

# DDS Provider Profile Correction Form

**Agency or Provider Name:**

Street Address:  
Town/State/ZIP:  
Main Telephone Number:  
Fax Number:  
Toll-free #, if available:  
TD #, if available:

Web Address:  
Corporation Type: Non-Profit, For Profit, LLC, S Corp (please specify):  
# People Served: 0-10, 10-25, 25-100, 100-200, 200 or more (please specify):

Director Name:  
Director Email:

Main Contact:  
Main Contact Phone:  
Main Contact Email:

Financial Contact:  
Financial Contact Phone:  
Financial Contact Email:

Provider Administrator Contact:  
Provider Administrator Phone:  
Provider Administrator Email:

Medicaid Contact:  
Medicaid Contact Phone:  
Medicaid Contact Email:

EVV Contact:  
EVV Contact Phone:  
EVV Contact Email:

Customized Employment Contact:  
Customized Employment Contact Phone:  
Customized Employment Contact Email:

- Both the **Director** and **Main Contact** email addresses are used for all DDS correspondence to providers.
- **Financial Contact** is stored in the DDS database, but not listed on the Provider Profile.
- **Provider Administrator** is the agency contact person responsible for managing access to the DDS applications (WEBRESDAY, IP6) for their agency.
- **Medicaid Contact** is the point person that DDS communicates with for any Medicaid documentation.
- **Electronic Visit Verification (EVV)** is the contact person for questions relating to EVV.

**Towns served** - To add or delete towns, submit the form: [Provider Profile Correction Form - Towns](#)

**Amending Services** - To amend services, submit the form: [Application to Amend Services Form](#)

[View existing Provider Profiles](#) on the DDS website

**[Email this form to DDS.Provider.Profiles@ct.gov](mailto:DDS.Provider.Profiles@ct.gov)**