| | | | | ate of Connecticut | |
|---|-------------|-------------------------------|--------------------------------------|---------------------------------------|-------|
| DDS | | Provider Profile | Department of Developmental Services | | |
| | | Flovider Floille | 46 | 0 Capitol Avenue, Hartford, CT 0 | 6106 |
| Accepting new individuals? Yes | | Proje | ect SEARCH Internship Program: | No | |
| Accepting individuals to Day Programs? Yes Accepting individuals to Residential Programs? | | Cor | | poration Type: | |
| | | Yes | People | People Served: 0 to 10 people | |
| | | Kelly, Jillian | roopie | PIN:42 | 42 |
| | | | | 1 111.72 | 76 |
| 166 Woodruff Avenue | | Wate | ertown | CT 06795 | |
| Phone: (203) 525-1210 Fa | ax : | Toll Free: | | | |
| Web Address: | | | | TD Phone: | |
| Contact Information | | | | | |
| Contact Name | | elephone Number - Extension | Email A | <u>ddress</u> | |
| Director: Jillian Kelly | | | KJillian | 18@gmail.com | |
| Main Contact: | | - | | | |
| | | | | | |
| Medicaid: | | | | | |
| Provider Admin: | | | | | |
| EVV Contact: | | | | | |
| CE Contact: | | | | | |
| Provider Administrator is the staff resp | oonsible fo | or managing access to the DDS | S applicati | ions (WEBRESDAY, IP6) for their ag | encv. |
| Qualified to provide the following services to individuals with intellectual disability: | | | | | |
| Quanted to provide the l | | • | Iduais | - | iity. |
| Family Supports | | led Supports | | Personal Supports | |
| | | banion Supports | | | |
| | | dualized Day Support | |] Transportation | |
| Individualized Home Supports | 🗌 Indivi | dualized Home Supports (IHS | 5) | | |
| | 🗌 Indivi | dualized Home Supports (IHS | 6) - 2 | | |
| | 🗌 Indivi | dualized Home Supports (IHS | 6) - 3 | | |
| | Custo | mized Employment Supports | | | |
| | 🗌 Group | o Day Services (DSO) | |] Prevocational Services | |
| Supports in a Day Program | 🗌 Group | | |] Senior Supports | |
| | 🗌 Individ | dualized Supported Employme | ent 🗌 |] Employment Transitional Services | S |
| | | nunity Companion Home | |] Live-in Caregiver | |
| Supports in a Residential Facility | | nunity Living Arrangement | | □ Shared Living | |
| | | nuous Residential Support | | Remote Supports | |
| | Health | Care Coordination | | Interpreter Services | |
| | 🖌 Behav | vioral Support Services | | Nutrition | |
| Consultant Services | 🗌 Po | sitive Behavior Support (PBS) |) | | |
| | | plied Behavior Analysis (ABA) | | | |
| | • | ed Living | |] Parenting Support | |
| Other Services | | ive Technology | |] Independent Support Broker (FIC | :S) |
| | 🗌 Adult [| Day Health | |] Peer Support | |
| | 🗌 Camp | • | | Contracting Provider for Nursing Supp | oorts |
| | Home | Delivered Meals | | | |

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Provider Profile

State of Connecticut Department of Developmental Services 460 Capitol Avenue, Hartford, CT 06106

Towns Served

MIDDLEBURY SOUTHBURY TRUMBULL

WOODBRIDGE

Provider Description

Information provided by the provider describing their agency:

Profile Last Update:

5/8/2023

Quality Profile

Link to Quality Profile