

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: November 8, 2021

Provider Name

**A Behavioral Approach, LLC**  
 4 Laconia Drive Clinton CT 06413  
 Phon (860) 326-9711 Fax  
 Dr. Monica Santos msantos.abact@gmail.com

Provider Type:  
Agency

Accepting Indiv tod ay Programs	Accepting New Individuals	Accepting Individuals to Res Prog	Agency with Choice	Adult Day Health	Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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 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"/>

**A Behavioral Approach, LLC**  
 4 Laconia Drive Clinton CT 06413  
 Phon (860) 531-9621 Fax (860) 531-9310  
 Dr. Monica Santos msantos.abact@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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**ABC-CT, LLC**  
 68 Wildemere Ave Waterbury CT 06705  
 Phon (617) 750-9398 Fax  
 Tarold Miller abcctlc@gmail.com

Provider Type:  
Individual Practitioner

Yes	Yes	No	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Abilis, Inc. (formerly Greenwich ARC)**  
 50 Glenville St. Greenwich CT 06831  
 Phon (203) 531-1880 Fax (203) 531-9367  
 Amy Montimurro Montimurro@abilis.us

Provider Type:  
Agency

Yes	Yes	Yes	No	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**Abilities Without Boundaries, Inc.**  
 615 West Johnson Ave. Suite 203 Cheshire CT 06410  
 Phon (203) 272-5607 Fax (203) 272-4284

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**Ability Beyond Disability, Inc.**  
 4 Berkshire Blvd. Bethel CT 06801  
 Phon (203) 775-4700 Fax (203) 775-5734  
 Jane Davis jane.davis@abilitybeyond.org

Provider Type:  
Agency

Yes	Yes	Yes	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**ABLE Home Health Care, LLC**  
 16 Taylor Place Westport CT 06880  
 Phon (203) 529-5123 Fax (888) 761-5161  
 Jamie Zeppernick dds@ablehhc.com

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 type="checkbox"/>	<input 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 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"/>
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DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: November 8, 2021

Provider Name

Provider Name	Address	City	State	ZIP	Phone	Fax	Person	Email	Provider Type:	Yes	Yes	Yes	No	No	Project SEARCH Internship Prog.	Adult Day Health	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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					
<b>ACES</b> 350 State Street North Haven CT 06473 Phon (203) 234-1344 Fax (203) 234-1369 Tom Danehy TDanehy@aces.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>							
<b>Adelbrook Community Services, Inc.</b> 58 Missionary Road Cromwell CT 06416 Phon (860) 635-6010 Fax (860) 632-3216 Alyssa Goduti agoduti@adelbrook.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Adult Vocational Programs, Inc.</b> P.O. Box 435 Chester CT 06412 Phon (860) 345-4457 Fax (860) 526-1926 Margaret Winkley pwinkley@brianhouse.org	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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
<b>Advanced Behavioral Care LLC</b> PO Box 984 New Britain CT 06052 Phon (860) 827-9364 Fax (860) 827-1161 Ian Burruss ian_p_burruss@hotmail.com	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Ahmed, Ali Khalafalla, M.B.B.Ch LBS</b> 1333 East Main Street, Unit 5 Bridgeport CT 06607 Phon (215) 287-1440 Fax Dr. Ali Khalafalla Ahmed Alikmed@yahoo.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>All Care, LLC</b> 32 Miner Street Middletown CT 06457 Phon (860) 632-1119 Fax (860) 632-0361 Brenda Marinan bmarinan@chestelm.com	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>All Pointe Care LLC (formerly Alliance Staffing of CT)</b> 675 West Johnson Avenue Cheshire CT 06410 Phon (203) 250-1900 Fax (203) 250-2361 Steve LaPointe slapointe@allpointecare.com	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

**Allan, Laurie**  
 30 Amos White Road Southbury CT 06488  
 Phon (203) 262-6967 Fax (203) 262-6967  
 Laurie Allan lwallan@charter.net

**Provider Type:**  
 Individual Practitioner

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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Yes	Yes	Yes	No	No	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Alliance Healthcare Solutions, LLC**  
 775 Silver Lane Unit A2B East Hartford CT 06118  
 Phon (860) 528-2700 Fax (860) 528-3700  
 Mandie Fagan mandie9534@yahoo.com

**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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Allied Rehabilitation Centers, Inc.**  
 3 Pearson Way Enfield CT 06082  
 Phon (860) 741-3701 Fax (860) 741-6870  
 Russell Coleman rcoleman@alliedgroup.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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
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**Allie's Dream**  
 c/o 26 Maple Vale Drive Woodbridge CT 06525  
 Phon (203) 671-3898 Fax  
 Lili Kressen Lili@Alliesdream.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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Almada Lodge-Times Farm Camp Corporation, The (Channel 3 Kids Camp)**  
 73 Times Farm Road Andover CT 06232  
 Phon (860) 742-2267 Fax (860) 742-8027

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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**Alternative Services - Connecticut, Inc.**  
 84 B Linwood Ave. Colchester CT 06415  
 Phon (860) 537-4697 Fax (860) 537-8379  
 Muhammad Shabazz m.shabazz@asi-ct.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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Alternatives, Inc.**  
 1221 New Haven Road Suite 1 Naugatuck CT 06770  
 Phon (203) 632-8724 Fax (203) 632-8994  
 Kelly Bragdon alternatives95@gmail.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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: November 8, 2021**

Provider Name

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv to day Programs	Agency with Choice	Adult Day Health	Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	ABA	PBS	* Behavioral Support Services	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Am Pm Care Services, LLC** Provider Type: Agency Yes Yes Yes No No

2320 Main Street, #3 Bridgeport CT 06606  
 Phon (203) 296-4251 Fax (203) 572-0522  
 Patricia Morales info@ampmcareservices.com

**Andring, Julie (Supporting Individuals in Society, LLC)** Provider Type: Agency Yes Yes Yes No No

35 White Rd. Northfield CT 06778  
 Phon (860) 283-8587 Fax  
 Julie Andring jamusictherapy@optonline.net

**Apex Educational Solutions, LLC** Provider Type: Agency Yes Yes Yes No No

34-3 Shunpike Road #196 Cromwell CT 06416  
 Phon (860) 604-6729 Fax (860) 886-1007  
 Andrew R. Moyer, NCSP, BC amoyer@apexeducatorialsolutions.com

**Applied Behavioral Sciences, LLC** Provider Type: Agency Yes Yes Yes No No

41 North Main Street West Hartford CT 06107  
 Phon (860) 236-7333 Fax (860) 521-9275  
 Rafael Gallegos, Psy.D. rgeg5@hotmail.com

**Arc Eastern Connecticut, Inc. The** Provider Type: Agency Yes Yes Yes No No

125 Sachem St. Norwich CT 06360  
 Phon (860) 889-4435 Fax  
 Kathleen Stauffer, CEO KStauffer@thearcct.org

**Arc of Greater New Haven, Inc.** Provider Type: Agency Yes Yes Yes No No

528 Washington Avenue North Haven CT 06473  
 Phon (203) 985-8014 Fax (866) 678-3424  
 Ashley Dennis Ashley@arcgnh.org

**Arc of Litchfield County, Inc. (formerly LARC)** Provider Type: Agency Yes Yes Yes No Yes

314 Main St. Torrington CT 06790  
 Phon (203) 565-2236 Fax (860) 439-2492  
 Michael Menard mmenard@litchfieldarc.org

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

**Arc of Southington, Inc. The**

201 West Street Plantsville CT 06479  
 Phon (860) 628-9220 Fax (860) 621-2546  
 Tricia Gibney ceo@arc-south.org

**Provider Type:**  
**Agency**

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Arc of The Farmington Valley, Inc. The**

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

**Provider Type:**  
**Agency**

Yes	Yes	Yes	No	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**ARI of Connecticut, Inc.**

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

**Provider Type:**  
**Agency**

No	No	No	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**Armour, Nadean**

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

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

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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 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"/>
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**Aspire Living & Learning, Inc. (formerly IPP)**

538 Preston Avenue, suite 100 Meriden CT 06708  
 Phon (203) 317-2700 Fax (203) 317-2896  
 David Gallaway dgallaway@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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name	Agency with Choice	Accepting Indiv tod ay Programs	Accepting New Individuals	Accepting Individuals to Res Prog	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	Contracting 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							
<b>At the Corner of Determination and Hope, LLC</b> 607 Rode Road Phon (860)705-8772 Fax Elizabeth Z. Brown elizabeth@cdhservices.org			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>Provider Type:</b> <b>Agency</b>																																																
<b>Azimova, Marina A, Ed.M., MSW, BCBA</b> 174 Mohawk Drive Phon (570)417-1561 Fax Marina A. Azimova, Ed.M., bcbama@gmail.com			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Provider Type:</b> <b>Individual Practitioner</b>																																																
<b>BAGS Foundation CT, Inc.</b> 541 Wolcott Street Phon (203) 591-1182 Fax (203) 591-1181 Nakia Reddick nreddick@bagsfoundationct.com			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Provider Type:</b> <b>Agency</b>																																																
<b>Baroco Corporation The</b> 136 West Street, Suite 03 Phon (413) 531-4775 Fax (413) 304-6200 Rick Barnard, President rickb@baroco.com			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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Provider Type:</b> <b>Agency</b>																																																
<b>Bauer, Erica</b> 2 Hall Road Phon (516) 459-8909 Fax Erica Bauer ejb478@gmail.com			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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Provider Type:</b> <b>Individual Practitioner</b>																																																
<b>Behavior Analysis Consultations, LLC</b> 896 East Street Phon (860) 645-0113 Fax Robert Kliminsky, MA, BCBA behavioranalysis1@sbcglobal.net			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Provider Type:</b> <b>Individual Practitioner</b>																																																
<b>Behavioral Health Consulting Services, LLC</b> 46 West Avon Road Phon (860) 673-0145 Fax Diane Tobin ddsinformation@bhcsct.org			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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Provider Type:</b> <b>Agency</b>																																																

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

**Behavioral Management, LLC**

33 Bernhard Road North Haven CT 06473  
 Phon (203) 785-9110 Fax (203) 785-9338  
 Neil Quatrano nquatrano@aol.com

Provider Type:  
**Agency**

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Benhaven, Inc.**

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

Provider Type:  
**Agency**

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
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**Bergsteinsson, Ingo, Ph.D., BCBA**

42 Mountain Road Farmington CT 06032  
 Phon (860) 716-4192 Fax  
 Ingo Bergsteinsson, Ph.D., B berging11@gmail.com

Provider Type:  
**Individual Practitioner**

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Bluebird, L.L.C. (formerly Griswold Special Care, Inc.)**

116 Sherman Avenue New Haven CT 06511  
 Phon Fax  
 Lesley Mills lesley.mills@griswoldhomecare.com

Provider Type:  
**Agency**

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
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**Bodington, Eileen**

186 Hang Dog Lane Wethersfield CT 06019  
 Phon (860) 833-9576 Fax  
 Eileen Bodington eileen.bodington@cox.net

Provider Type:  
**Individual Practitioner**

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Brian House, Inc.**

P.O. Box 134 Chester CT 06412  
 Phon (860) 345-4457 Fax (860) 345-4707  
 Margaret Winkley pwinkley@brianhouse.org

Provider Type:  
**Agency**

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>
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**Bridges Healthcare, Inc.**

941-949 Bridgeport Avenue Milford CT 06460  
 Phon (203) 878-6365 Fax (203) 874-5252  
 John Dixon jdixon@bridgesmilford.org

Provider Type:  
**Agency**

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

Updated: November 8, 2021

Provider Name	Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Care One Health Services, LLC**  
 28 Ward Dr. South Danbury CT 06810  
 Phon (203) 744-0059 Fax (203) 744-0059  
 Abel Osagie ano@careonehealthservices.com

**Provider Type:**  
Agency

Yes Yes Yes No No

**Caring Community of Connecticut, Inc. The**  
 84 Waterhole Rd Colchester CT 06415  
 Phon (860) 267-4463 Fax (860) 267-7628  
 Anwari (Daisy) Nayeem nayeem@cox.net

**Provider Type:**  
Agency

Yes Yes Yes No No

**Cathcart, Aydrien L.**  
 PO Box 436 Tolland CT 06084  
 Phon (860) 830-6481 Fax  
 Aydrien L. Cathcart MSEd., acathcart@strongfoundationsct.com

**Provider Type:**  
Individual Practitioner

Yes Yes Yes No No

**Catholic Charities, Inc. - Archdiocese of Hartford**  
 652 Willard Avenue Newington CT 06111  
 Phon (860) 665-0007 Fax (860) 665-0025

**Provider Type:**  
Agency

Yes Yes Yes No No

**Cattleya, LLC**  
 222 Wintonbury Avenue Bloomfield CT 06002  
 Phon (860) 580-5373 Fax (203) 580-5548  
 Brandon Walker cattleya1031@gmail.com

**Provider Type:**  
Agency

Yes Yes Yes No No

**Cave, Meghan Marie**  
 25 Grand Street, Apartment 102 Norwalk CT 06851  
 Phon (860) 595-7588 Fax  
 Meghan Marie Cave meghan.m.cave@gmail.com

**Provider Type:**  
Individual Practitioner

Yes Yes Yes No No

**CCARC, Inc.**  
 950 Slater Road New Britain CT 06053  
 Phon (860) 229-6665 Fax (860) 826-688  
 Linda lovanna Linda.lovanna@ccarc.com

**Provider Type:**  
Agency

Yes Yes Yes No No

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

**Updated: November 8, 2021**

Provider Name		Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	ABA	PBS	* Behavioral Support Services	Assistive Technology	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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		
<b>Center for Human Development, Inc.</b> 705 A New Britain Avenue Hartford CT 06106 Phon (413) 439-2109 James Goodwin jgoodwin@chd.org		Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 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"/>		
<b>Center for Transitional Living, LLC</b> 6 Executive Drive, Suite 120 Farmington CT 06032 Phon (800) 285-1135 Fax (860) 920-7369 Jeff Farmer jfarmer@ctl-ct.org		Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>
<b>Center of Hope Foundation, Incorporated</b> 100 Foster Street Southbridge MA 01550 Phon (508) 764-4085 Fax (508) 765-0255 Cynthia Howard cindy@thecenterofhope.org		Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Cerebral Palsy of Westchester, Inc.</b> 1186 King St. Rye Brook NY 10573 Phon (914) 937-3800 Fax (914) 937-3983 Linda Kuck Linda.Kuck@cpwestchester.org		Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Change Incorporated</b> 1251 S. Main Street Middletown CT 06457 Phon (860) 346-0771 Fax (860) 346-0772 Derrick Gibbs dgibbs@changeinonline.org		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Chapel Haven Schleifer Center, Inc.</b> 1040 Whalley Ave. New Haven CT 06515 Phon (203) 397-1714 Fax (203) 937-2466 Michael Storz mstorz@chapelhaven.org		Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Chez Nous, Inc.</b> 42 Johnson Rd. Columbia CT 06237 Phon (860) 228-8087 Fax Gloria-Jean Bogue cheznousinc@yahoo.com		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>



**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

Updated: November 8, 2021

Provider Name	Provider Type:	Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Individ tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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							
<b>Community Residences, Inc.</b> 50 Rockwell Road Newington CT 06111 Phon (860) 621-7600 Fax (860) 620-984 Pam Paisey paiseyp@criinc.org	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 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 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 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"/>							
<b>Community Social Integration LLC</b> 2666 State St. Hamden CT 06517 Phon (203) 287-1543 Fax (203) 407-1625 Marjorie Gibson mgibson@communitysocialintegration.com	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 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 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"/>				
<b>Community Systems Inc. (CSI)</b> 295 Alvord Park Rd. Torrington CT 06790 Phon (860) 482-2887 Fax (860) 482-2678 Georgette Dorsett Georgette.Dorsett@csi-ct.org	Agency	No	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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Community Transitional Center, LLC</b> 380 Boston Post Road Orange CT 06477 Phon (833) 282-7878 Fax (833) 282-7878 Bill Okwuosa bill.okwuosa@transitionalcenterct.com	Agency	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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Community Vocational Services Incorporated (CVS)</b> 181 Old Boston Post Road Waterford CT 06385 Phon (860) 439-0600 Fax (860) 439-062 Tony Vellucci tvellucci@cvsinc.org	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 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 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"/>		
<b>Companion Support Resources, LLC</b> 35 Talcottville Road, Suite 314#314 Vernon CT 06066 Phon (888) 552-5822 Fax Jon Mazzaro Jon@csrneortheast.com	Agency	No	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 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"/>	
<b>Compassion N Care, LLC</b> 50 Waterbury Road, Ste 2B Prospect CT 06712 Phon (203) 684-5901 Fax (866) 854-698 Joseph Bray jbray@compassionncare.com	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 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: November 8, 2021

Provider Name	Provider Type:	Yes	Yes	Yes	No	No	Project SEARCH Internship Prog.	Adult Day Health	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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					
<b>Complete Care Health Services, LLC dba Palace Adult Day Health Center</b> 144 Golden Hill Street Bridgeport CT 06604 Phon (508) 294-8756 Fax (203) 870-0677 Chrissie Schettini completecare33@gmail.com	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"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Connecticut Institute for the Blind, Inc. dba Oak Hill Industries, Inc.</b> 120 Holcomb St Hartford CT 06112 Phon (860) 242-2274 Fax (860) 242-7492 Barry Simon barry.simon@oakhillct.org	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Connecticut Transportation Solutions, LLC</b> 555 Highland Avenue Cheshire CT 06410 Phon (203) 592-7213 Fax (203) 439-2775 Chet Doheny Cdoheny@icesonline.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Continuum of Care, Inc.</b> 109 Legion Avenue New Haven CT 06519 Phon (203) 562-2264 Fax (203) 562-4279	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Corporation for Public Management</b> 11-13 Hampden Street Springfield MA 01103 Phon (413) 272-2200 Fax (413) 731-5399 James Alonzo jalonzo@partnersforcommunity.org	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Crisci, Carol Ann, RN, CDDN</b> 2464 Whitney Avenue Hamden CT 06518 Phon (203) 234-7581 Fax (203) 234-7590 Carol Ann Crisci, RN, CDDN QHCC@DDNCS.com	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name	Provider Type:	Yes	Yes	Yes	No	No	Agency with Choice	Adult Day Health Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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				
<b>CT Behavioral Health, LLC</b> 673 South Main St. Cheshire CT 06410 Phon (203) 271-1430 Fax (203) 271-1800 Ryan Loss PhD director.cbhllc@gmail.com	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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"/>			
<b>Culoso, Ashley</b> 34 Trumbull Street, Unit 1 New Haven CT 06511 Phon (631) 219-0631 Fax Ashle Culoso ashley.culoso@gmail.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Curran, Allison</b> 51 Midway Drive Cromwell CT 06416 Phon (860) 424-1875 Fax Allison Curran allisonbcurren@gmail.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Curtin Motor Livery Service, Incorporated</b> 176 Cross Road Waterford CT 06385 Phon (860) 443-1655 Fax (860) 447-3383 Joseph Miller Jmiller@curtinlivery.com	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CW Resources, Inc.</b> 200 Myrtle St New Britain CT 06053 Phon (860) 229-7700 Fax (860) 229-6847 Ronald Buccilli rbuccilli@cwresources.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>D'Amora, Rachel</b> 226 Fountain Street, apt. 101 New Haven CT 06515 Phon 2036415281 Fax Rachel D'Amora radamora@gmail.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day-Break at Farmington, LLC</b> 290 Farmington Ave. Plainville CT 06062 Phon (860) 747-4093 Fax (860) 678-9776	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

Provider Name	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	Contracting 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
<b>DDN Health Care Coordination, LLC</b> 2464 Whitney Avenue PO Box 185 Hamden CT 06518 Phon (203) 234-7581 Fax (203) 234-7590 Carol Crisci QHCC@ddncs.com	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 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"/>

<b>Developmental Solutions, LLC</b> 67 Hoopole Hill Road Deep River CT 06417 Phon (860) 930-9085 Fax Judith Fishman developmentalsolutions@comcast.net	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Digital Network Group, LLC dba Kinetic Potential</b> 1321 Iranistan Avenue Bridgeport CT 06605 Phon (301) 883-8256 Fax Jim Smith jsmith@kpscholars.com	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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>Disability Resource Network, Inc.</b> 230 Caroline Street Derby CT 06418 Phon (203) 732-0030 Fax (203) 516-5489 John Esteves john@disability-resource.org	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>Discovering Kindness Home Health, LLC</b> 1065 South Main Street, Suite C Cheshire CT 06410 Phon (877) 507-0779 Fax (877) 484-8265 Doussouba Kourouma discoveringkindness@gmail.com	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>Donald &amp; Macie Health, LLC</b> 14 Hazard Avenue, Suite 23 Enfield CT 06082 Phon (860) 805-2258 Fax (860) 926-006 Patricia O'Garro-Ellis poe@donaldmacie.com	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>Doolabh, Ajit, Ph.D., BCBA</b> 45 Britannia Drive Danbury CT 06811 Phon (203) 233-1211 Fax Ajit Doolabh, Ph.D. BCBA doolabh@sbcglobal.net	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Duhan, Briana**  
 35 Mountain Village Road, Apt #27 Waterbury CT 06706  
 Phon (203) 695-5526 Fax  
 Briana Duhan bripeer2peer@yahoo.com

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

Yes Yes Yes No No

**Dungarvin Connecticut, Inc**  
 19 Kensington Lane Rocky Hill CT 06067  
 Phon (860) 257-1556 Fax  
 Rober Gallant rgallant@dungarvin.com

**Provider Type:**  
**Agency**

Yes Yes Yes No No

**Dussan, Caitlin**  
 32 Whitney Avenue Milford CT 06460  
 Phon (203) 331-5184 Fax  
 Caitlin Dussan caitlinDussan@gmail.com

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

Yes Yes Yes No No

**Easter Seal Rehab Center of Greater Waterbury, Inc.**  
 22 Tompkins St. Waterbury CT 06708  
 Phon (203) 236-0188 Fax (203) 236-0183  
 Lorraine C. Shea lshea@eswct.com

**Provider Type:**  
**Agency**

Yes Yes Yes No No

**Easter Seals Capital Region & Eastern Connecticut, Inc.**  
 100 Deerfield Road Windsor CT 06095  
 Phon (860) 728-1061 Fax (860) 728-1065

**Provider Type:**  
**Agency**

Yes Yes Yes No No

**Easter Seals Connecticut, Inc. (dba Easter Seals Coastal Fairfield County)**  
 733 Summer Street Stamford CT 06901  
 Phon (203) 388-2192 Fax (203) 388-2196

**Provider Type:**  
**Agency**

Yes Yes Yes No No

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

**Updated: November 8, 2021**

Provider Name	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	Contracting 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			
<b>Eastern Community Development Corporation</b> 15 Thames Road Groton CT 06340 Phon (860) 739-7907 Fax (860) 326-5281 William Velez bill.velez@easterncommunity.com	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>		
<b>EdAdvance</b> PO Box 909 355 Goshen Rd. Litchfield CT 06759 Phon (860) 567-0863 Fax (860) 567-3381 JodiLynn Nasinnyk Nasinnyk@EdAdvance.org	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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"/>	
<b>Educational Consultants Group</b> 39 Summer Street Keene NH 03431 Phon (844) 281-0425 Fax Scott Dow sdow@resresources.com	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 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"/>	
<b>Ellis, Linna</b> 13 Marion Drive East Lyme CT 06333 Phon (203) 823-8663 Fax Linna Ellis LMellisRN13@aol.com	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 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"/>	
<b>Employment Options, LLC</b> 1100 Southford Road Middlebury CT 06762 Phon (203) 267-3810 Fax (203) 267-3813 Paul Bauman pbauman@eoptionsct.com	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Eprine Community Services, Inc.</b> 1450 Barnum Avenue Suite 202 Bridgeport CT 06610 Phon (718) 255-5946 Fax (347) 577-9445 Luis Mota info@eprine.com	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Family Care Visiting Nurse &amp; Home Care Agency, L.L.C.</b> 999 Oronoque La. Stratford CT 06614 Phon (203) 380-3220 Fax (203) 380-3229 Rita C. Krett customerservice@familycarevn.com	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

Accepting New Individuals Accepting Individuals to Res Prog Accepting Indiv tod ay 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	Contracting 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

<b>Family Options, Inc.</b>					<b>Provider Type: Agency</b>			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
115 Waterbury Road Suite 1 Prospect CT 06712																																									
Phon (203) 591-1885 Fax (203) 591-9077																																									
Candace Eggleston candace@familyoptionsjc.org																																									

<b>Family Partnerships of Connecticut, LLC</b>					<b>Provider Type: Agency</b>			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
36 Tiffany Dr. Windsor CT 06095																																												
Phon (860) 688-2278 Fax (860) 688-1681																																												
Susan Miller smiller@fpctllc.com																																												

<b>Family Support Team, LLC</b>					<b>Provider Type: Agency</b>			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>
96 Skyline Dr. East Hartford CT 06118																																												
Phon (860) 614-6062 Fax (860) 568-005																																												
Ingrid Straker strakes12@aol.com																																												

<b>Felician Adult Day Care, Inc.</b>					<b>Provider Type: Agency</b>			Yes	Yes	Yes	No	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
1333 Enfield St. Enfield CT 06082																																												
Phon (860) 745-2542 Fax (860) 745-2542																																												

<b>Ferrara, Heather</b>					<b>Provider Type: Individual Practitioner</b>			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57 Twining Street Plainville CT 06062																																												
Phon (203) 886-6125 Fax																																												
Heather Ferrara heather.ferrara.pbs@gmail.com																																												

<b>Ferrero, Vanessa</b>					<b>Provider Type: Individual Practitioner</b>			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
183 Brookhaven Drive East Longmeadow MA 01028																																											
Phon (413) 427-2169 Fax																																											
Vanessa Ferrero vferrerobcba@gmail.com																																											

<b>Forte, Solandy</b>					<b>Provider Type: Individual Practitioner</b>			Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 Wilson Street Milford CT 06461																																											
Phon (203) 554-0763 Fax																																											
Solandy Forte solandy_meza@yahoo.com																																											

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: November 8, 2021**

**Provider Name**

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	PBS	ABA	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Friends of New Milford, Inc.**  
 PO Box 89                      New Milford                      CT 06776  
 Phon (860) 355-5343    Fax (860) 355-5344  
 Donna Ducibella                      dducibella@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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**Futures, Incorporated**  
 902 South Quaker Lane                      West Hartford                      CT 06110  
 Phon (860) 347-5099    Fax (860) 519-0273  
 Pamela Don Aroma                      pdonaroma@futures-ct.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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**G.I.L. Foundation, Inc. (Grounded in Love)**  
 PO Box 7331 / 115 Waterbury Road, Prospect                      CT 06712  
 Phon (203) 758-3506    Fax (203) 758-0111  
 Joseph Mascia                      mascia@gilfoundation.com

**Provider Type:**  
**Agency**

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
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**G.R.O.W.E.R.S., Inc.**  
 86 Anderson Road                      Wallingford                      CT 06492  
 Phon (203) 605-2807    Fax  
 Scott Hickman                      shickman.growers@gmail.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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**Global Horizon Development Inc.**  
 2 Barnard Lane                      Bloomfield                      CT 06002  
 Phon (860) 461-0365    Fax (860) 955-2515  
 Brayard Gordon                      bgordon@globalhorizoncs.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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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**Glory Days, LLC**  
 107 Church Hill Rd, #GL-1                      Sandy Hook                      CT 06482  
 Phon (203) 648-5893    Fax (203) 491-2900  
 Emily A. Slattery                      info@glorydaysllc.com

**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"/>	<input type="checkbox"/>
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**Good Life Residential, LLC**  
 642 Hilliard Street, Suite 1109                      Manchester                      CT 06042  
 Phon (860) 432-8722    Fax (860) 432-1963  
 Marc Wilson                      goodliferes@outlook.com

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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DEPARTMENT OF DEVELOPMENTAL SERVICES  
Qualified Provider Report

Updated: November 8, 2021

Provider Name

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Goodwill Industries of Southern New England, Inc.**  
432 Washington Avenue North Haven CT 06473  
Phon (203) 777-2000 Fax (203) 624-5600  
Richard Borer rborer@goodwillsne.org

**Provider Type:**  
Agency

Yes	No	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
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**Goodwill of Western and Northern Connecticut, Inc.**  
165 Ocean Terrace Bridgeport CT 06605  
Phon (203) 368-6511 Fax (203) 335-9326

**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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**Grabbe, Carol**  
309 South Main Street, Apt. C24 Middletown CT 06457  
Phon (860) 471-2592 Fax  
Carol Grabbe carolgrabbe@aol.com

**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 type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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**Grazio, Alexandria**  
58 Nicole Road Branford CT 06405  
Phon (203) 500-8331 Fax  
Alexandria Grazio alexandria.fusco@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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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"/>	<input type="checkbox"/>
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: November 8, 2021**

Provider Name

**Helping People Excel, Inc.**

290 Pratt Street Meriden CT 06450  
 Phon (203) 440-9456 Fax (203) 440-9478  
 Joseph Cianciullo Joseph@hpect.org

**Provider Type:**  
Agency

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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Yes Yes Yes No No

**Hernberg, Donald**

356 Windham Road Willimantic CT 06226  
 Phon (860) 301-4468 Fax  
 Donald Hernberg dhernberg@earthlink.net

**Provider Type:**  
Individual Practitioner

Yes Yes Yes No No

**Hilton-Julien, Kimberly, M.A., BCBA**

PO Box 26912 West Haven CT 06516  
 Phon (203) 668-6681 Fax (203) 680-9005  
 Kimberly Hilton-Julien khilton.bcba@gmail.com

**Provider Type:**  
Individual Practitioner

Yes Yes Yes No No

**Hispanic Coalition of Greater Waterbury, Inc.**

135 East Liberty Street Waterbury CT 06706  
 Phon (203) 754-6172 Fax (203) 596-8017  
 Victor Lopez Jr. vlopez@thehispaniccoalition.org

**Provider Type:**  
Agency

Yes Yes Yes No No

**Hogan, Catherine A., MSW, LCSW**

335 Audubon Court New Haven CT 06510  
 Phon (203) 605-8727 Fax  
 Catherine Hogan hoganca@mac.com

**Provider Type:**  
Individual Practitioner

Yes Yes Yes No No

**Horizons Programs, Inc.**

127 Babcock Hill Rd. South Windham CT 06266  
 Phon (860) 456-1032 Fax (860) 456-4721  
 Chris McNaboe cmcnaboe@horizonsct.org

**Provider Type:**  
Agency

Yes Yes Yes No No

**Horizons, Inc.**

127 Babcock Hill Rd. South Windham CT 06266  
 Phon (860) 456-1032 Fax (860) 456-4721  
 Chris McNaboe cmcnaboe@horizonsct.org

**Provider Type:**  
Agency

Yes Yes Yes No No

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

Accepting New Individuals Accepting Individuals to Res Prog Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services ABA PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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<b>Humanidad, Inc.</b>	<b>Provider Type:</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
750 Old Main Street, Suite 100 Rocky Hill CT 06067 Phon (860) 563-6103 Fax (860) 721-7215 Evans Jacobs, Jr. evansjacobs@usa.net	<b>Agency</b>																																	

<b>ICES, Inc.</b>	<b>Provider Type:</b>	Yes	Yes	Yes	No	No	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
35 Elm Street Naugatuck CT 06770 Phon (203) 723-4133 Fax (203) 723-4202 Chet Doheny cdoheny@icesonline.org	<b>Agency</b>																																		

<b>Inclusion First L.L.C.</b>	<b>Provider Type:</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PO Box 146 Canton CT 06019 Phon (860) 693-8422 Fax (860) 693-068 Ronna-Marie Guiliano rmg@inclusionfirst.com	<b>Agency</b>																																		

<b>Independent Living Solutions, LLC</b>	<b>Provider Type:</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
367 Frost Rd. Waterbury CT 06705 Phon (203) 755-5201 Fax (203) 841-1104 Lisa Martin Lamarting10@aol.com	<b>Agency</b>																																		

<b>Inspirational Care, Inc.</b>	<b>Provider Type:</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
90 Brainard St. Ste 105 Hartford CT 06114 Phon (860) 404-5501 Fax (860) 470-3286 Cortney Dunlap cdunlap@icarect.org	<b>Agency</b>																																		

<b>Interlocking Connections, LLC</b>	<b>Provider Type:</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
707 Enfield Street Enfield CT 06082 Phon (860) 745-7144 Fax (860) 745-7144 Carole Ryan Hanlon Carole@interlockingconnections.com	<b>Agency</b>																																		

<b>J.M. Enterprises, LLC</b>	<b>Provider Type:</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61 Hawthorne Avenue Hamden CT 06517 Phon (203) 506-4400 Fax (203) 248-9658 Judy Goldberg jmenterprisesllc@yahoo.com	<b>Individual Practitioner</b>																																	

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name	Provider Type:	Yes	Yes	Yes	No	No	Project SEARCH Internship Prog.	Adult Day Health	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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							
<b>Jaffee Family and Behavior Therapy Services, Inc.</b> 29 Stony Hill Road Ridgefield CT 06877 Phon (203) 470-8057 Fax Carey Jaffee careyjaffee@yahoo.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Jewish Association for Community Living, Inc. (JCL)</b> 34 Jerome Avenue Bloomfield CT 06002 Phon (860) 522-5225 Fax (860) 246-4114 Denis Geary dgeary@jcl-ct.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Jewish Family Services of Greater Hartford, Inc.</b> 333 Bloomfield Avenue, Suite A West Hartford CT 06117 Phon (860) 236-1927 Fax (860) 236-6483	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>Jordan-Parker, Linda, Ed. D.</b> 11 Brace Road Somers CT 06071 Phon (860) 819-1088 Fax Linda Jordan-Parker, Ed .D. ljordanparker@gmail.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Journey Found, Inc.</b> 60 Hilliard Street Manchester CT 06040 Phon (860) 643-9844 Fax (860) 643-9534 Tracey Walker twalker@journeyfound.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Karan, Orv, Ph.D.</b> 1890 Littel Acres Road Glastonbury CT 06033 Phon (860) 657-9910 Fax (860) 657-2618 Orv Karan, Ph.D. Okaran@aol.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>KenCrest Services, Inc.</b> 80 Ferry Boulevard, Suite 102 Stratford CT 06615 Phon (203) 375-3762 Fax (203) 375-3774 Steven Wolfe Steven.Wolfe@Kencrest.org	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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"/>

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Individ tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Kennedy Center, Inc. The**

2440 Reservoir Ave. Trumbull CT 06611  
 Phon (203) 365-8522 Fax (203) 365-2692  
 Richard Sebastian rsebastian@kennedyctr.org

Provider Type: Agency

Yes Yes Yes No No

**Key Human Services, Inc.**

1290 Silas Deane Highway, Suite 1A Wethersfield CT 06109  
 Phon (860) 409-7350 Fax (860) 409-7356  
 Elizabeth Weiblen eweiblen@keystonehumanservices.org

Provider Type: Agency

Yes Yes Yes No No

**Krol, Alicia**

56 Daniel Drive Colchester CT 06415  
 Phon (860) 460-4393 Fax (860) 531-9376  
 Alicia Krol alikrolo6@gmail.com

Provider Type: Individual Practitioner

Yes Yes Yes No No

**Kuhn Employment Opportunities, Inc.**

1630 North Colony Rd., P.O.Box 94 Meriden CT 06450  
 Phon (203) 235-2583 Fax (203) 639-6500  
 Beth Fisher bfisher@kuhnemployment.com

Provider Type: Agency

Yes Yes Yes No No

**Kurtz, Eileen**

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

Provider Type: Individual Practitioner

Yes Yes Yes No No

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

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

Provider Type: Individual Practitioner

Yes Yes Yes No No

**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: Agency

Yes Yes Yes No No







**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: November 8, 2021**

Provider Name	Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Individ tod ay Programs	Agency with Choice	Adult Day Health Project SEARCH Internship Prog.	Assisted Living	Behavioral Support Services	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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			
<p><b>Margelot, Lynde</b>                      252 Gilbert Avenue Winsted CT 06098                      Phon (860) 309-9932 Fax                      Lynde Margelot lmargelot@gmail.com</p>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p><b>Marrakech Housing Options, Inc.</b>                      6 Lunar Dr. Woodbridge CT 06525                      Phon (203) 389-2970 Fax (203) 397-0658                      Heather LaTorra Hlatorra@marrakechinc.org</p>	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Martoni, Kelly, BCBA, LBA</b>                      103 Artillery Road Watertown CT 06795                      Phon (475) 313-5688 Fax                      Kelly Martoni kmartoni@thrivebehavioralsolutions.net</p>	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"/>	
<p><b>Marx, Sally</b>                      105 Clifton Street Wallingford CT 06492                      Phon (203) 793-7131 Fax                      Sally Marx sally.marx@comcast.net</p>	Yes	Yes	Yes	Yes	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"/>
<p><b>Maturo, Holly, MA, CPRP</b>                      49R Sycamore Drive Durham CT 06422                      Phon (203) 506-7958 Fax                      Holly L. Maturo, MA, CPRP hlmature@comcast.net</p>	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"/>
<p><b>Mayo, Maureen</b>                      132-1 Fillmore Street Waterbury CT 06705                      Phon (203) 754-3125 Fax                      Maureen Mayo maureenmayo36@gmail.com</p>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
<p><b>Meinhold, Patricia Ph.D.</b>                      33 Hillsdale Road Richmond RI 02892                      Phon (401) 222-9260 Fax (401) 491-9026                      Patricia Meinhold, Ph.D. dr.pat.meinhold@cox.net</p>	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"/>

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

**Mercy Drive-CT, Inc.** **Provider Type: Agency**  
500 West Putnam Ave - Suite 400 Greenwich CT 06830  
Phon (718) 725-9876 Fax (718) 793-8011  
Christabella Cochran mercydriveinc@aol.com

**Midstate ARC, Inc. (formerly ARC of Meriden-Wallingford, Inc.)** **Provider Type: Agency**  
200 Research Parkway Meriden CT 06450  
Phon (203) 237-9975 Fax (203) 639-5513  
Pam Fields pfields@midstatearc.org

**Milestones Behavioral Services, Inc. (formerly Connecticut Center for Child Development, Inc (CCCD))** **Provider Type: Agency**  
339 Boston Post Road Orange CT 06477  
Phon (203) 306-0821 Fax (203) 306-0822  
Suzanne Letso sletso@mbs-inc.org

**Morgan, Felicia, Ph.D., BCBA-D** **Provider Type: Individual Practitioner**  
CCSN 2300 Main Street Glastonbury CT 06033  
Phon (860) 543-1369 Fax  
Felicia Morgan, Ph.D., BCBA fmorgan@ccsnct.org

**Mosaic of Connecticut Inc.** **Provider Type: Agency**  
100 Sebeth Dr. Suite A2 Cromwell CT 06416  
Phon (860) 632-2814 Fax (860) 632-0657  
Andrea Ferrucci andrea.ferrucci@mosaicinfo.org

**Murphy, Annemarie, Ph.D** **Provider Type: Individual Practitioner**  
1057 Broad St. Bridgeport CT 06604  
Phon (203) 459-0515 Fax (203) 459-4237  
Annemarie Murphy, Ph.D goldpsych@earthlink.net

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Individ tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

**Updated: November 8, 2021**

Provider Name

Accepting Indiv tod ay Programs	Accepting New Individuals to Res Prog	Accepting New Individuals	Agency with Choice	Adult Day Health Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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<b>Nagurney, Meaghan</b>	1150 Summer Street Phon (203) 624-1880 Meaghan Nagurney	Stratford CT 06905 Fax meaghan.nagurney@gmail.com	<b>Provider Type:</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Network, Inc.</b>	23 Route 6 Phon (860) 742-1313 Susan Pearson	Andover CT 06232 Fax (860) 742-1010 Spearson@Networkhumanservices.org	<b>Provider Type:</b> Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>New Beginnings for Life, LLC</b>	20 Hartford Road Unit 44/42 Phon (860) 531-9426 Ellen Young	Salem CT 06420 Fax (860) 603-2168 eyoung.nbfl@gmail.com	<b>Provider Type:</b> 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 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 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"/>
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<b>New Canaan Group Home, Inc.</b>	162 South Ave. Phon (203) 972-3867	New Canaan CT 06840 Fax (203) 972-3915	<b>Provider Type:</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>New England Business Associates, Inc.</b>	66 Industry Avenue, Suite 11 Phon (413) 821-9200 Jeannine Pavlak	Springfield MA 01104 Fax (413) 821-9209 jeannine.pavlak@nebaworks.com	<b>Provider Type:</b> 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 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 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"/>	<input checked="" type="checkbox"/>
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<b>New England Residential Services, Inc.</b>	282 Main Street Ext. Phon (860) 347-9633 Chet Fischer	Middletown CT 06457 Fax (860) 346-3388 cfischer@newenglandresidential.com	<b>Provider Type:</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>New Foundations, Inc.</b>	1776 Meriden Rd. Phon (203) 879-4631 Sandi Vincenzo	Wolcott CT 06716 Fax SVincenzo@NewFoundationsCT.com	<b>Provider Type:</b> 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: November 8, 2021

Provider Name	Provider Type:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No								
				Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCH Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	PBS	ABA	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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													
<b>Opportunity Works Connecticut, Inc.</b> 45 West Main Street Rockville CT 06066 Phon (860) 454-4016 Fax (860) 454-838 I. Rene Lambert rlambert@owct.org	Agency	Yes	No	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 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"/>	<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"/>						
<b>Options Employment and Educational Services, LLC</b> 606 Farmington Avenue Hartford CT 06105 Phon (860) 523-5318 Fax (860) 232-3597 Scott W. Wells swells@optionsct.com	Agency	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>						
<b>Options Unlimited, Inc.</b> 693 Bloomfield Avenue Bloomfield CT 06002 Phon (860) 243-3260 Fax (860) 243-3627 Lynn Cinciva lcinciva@optionsunltd.org	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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Papstein, Jacalyn, BCBA</b> 7 Gorham Avenue Westport CT 06880 Phon (203) 858-3892 Fax Jacalyn Papstein, BCBA jpapstein@optonline.net	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Partland, Geanna</b> 105 Richards Avenue #2310 Norwalk CT 06854 Phon (631) 235-3167 Fax (203) 354-7314 Geanna Partland gmpartland@gmail.com	Individual Practitioner	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Partners in Care, Inc.</b> 12 Cambridge Drive Trumbull CT 06611 Phon Fax William Sullivan wfsullivan@vnsct.org	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>		
<b>Pathways to Success, LLC</b> PO Box 6265 Wolcott CT 06716 Phon (203) 819-8705 Fax Stacy Propfe pathwaystosuccess.stacy@gmail.com	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: November 8, 2021

Provider Name

- Accepting New Individuals
- Accepting Individuals to Res Prog
- Accepting Individ tod ay Programs
- Agency with Choice
- Adult Day Health
- Project SEARCH Internship Prog.
- Assisted Living
- Assistive Technology
- \* Behavioral Support Services
- ABA
- PBS
- Blended Supports
- Camp
- Companion supports
- Community Living Arrangement
- Community Companion Home
- Contracting 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

**Patterson, Glenroy**  
72 Birchwood Road East Hartford CT 06118  
Phon (321) 914-7430 Fax (860) 812-2399  
Glenroy Patterson, M.S., AB gpatterson1@tradingspacesaba.com

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

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

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

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

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

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

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

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

Provider Type:  
Agency

Yes Yes Yes No No

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

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

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

Provider Type:  
Agency

Yes No Yes No No

DEPARTMENT OF DEVELOPMENTAL SERVICES  
 Qualified Provider Report

Updated: November 8, 2021

Provider Name

**Quality Behavioral Solutions, LLC - indiv practitioner**

46 Glemby Street Hamden CT 06514  
 Phon (203)722-9920 Fax  
 Justin Scott 35scottj@gmail.com

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

**Radasch, Peter, Psy.D.**

575 Highland Avenue, 2nd Floor Cheshire CT 06410  
 Phon (860)539-0185 Fax  
 Peter Radasch, Psy.D. pdradasch@gmail.com

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

**Rankine, Jacquelynn**

34 Brighton Road Naugatuck CT 06770  
 Phon (203)560-6995 Fax  
 Jacquelynn Rankine LotusConsultation@gmail.com

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

**Rebar, Colleen**

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

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

**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

**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

**Rivera, Nicole**

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

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified Provider Report

Updated: November 8, 2021

Provider Name

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

Table with 40 columns representing various services: Accepting New Individuals, Accepting Individuals to Res Prog, Accepting Indiv tod ay Programs, Agency with Choice, Adult Day Health, Project SEARCh Internship Prog., Assisted Living, Assistive Technology, \* Behavioral Support Services, ABA, PBS, Blended Supports, Camp, Companion supports, Community Living Arrangement, Community Companion Home, Contracting 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 [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 [checkbox]

RN Health Care Coordination Services PLLC (Sharon Betts)
70 Waterbury Road Unit 7237 Prospect CT 06712
Phon (203) 910-8225 Fax (203) 758-3784
Sharon Betts sharbet.rn.hcc@gmail.com

Provider Type: Individual Practitioner

Yes Yes Yes No No [checkbox]

Robin's Nest Intergenerational Daycare, LLC
94 High St. Clinton CT 06413
Phon (860) 399-4469 Fax (860) 399-446
E. Robin Twigg ElizabethTwigg16@gmail.com

Provider Type: Agency

Yes Yes Yes No No [checkbox]

Russolillo, Patrick
154 College Street Middletown CT 06457
Phon (860) 344-9694 Fax (860) 346-2947
Patrick Russolillo, Ph.D. patrij74@aol.com

Provider Type: individual practitioner

Yes Yes Yes No No [checkbox]

RyanJason dba Right at Home of Greater Fairfield County
518 Monroe Turnpike Monroe CT 06468
Phon (203) 261-5777 Fax (203) 261-5770
Dariann Gatison dgatison@rahffc.com

Provider Type: Agency

Yes Yes Yes No No [checkbox]

DEPARTMENT OF DEVELOPMENTAL SERVICES  
Qualified Provider Report

Updated: November 8, 2021

Provider Name

**SISTERS, LLC**

144 Plainfield Pike Plainfield CT 06374  
Phon (860) 564-0100 Fax (860) 564-0104  
Kristen Anderson sistersllc@att.net

**Provider Type:**  
Agency

Accepting New Individuals Accepting Individuals to Res Prog Accepting Indiv tod ay Programs	Agency with Choice	Project SEARCH Internship Prog.	Adult Day Health	Assisted Living	Assistive Technology	* Behavioral Support Services PBS ABA	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Safeway Family Services, LLC**

3101 Main Street Bridgeport CT 06606  
Phon (203) 727-4629 Fax (203) 690-1097  
Eugene Allen safewayfamilyservices@gmail.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 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 checked="" type="checkbox"/>
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**Samiotos, John G.**

70 Vandale Street Putnam CT 06260  
Phon (860) 428-5316 Fax  
John G. Samiotos jsamiotos@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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**SARAH Seneca Residential Services, Inc.**

15 NE Industrial Road Branford CT 06405  
Phon (203) 315-3770 Fax (203) 315-3775  
Lori Cast l.cast@sarahseneca.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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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**SARAH Tuxis Residential and Community Resources, Inc.**

45 Boston St. Guilford CT 06437  
Phon (203) 458-8532 Fax (203) 453-7717  
Elizabeth Kinnare bethk@sarah-tuxis.org

**Provider Type:**  
Agency

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**SARAH, Inc.**

1620 Boston Post Road, Suite 200 Westbrook CT 06498  
Phon (860) 399-1888 Fax (860) 399-0238  
Denise Daviau ddaviau@sarah-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 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 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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**Seabird Enterprises, Inc.**

169 Thames St. Groton CT 06340  
Phon (860) 446-0882 Fax (860) 446-2930  
Lori Neumann lneumann@seabirdenterprises.org

**Provider Type:**  
Agency

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

Qualified Provider Report

Updated: November 8, 2021

Provider Name	Provider Type:	Agency with Choice	Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Indiv tod ay Programs	No	Yes	Yes	No	No	Project SEARCh Internship Prog.	Adult Day Health	Assisted Living	Assistive Technology	* Behavioral Support Services	PBS	ABA	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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						
<b>Second Chance Home Care, LLC</b> 547 Burnside Avenue, Suite 101 East Hartford CT 06108 Phon (860) 263-8259 Fax (860) 282-8844 Veronica Anderson info@secondchancehomecare.com	Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Sharp Training, Inc.</b> 78 Howard St. Suite C New London CT 06320 Phon (860) 447-3511 Fax (860) 447-3395 Gabriel Yorio gabrielyorio@sharptraininginc.com	Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
<b>Sims, Michele</b> 33 Megin Drive Hamden CT 06514 Phon (203) 248-6754 Fax Michele Sims msims06514@yahoo.com	Individual Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>SJ Larsen Consulting, LLC</b> 100 Saint Augustine Street Hartford CT 06110 Phon (860) 604-7950 Fax (860) 606-962 Sarah Larsen sjlarsenconsulting@gmail.com	Individual Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Southeastern Employment Services, LLC</b> 7 Halls Road, Unit C Old Lyme CT 06371 Phon (860) 434-0544 Fax (860) 434-1270 Roberta Hurley robertahurley@sesct.com	Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>St. Catherine Center for Special Needs Inc.</b> 760 Tahmore Drive Fairfield CT 06825 Phon (203) 540-5381 Fax (203) 540-5383 Helen Burland hburland@diobpt.org	Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>St. Francis Hospital/ Lifeline</b> Mount Sinai Campus 500 Blue Hills Hartford CT 06112 Phon (860) 714-2626 Fax (860) 714-8504 Peter Maxwell PMaxwell@TrinityHealthOfNE.org	Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: November 8, 2021

Provider Name	Provider Type:	Accepting Indiv tod ay Programs	Accepting New Individuals	Accepting Individuals to Res Prog	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	Contracting 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								
<b>St. Vincent's Special Needs Center, Inc.</b> 95 Merritt Boulevard Trumbull CT 06611 Phon (203) 375-6400 Fax (203) 380-1190 Julie Norko Julie.Norko@hhhealth.org	<b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
<b>STAR, Inc., Lighting The Way...</b> 182 Wolfpit Ave. Norwalk CT 06851 Phon (203) 846-9581 Fax (203) 847-0545 Katie Banzhaf kbanzhaf@starct.org	<b>Agency</b>	Yes	Yes	Yes	No	No	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
<b>Steele, Kelly</b> PO Box 797 Higganum CT 06441 Phon (860) 836-4070 Fax (860) 554-5350 Kelly Steele KellySteeleLCSW@gmail.com	<b>individual practitioner</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Stern, Steven, dba Clinical Consultation Services</b> 196 Pond Point Avenue Milford CT 06460 Phon (203) 877-3366 Fax (203) 877-9380 Steven Stern behavemod@aol.com	<b>Individual Practitioner</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Sunrise Northeast Opportunities, Inc. (formerly UCP of Gr. Hartford)</b> 80 Whitney St. Hartford CT 06105 Phon (860) 236-6201 Fax	<b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Sunrise Northeast, Inc.</b> 80 Whitney St. Hartford CT 06105 Phon (860) 236-6201 Fax (860) 236-6205	<b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
<b>Sunset Hill, Inc.</b> 139 Estabrooks Rd. Hampton CT 06247 Phon (860) 455-0821 Fax Anne Curry sunsethill2000-annecurry@yahoo.com	<b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

Updated: November 8, 2021

Provider Name

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Individ to ay 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	Contracting 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
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<b>Sunset Shores of Milford, Inc.</b>	<b>Provider Type:</b> <b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
720 Barnum Ave. Cut Off Stratford CT 06614 Phon (203) 380-1228 Fax (203) 380-1481 Gladys Soto gsoto@cteldercare.com																																												

<b>Supported Living Group LLC, The</b>	<b>Provider Type:</b> <b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
113 School Street Danielson CT 06239 Phon (860) 774-3400 Fax (860) 412-9232 Christopher Brisson cbrisson@slg-ct.com																																														

<b>Talbert, Linda</b>	<b>Provider Type:</b> <b>Individual Practitioner</b>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 John Street Greenwich CT 06831 Phon (203) 899-0745 Fax Linda Talbert Linda@lindaTalbert.com																																														

<b>Taliceo, Marcy</b>	<b>Provider Type:</b> <b>Individual Practitioner</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
141 Hazard Avenue Enfield CT 06082 Phon (413) 384-9571 Fax (860) 698-973 Marcy Taliceo, LPC marcytaliceolpc@gmail.com																																															

<b>Tish Hayes Nursing Consultant LLC</b>	<b>Provider Type:</b> <b>Individual Practitioner</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Maxson Street Mystic CT 06355 Phon (860) 558-3052 Fax (800) 881-9943 Tish Hayes Tishhayes76@gmail.com																																															

<b>TLC Homecare, LLC</b>	<b>Provider Type:</b> <b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>
43 Sherman Hill Rd Bldg D Suite 20 Woodbury CT 06798 Phon (203) 632-5549 Fax (203) 586-1780 Jimmy Maldonado jmaldonado@tlchomecarellc.org																																															

<b>Torch Light Residential, LLC</b>	<b>Provider Type:</b> <b>Agency</b>	Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1184 Blue Hills Avenue Bloomfield CT 06002 Phon (860) 316-9109 Fax Michael Mitchell TorchlightResidential@gmail.com																																															

DEPARTMENT OF DEVELOPMENTAL SERVICES  
Qualified Provider Report

Updated: November 8, 2021

Provider Name

Transition Services of Fairfield County, LLC

169 Monroe Turnpike Monroe CT 06468  
Phon (203) 261-4555 Fax (475) 225-6413  
Dawn Gray dawn@transitionct.org

Provider Type:  
Agency

Yes No Yes No No

Accepting New Individuals  
Accepting Individuals to Res Prog  
Accepting Indiv tod ay Programs

Agency with Choice

Adult Day Health  
Project SEARCh Internship Prog.

Assisted Living

Assistive Technology

\* Behavioral Support Services  
ABA  
PBS

Blended Supports

Camp

Companion supports

Community Living Arrangement

Community Companion Home

Contracting 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

Transitional Employment Unlimited, Inc.

138 Migeon Avenue Torrington CT 06790  
Phon (860) 489-1697 Fax (860) 489-2862  
Mimi McGill mimi@letsworkct.com

Provider Type:  
Agency

Yes Yes Yes No No

Trevino, Sandra

109 Concord Street New Haven CT 06512  
Phon (203) 668-8403 Fax (203) 468-6643  
Sandra Trevino st1027@gmail.com

Provider Type:  
Individual Practitioner

Yes Yes Yes No No

Turning Leaf Agency, Corp.

1251 S. Main Street Middletown CT 06457  
Phon (860) 346-0771 Fax (860) 346-0772  
Derrick Gibbs dgibbs@changeinonline.com

Provider Type:  
Agency

Yes Yes Yes Yes No

United Cerebral Palsy Association of Eastern Connecticut, Inc.

42 Norwich Rd. Quaker Hill CT 06375  
Phon (860) 443-3800 Fax (860) 443-8272  
Jennifer Keatley jkeatley@ucpect.org

Provider Type:  
Agency

Yes Yes Yes No Yes

United Community & Family Services, Inc.

165 McKinley Ave. Norwich CT 06360  
Phon (860) 889-1252 Fax (860) 892-2340  
Janis Davis jdavis@ucfs.org

Provider Type:  
Agency

Yes Yes Yes No No

VanderMaelen, Ann

11 Dean Circle Andover MA 01810  
Phon (860) 227-5253 Fax (978) 475-4730  
Ann VanderMaelen avandermaelen@thearcnlc.org

Provider Type:  
Individual Practitioner

Yes Yes Yes No No



DEPARTMENT OF DEVELOPMENTAL SERVICES  
Qualified Provider Report

Updated: November 8, 2021

Provider Name

Wegner-Vincent, Erin

30 South Street Collinsville CT 06019  
Phon (765) 635-0397 Fax  
Erin Wegner-Vincent, LCSW ewvlcsw@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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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West Haven Community House Association, Incorporated The

227 Elm St. West Haven CT 06516  
Phon (203) 934-5221 Fax (203) 931-4726  
Patricia Stevens pattystevens@whcommunityhouse.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 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 checked="" 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"/>
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White Rose Home Healthcare Agency, LLC

1000 Lafayette Blvd. Suite 201 Bridgeport CT 06604  
Phon (203) 683-6055 Fax (203) 916-6427  
Jodyann Prendergast, MHA jprendergast@whiterosehomecareagency.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 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"/>
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Whitney, Robert

76 Simpaug Turnpike Redding CT 06896  
Phon (203) 438-4719 Fax (203) 885-3256  
Robert Whitney robertbwhitney@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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Whole Life, Inc.

216 Broad Street FL 3 New London CT 06320  
Phon (860) 886-6900 Fax (860) 574-9100  
Sheila Cordock scordock@wholelifeinc.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 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 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"/>
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Wilkinson, Patrick

28 Cumberland Road West Hartford CT 06119  
Phon (860) 881-0945 Fax  
Patrick Wilkinson PJWnursingconsultants@gmail.com

Provider Type:  
Individual Practitioner

Yes	Yes	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Williams, Ryan

155 Main Street, Suite 200E Danbury CT 06810  
Phon (917) 939-5104 Fax  
Ryan Williams aboforkids@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"/>
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**Qualified Provider Report**

**Updated: November 8, 2021**

Provider Name

Accepting New Individuals	Accepting Individuals to Res Prog	Accepting Individ tod ay Programs	Agency with Choice	Adult Day Health	Project SEARCh Internship Prog.	Assisted Living	Assistive Technology	* Behavioral Support Services	ABA	PBS	Blended Supports	Camp	Companion supports	Community Living Arrangement	Community Companion Home	Contracting 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
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**Winchester Town Treasurer (formerly Winsted Senior Center)**

80 Holabird Avenue Winsted CT 06098  
 Phon (860) 379-4252 Fax  
 Robin Bardino rbardino@townofwinchester.org

**Provider Type: Agency**

Yes	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 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"/>
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**Windsor Independent Living Association, Inc. (WILA)**

45 Maple Ave., PO Box 908 Windsor CT 06095  
 Phon (860) 688-2891 Fax (860) 688-666  
 Mari Midlin mmidlin@wilainc.org

**Provider Type: Agency**

Yes	Yes	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Winebrenner, Elizabeth**

14 Falcon Drive Seymour CT 06483  
 Phon (203) 525-6696 Fax (203) 813-7038  
 Beth Winebrenner beth@behavioranalyticsservices.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"/>	<input type="checkbox"/>
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**Within Reach, LLC**

225 North Main Street Bristol CT 06010  
 Phon (860) 506-7991 Fax (844) 832-4715  
 Chantell Paris cparis240@gmail.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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Wolfe, Vicki**

280 Trumbull Highway Lebanon CT 06249  
 Phon (860) 465-9293 Fax  
 Vicki Wolfe vfwolfe@live.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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Yellow Cab Co. of New London & Groton, Incorporated The**

176 Cross Road Waterford CT 06385  
 Phon (860) 443-1655 Fax (860) 437-7889  
 Kem Bruno Kecurtin@curtinlivery.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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Qualified Provider Report**

**Updated: November 8, 2021**

Provider Name

**Zwicker, Thomas**

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

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

Yes Yes Yes No No

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