Enter your username and password from you renewal letter. Click the Log In button.

Acces	s Your Account	
Account	Fast Track Renewal	
User ID		
Password		
Passwo	ord	
Log In		
	an account? Register sword? Forgot User ID?	

7) You will see the below screen prompting you to change your password. Click on "Change Password".

User Account			
Your e-mail address has now been ver located at top and bottom of this scree		allows you to navigate our site by selecting the appropriate transaction	you wish to accomplish. Online Services is
There is currently 1 issue with yo Please resolve it before going fur First time users must change their p	ther.		
	User ID:	WHOL1	Change User ID
	E-mail:	leah.mccarvill@ct.gov	Change Email
	Password:	Change Password	
	Security Questions:	Change Security Questions	

### 8) Change your password. Click "Save".

Password	
Old Password:	•••••
New Password	
Re-type Password	
	Save Cancel

9) There are 2 options for this next step you can click on Online Services then click on Initial Application from Activities in the dropdown menu or you can look below at More Online Services and click on Initial Application from Activities.

	HOME	MY ACCOUNT ONLINE SERVICES -
Initial Application Lo	cense Lookup & Download     Account       okup a License     Account Detail       enerate Roster(s)     Account Detail	ails
E-mail:	leah.mccarvill@ct.gov	Change Email
Password:	Change Password	
Security Questions:	Change Security Questions	



### 10) Click on Developmental Services

Apply for new license		
Below are a	Il current License/Certification types available for online application.	
then select	Please expand a category to view the available types, t "Start" for the License/Certification you wish to apply from the list:	
Application		<u>^</u>
Board	License	
rade Practices Division	LOCKBMITH	Start
Facility Licensing Section	Outpatient Clinic	Start
Board of Accountancy	CERTIFIED PUBLIC ACCOUNTANT CERTIFICATE	Start
Public Health Practitioners		~
Drug Control		~
Medical Marijuana		*
Environmental Health Practition	ers	~
Food Permits		* *
Real Estate & Appraisal		~
Professional Trades		~
Charities & Solicitation		~
Bedding Permits		~
Nursery & Honey Bee Registrat	ion	~
Home Contractors		*
Amusement Permits		~
Liquor Control		*
Gaming		~
Miscellaneous Trades		~
Emergency Medical Services		~
Occupational Trades		~
Public Service Utility		~
Weights & Measures		~
Agriculture		~
Developmental Services		~
Public Health Facilities		~

### 11) Click Start next to Community Living Arrangement

Developmental Services		^
Board	License	
Quality and Systems Improvement Division	Community Companion Home	Start
Quality and Systems Improvement Division	Community Living Arrangement	Start

### 12) You will be taken to the Welcome to Community Living Arrangement (CLA) Licensing Renewal screen. In the bottom left of the screen - Click "Next".

License For DSLA.00300001			
Welcome to	Welcome to Community Living Arrangement (CLA) Licensing Renewal		
Community Living Arrangement (CLA) Licensing Renewal	Welcome to the Department of Developmental Services online Renewal application site for Community Living Arrangement (CLA) Licensing. Please complete all questions within this online Renewal. An email notification will be sent once the Renewal application has been successfully processed. If you have any question regarding the online Renewal, then please complete the following question(s) as directed To continue, select "Next" below Select "Previous" to move back Select "Close and Save" if you wish to return at a later time		
~	Previous Next	nd Save	

13) Name of Residence - Make any necessary changes. Click "Next". Fields marked with an asterisk \* are required.

Community Living A	rrangement
Welcome to	Residence
Community Living	Fields marked with an asterisk * are required.
Arrangement (CLA) Licensing	1. Enter, verify or edit the name of the facility/home:
Residence	* WHOLAND ST.
~	Previous Next

14) Make any needed changes to the CLA's address - Click "Next".

Welcome to Community Living Review and update the residence address information if neccessary	
Arrangement	
(CLA) Licensing 2. Please update any changes to your primary address:	
Residence     Address 1: 234 WHOLAND ST Address 2: City: TORRINGTON     State: Connecticut     Zip Code: 06790     Country: UNITED ST Country: UNITED ST Address       Residence     Telephone Number: (000) 000-0000     State: Connecticut     Zip Code: 06790     Country: UNITED ST       Address     Edit Address     Edit Address     Edit Address     Edit Address	TATES
ORChange to an address already on file: 234 WHOLAND ST TORRINGTON, CT 06790 (UNITED STATES) V Update	
3. Please update any changes to your mailing address: Address 1: 234 WHOLAND ST Address 2: City: TORRINGTON State: Connecticut Zip Code: 06790 Country: UNITED 5 Edit Address	TATES
ORChange to an address already on file: 234 WHOLAND ST TORRINGTON, CT 06790 (UNITED STATES) V Update	
Previous Next	

## 15) Emergency Contact – Make any necessary changes to Emergency contact information then click "Next"

Community Living Arrangement				
Welcome to	Emergency Contact Information			
Community Living Arrangement	Fields marked with an asterisk * are required.			
(CLA) Licensing	4. Enter, verify or edit the primary Email address for the facility:			
Residence	leah.mccarvill@ct.gov     S. Enter, verify or edit the backup Email address			
Residence Address	* leah.mccarvill@ct.gov			
Emergency	6. Enter, verify or edit the primary fax number for the facility:			
Contact Information				
	7. Enter, verify or edit the primary mobile phone number  * (000) 000-0000			
	8. Enter, verify or edit the backup mobile phone number:			
	* (000) 000-0000			
~	Previous Next			

### 16) Enter or Verify Corporate Name and Address. Then Click "Next"

Community Living	Arrangement	
Welcome to	Corporate information	
Community Living Arrangement (CLA) Licensing	9. Enter, verify or edit the Corporate Name (legal entity which owns/operates the facility): (if applicable) Home's R US	
Residence	10. Enter, verify or edit the Corporate address information: (if applicable) 44 Main St.	
Residence Address	Torrington, CT 06790	
Emergency Contact Information	11. Enter, verify or edit the Corporate Mailing Address information: (if applicable)	
Corporate Information		
	Previous Next Close and Save	

17) Enter or Verify Management Information if applicable then click "Next"

Community Living A	Community Living Arrangement			
Welcome to	Management Information			
Community Living Arrangement (CLA) Licensing	12. Enter, verify or edit the Management Company Name: (if applicable) 13. Enter, verify or edit the Management Company address information: (if applicable)			
Residence				
Residence Address				
Emergency Contact Information	14. Enter, verify or edit the Management Company mailing address information (if applicable):			
Corporate Information				
Management Information				
		_		
~	Previous Next Close and Save			

18) Verify if the facility has unionized staff, is DDS-owned, and has 24hr Nursing – Click "Next".

Community Livin	Violenne Wild ANCET Leanet	
Welcome to	Facility Information	
Community Living Arrangement	Fields marked with an asterisk * are required.	
(CLA) Licensing	15. Indicate or verify whether this facility has unionized staff.  * ○ Yes ● No	
Emergency Contact	16. Indicate or verify whether this facility is DDS-owned.	
Information	* ○Yes ◉No	
Residence Information	17. Indicate or verify whether this facility is a 24 hour Nursing Residence.	
Corporate Information	* ○Yes ●No	
Management Information		
Facility Information		
	V Previous Next Close and Save	

19) Water supply – Select the home's water supply type from the drop down menu then click "

Next". Note: If private well you will be taken to a page to upload supporting document then click "Next".

Community Living A	imunity Living Arrangement		
Welcome to	Water Supply		
Community Living	Fields marked with an asterisk * are required.		
Arrangement (CLA) Licensing	18. Select the Water Supply for this Facility / Home:		
Emergency	* - select one - V		
Contact Information			
Residence			
Corporate			
Information		Private well Water Test Upload	
Management Information		Fields marked with an asterisk * are required.	
Facility		19. Attach the recent Well Water testing results:	
		No document(s) uploaded for this question.	
Water Supply		Select a document to upload: Browse File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml	
		Upload Document	
			I
	Previous Next	Close and Save	

20) Septic System – click yes or no to indicate if this home has a septic system, then click "Next" Note: if Yes you will be taken to a page to upload supporting document then click "Next".

Community Living	j Arrangement	
Welcome to	▲ Septic System	
Community Living	Fields marked with an asterisk * are required.	
Arrangement (CLA) Licensing	20. Does this facility have a Septic System?	
Emergency	* O Yes O No	
Contact		
Residence	Septic Service Test upload	
Corporate	Fields marked with an asterisk * are required.	
Information	21. Provide the date of the last septic system Inspection Date:	
Management Information	*  (MM/DD/YYYY)	
Facility	22. Upload a copy of the Permit to discharge for the private septic system:	
	No document(s) uploaded for this question.	
Water Supply	Select a document to upload: Browse	
Septic System	<ul> <li>File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml</li> <li>Upload Document</li> </ul>	
	V Previous Next. Close and Save	

21) Certificate of Occupancy – click yes or no to indicate if there were structural changes requiring a certificate of occupancy. Then click "Next". Note: if Yes you will be taken to a page to upload supporting document then click "Next".

Community Living Arrangement				
Welcome to	Certificate of Occupancy			
Community Living	Fields marked with an asterisk * are rec	quired.		
Arrangement (CLA) Licensing	23. Has this CLA facility had any major rer	novations or co	struction that includes structural changes requiring a Certificate of Occupancy from the local building inspector?	
Emergency	* ● Yes ○ No			
Contact				
Residence Information		Certifica	e of Occupancy upload	
Corporate		Fields m	arked with an asterisk * are required.	
Management			licable, attach the completed Certificate of Occupancy.	
Information			No document(s) uploaded for this question. Select a document to upload:	
Facility Information		*	Browse File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml	
Water Supply			Upload Document	
Septic System				
Certificate of Occupancy				
~	Previous Next		Close and Save	

22) Fire Marshal Inspection Required – Click yes or no to answer the question. Note: if Yes you will be taken to a page to upload supporting document then click "Next".

Community Living A	Arrangement	
Welcome to	Fire Marshal Inspection Required?	
Community Living Arrangement	Fields marked with an asterisk " are required.	
(CLA) Licensing	25. Is this Residence located in a building containing more than two living units or have 4 or more individuals per living unit?	
Emergency Contact Information	* ®Yes ○No	
Residence Information		
Corporate Information	Fire Marshal Inspection Upload	
Management Information	Fields marked with an asterisk * are required. 26. If applicable, attach the completed Fire Marshal Inspection and Certificate. This document applies when the facility is a multiple family dwelling. Ensure that the certificate has been signed. The signed da	ate cannot be over one year old.
Facility Information	No document(s) uploaded for this question.	
Water Supply	<ul> <li>Browse</li> <li>File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml</li> <li>Upload Document</li> </ul>	
Septic System		
Certificate of Occupancy		
Fire Marshal		
Required?	Previous Next Close and Save	

# 23) Board Of Directors – Click yes or no to answer the question. Note: if Yes you will be taken to a page to upload supporting document then click "Next".

Community Living	ig Arrangement						
(CLA) Licensing	Board of Directors Change (R	enewal)					
Emergency Contact Information		Fields marked with an asterisk * are required. 27. Has the agency provider Board of Directors changed since the last copy was provide to DDS.					
Residence Information	× ∎Yes ONo						
Corporate Information		Board of Directors Upload (Renewal)					
Management Information		Fields marked with an asterisk * are required.					
Facility Information		28. Attach the completed Board of Directors document. No document(s) uploaded for this question.					
Water Supply		Select a document to upload:     Browse      File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml					
Septic System		Upload Document					
Certificate of Occupancy							
Fire Marshal Inspection Required?							
Board of Directors Change							
(Renewal)	Previous Next		Close and Save				

## 24) Financial Audit – Click yes or no to answer the question. Note: if Yes you will be taken to a page to upload supporting document then click "Next".

Community Livi	Community Living Arrangement							
Emergency Contact Information	^	Financial Audit						
Residence		Fields marked with an asterisk * are required.						
Information		29. Has the CLA provider organization had a Financial Audit performed recently that has not been submitted to DDS?						
Corporate Information	h	*						
Management Information								
Facility Information			Financial Audit Upload					
Water			Fields marked with an asterisk * are required.					
Supply			30. Attach the completed Audit File.					
Septic System			No document(s) uploaded for this question. Select a document to upload:					
Certificate of Occupancy			Browse      File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml Upload Document					
Fire Marshal Inspection								
Required?	l							
Board of Directors			1					
Change (Renewal)	ļ							
Financial Audit	~	Previous Next	Close and Save					

## 25) Supporting Documentation. You will need to upload supporting documentation here clicking "Next".

Community Living Arrangement				
Residence Information	Supporting Documentation			
Corporate	Fields marked with an asterisk * are required.			
Information	31. Attach the completed insurance document.			
Management Information	Select a document to upload: Browse Browse			
Facility Information	<ul> <li>File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml</li> <li>Upload Document</li> </ul>			
Water Supply	32. Attach the Staffing List, Staff Pattern and Schedules information.			
Septic System	Staffing List, Pattern, Schedule.docx Select a document to upload:			
Certificate of Occupancy	<ul> <li>Browse</li> <li>File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml</li> <li>Upload Document</li> </ul>			
Fire Marshal Inspection Required?				
Board of Directors Change (Renewal)				
Financial Audit				
Supporting Documentation	Previous Next Close and Save			

### • How to upload a Document

a. To upload a document – click the "Browse" button. This will allow you to browse your computer files.

,	s) uploaded for this question.
	Browse accepted bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml
	Please be aware of the type of document you are uploading as the system will ly accept those listed above the "Upload Document" button**
b. Or cli	nce you have selected your document you will then ck the "Upload Document" button.
No document(s	s) uploaded for this question.
C:\User	ocument to upload: rs\mccarvill\Desktop\elicense upload docs CLBrowse accepted: cmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml ocument

## You will be able to see that your document has uploaded. Above the upload box, you will see the file:

Tire Marshal Certificate.docx	
Select a document to upload:	
	Browse
File types accepted: bmp, doc, docx, fsd, htm, jpe	g, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml
Upload Document	

c. Repeat the above steps for each needed document. You can upload more than one document for each area – See below example. Click "Next".

LICENSE FOI DSLA.0	
Weicome to Community Living Arrangement (CLA) Licensing Renewal Emergency Contact Information	9. If applicable, attach the completed Fire Marshal Inspection and Certificate. This document applies when the facility is a multiple family dwelling. Ensure that the certificate has been signed. The signed date cannot be over one your service and the facility is a multiple family dwelling. Ensure that the certificate has been signed. The signed date cannot be over one your service a document to upload:
(Renewal)	
Residence Information- Mailing	10. Attach the recent Well Water Test docx
(Renewal) Capacity Review (Renewal)	Select a document to upload: Browse File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml Upload Document
Facility Information (Renewal)	11. Attach the Staffing List, Staff Pattern and Schedules information.
Supporting Documentation (Renewal)	Select a document to upload: Browse File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml Upload Document
~	Previous Next Close and Save

## 26) Attestation screen. You will need to click "Yes" to confirm all information provided is accurate. Type in your full name and click "Next"

Community Living A	rrangement 🗌 🔿
Residence	Attestation
Residence Address	Fields marked with an asterisk * are required. Affidavit of Administrator (as required by law):
Emergency Contact Information	28. By Selecting Yes, I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department of Developmental Services as required by State law.
Corporate Information	29. Enter the full name of individual attesting:
Management Information	*
Facility Information	
Inspection Date	
Supporting Documentation 1	
Supporting Documentation 2	
Supporting Documentation 3	
Attestation	Previous Next

## 20). Review the information you have provided. If the information complete - click "Finish"

Community Living A	rrangel hent	
Welcome to	Revie /	Print Review
Community Living Arrangement	Fees	
(CLA) Licensing		Total Fees: \$0.00
Residence	Welcome to Community Living Arrangement (CLA) Licensing Welcome to the Department of Developmental Services online application system for Community Living Arrangement (CLA) Licensing. To complete this application you must:	
Residence Address	<ul> <li>Complete all questions within the application honestly.</li> <li>Look for u dates via your email account: You will be notified via email once your application has been successfully logged into our licensing system for review.</li> <li>If you are nady to proceed with your online registration, then please complete the following question(s) as directed.</li> </ul>	
Emergency Contact Information	To continue select "Next" below Select "Prev bus" to move back Select "Close and Save" if you wish to return at a later time	
Corporate Information		
Management	Residence	
Information Facility Information	1. Enter, verify of edit the name of the facility/home: WHOLAND ST.	
outhourna	Residence Address	
Documentation	34. Enter the funname of individual attesting:	
Attestation	Leah McCarvill	
Review	Previous Finish	Close and Save

21) Once you have completed the initial application the below screen will be displayed. You can click "Print Receipt" to print the completed renewal application.

ayment Receipt		
	Print Receipt	
	State of Connecticut Online Enterprise eLicense Site	
	Date: 6/5/2018	
	WHOLAND ST.	
	Transaction Complete. Please print a copy for your records from the button above.	
	Description Application - Community Living Arrangement	<b>Amount</b> \$0.00

You have completed the CLA initial application process you may log out.

<u>Note:</u> If at any time while completing the application you need to stop - just click the red "Close and Save" button on the bottom right of the screen.

When you log back you will click Developmental Services [In Progress] to expand menu.

		Bel	ow are all current License/Certification	n types available for online application.		
		th	Please expand a category to en select "Start" for the License/Certifi	<b>11</b> <i>i</i>		
	Developm	ental Service	s [In Progress]			~
	Applicatio	n				^
The	en click Co	ontinue				
Develo	opmental Serv	vices [In Prog	ress		^	
		Completed	Board	License		
Delete	Continue	2/21 (9%)	Quality and Systems Improvement Division	Community Living Arrangement		

You will be brought back to the welcome page. Click "Next" until you come to the page where you left off.