



Supportive Housing Guideline

2024 and 2025

**As Administered by the
State of Connecticut
Interagency Council on
Supportive Housing and
Homelessness**

SUPPORTIVE HOUSING GUIDELINE

This Guideline is written for owners and developers of affordable multifamily housing interested in or having already secured funding and/or tax credit awards from the Connecticut Housing Finance Authority (CHFA) and/or the State of Connecticut Department of Housing (DOH). The intent is to provide such owners and developers with the information necessary to include Supportive Housing units in their developments for (1) persons experiencing homelessness, including chronic homelessness, or (2) persons with an intellectual disability as identified and referred by the Department of Developmental Services (DDS) or (3) families with active involvement in the child welfare system as identified and referred by the Department of Children and Families (DCF), either directly or through the Coordinated Access Network (CAN).

Any applicant seeking financing through a CHFA and/or DOH program that intends to include Supportive Housing units in its development must select one of the following options and submit documentation that provides assurance that Supportive Housing will be provided. Documentation must be submitted with the CHFA/DOH Consolidated Application (ConApp) at time of application.

Option A: Traditional Supportive Housing

This documentation must include:

1. Service Plan from a Qualified Service Provider or an IACSH Recognized Service Provider (following the Outline below).
2. Evidence of funding sources for the services to be provided; along with
3. Detailed budget for such services; and
4. Identification of target population and referral process. Acceptable referral processes are described below.
5. Demonstration of affordability for supportive housing units.

If serving the literally homeless population, the developer will communicate with the local CAN to ensure that the proposed Supportive Housing units are aligned with the CAN's housing prioritization guidelines. The developer must demonstrate that the supportive housing units committed are appropriate for the population to be served. (For example, a project housing homeless individuals should provide one-bedroom units.) See the CAN Administrative Staff Contacts sheet at the end of this guide for contact information.

"Demonstration of affordability" means an operating budget that shows that the supportive housing units can be provided to households with incomes at or below 30% Area Median Income (AMI).

Applicants may consider partnering with a Qualified Service Provider or an IACSH Recognized Service Provider either at the time of application or at the time the project owner secures a Low-Income Housing Tax Credit (LIHTC) award and/or funding. The Qualified Service Provider and/or the IACSH Recognized Service Provider may charge a fee to draft the Service Plan and budget if a Memorandum of Understanding (MOU) is not finalized until post-award. For purposes of the LIHTC application, "evidence of funding" means a plan to obtain self-sourced or third-party funding as reflected in the operating budget; a service reserve; or a firm commitment from the service provider agency or from the project sponsor. The commitment of service funding along with the signed MOU (as applicable) for the provision of services must be in place as a condition of the LIHTC carryover allocation agreement.

Option B: Participation in the Connecticut Section 811 Project-based Rental Assistance program

Participation in the Connecticut Section 811 Project-based Rental Assistance program (CT811), a federal project-based rental assistance (PRA) program administered by DOH and its partners within the CT811 Interagency

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Partnership Agreement shall be deemed equivalent to the inclusion of Traditional Supportive Housing (Option A). The documentation for this option must include an [Agreement to Enter into a Rental Assistance Contract \(ARAC\)](#) for eligible multifamily properties in accordance with [program guidelines](#) or an equivalent letter of intent. To obtain an ARAC, applicants must submit a [CT811 Project Application](#) to DOH and be selected for participation in the program. Participation in CT811 under this guideline requires a minimum commitment of 10% and a maximum commitment of 25% of qualified units at the property.

Applicants are further advised to refer to the program-specific requirements in the current version of the CHFA/DOH ConApp for complete requirements, which may vary by program and/or funding source. Documentation will be reviewed for acceptability by CHFA and/or its designee(s) and the Interagency Council on Supportive Housing and Homelessness (IACSH).

Additionally, applicants seeking an allocation of tax credits are advised that in accordance with the LIHTC 2024 and 2025 Qualified Allocation Plan (QAP), each applicant will be required to “affirm its commitment, by certifying in writing to give preference in its tenant selection plan to eligible households on waiting lists of the public housing authority(ies) (PHA) in the local market area unless HUD regulations prohibit such preference...”. **However, please note the following exceptions for applicants proposing to include units of Supportive Housing.**

An applicant must include a preference of higher priority in the tenant selection plan for the proposed development’s Supportive Housing units. For these units, an applicant shall affirm its commitment, by certifying in writing to give preference in its tenant selection plan for its Supportive Housing units to eligible households

1. on waiting lists of the CAN in the local market area unless HUD regulations prohibit such preference, or
2. comprised of individuals determined eligible by DDS on waiting lists to receive services, or currently receiving services, from DDS, or
3. comprised of families currently receiving services, or determined to be eligible to receive services, by DCF, or
4. comprised of individuals or families determined to be eligible by DOH for participation in the CT811 program, which includes the following targeted population groups:
 - a. persons with disabilities who are currently institutionalized seeking transition to home and community-based supports and services, who need housing, and who are eligible for the State’s Money Follows the Person or the CHESS Demonstration programs and services through a Medicaid waiver administered by DSS;
 - b. persons diagnosed with Autism Spectrum Disorder who need housing or require placement outside of the family home, and who are eligible for services through a Medicaid waiver administered by DSS; and
 - c. persons with disabilities who are currently experiencing homelessness, who need housing, and who are eligible for services through the CANs.

Connecticut is a “Housing First” state and utilizes a system of seven regional CANs to prioritize housing the most vulnerable individuals and families experiencing homelessness. Developers proposing to include Supportive Housing units in their development for persons experiencing homelessness are required to adopt the Housing First

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concept and accept residents only through the regional CAN for those units. There are three exceptions to the CAN utilization requirement:

- Developers proposing to include Supportive Housing units in their development for persons with an intellectual disability are required to accept residents referred by DDS.
- Developers proposing to include Supportive Housing units in their development for families with special needs may accept residents referred by DCF.
- Developers proposing to include Supportive Housing units in their development under the CT811 program for individuals and families referred by DOH.

If an owner/developer has been awarded funding or tax credits through a competitive process, the owner/developer is advised that it must adhere to the commitments it made for the development relative to Supportive Housing at the time of application. The provision of committed supportive housing units will be the subject of compliance monitoring carried out by CHFA or its designee. Failure to provide the committed units could result in an event of non-compliance and forfeit of tax credits.

Prior approval must be obtained from CHFA and/or DOH if any change from the original proposal is contemplated. All applicants receiving financing or LIHTC awards from CHFA for developments proposing to include Traditional Supportive Housing units in their unit mix will be subject to Quality Assurance Monitoring and those proposing to include Supportive Housing under the CT811 in their unit mix will be subject to Management and Occupancy Reviews.

The Corporation for Supportive Housing can provide technical assistance and training to applicants prior to submission of a funding or tax credit application, during the development process, ongoing during housing operations and through Quality Assurance Monitoring. Please contact:

Corporation for Supportive Housing
75 Charter Oak Avenue, 1-201
Hartford, CT 06106
john.dunne@csh.org
(860) 560-0744 x 2703

The Department of Housing can provide technical assistance to applicants relative to an application for CT811, ongoing during housing operations, and through Management and Occupancy Reviews. Please contact:

Department of Housing
505 Hudson St, 2nd Floor
Hartford, CT 06106
Tawny.pho@ct.gov
(860) 270-8091

I. DEVELOPMENT LEASE-UP AND CONNECTING TO THE CAN/CT811 REFERRAL PROCESS

For Traditional Supportive Housing, all development owners, sponsors and management agents are responsible for understanding the process by which rental units are made available to persons on the CAN wait lists. The developer will notify the CAN staff of anticipated vacancies as soon as possible to ensure proper coordination for prospective applicants. The Tenant Selection Plan for the

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development will ensure that there are accommodations made for individuals experiencing homelessness who have housing barriers such as credit, criminal, and eviction histories. An email containing the below noted information must be provided to CHFA and DOH three to six months prior to anticipated occupancy or when lease-up marketing efforts begin. Once occupancy is achieved, the owner, sponsor and property manager are advised to monitor vacancies and to continue to reach out via email to CHFA and DOH if a vacancy becomes available. The required information includes:

- Name and address of development
- Name and contact information for Owner/Developer
- Name and contact information for Property Management company
- Name and contact information for Service Provider entity
- Target Population – Example, chronically homeless adults and families
- Available supportive units (number and sizes) – Example, three-1BR and four-2BR units of Supportive Housing
- Any specific tenant eligibility requirements – Example, young adult under 24 years of age
- Any specific leasing exclusions – Example, certain types of criminal history
- Anticipated date of unit availability

For Supportive Housing under the CT811 program, all development owners, sponsors and management agents are responsible for understanding the process by which available rental units are made available to individuals and families referred by DOH. Three to six months prior to anticipated occupancy or when lease-up marketing efforts begin, the owner, sponsor, or agent must submit a completed CT811 Unit Information form as part of the CT811 Referral Worksheet for each anticipated availability, which includes information on the management agent, project, and unit features. Once occupancy is achieved, the owner, sponsor and property manager are advised to monitor vacancies and to continue to reach out via email to DOH if a vacancy is anticipated, providing a revised Unit Information form for each vacancy.

II. DEFINITIONS:

Agreement to Enter into a Rental Assistance Contract (ARAC) - means form HUD-92240-PRA, executed by DOH and the project owner, whereby the owner proposes to complete a housing project or commit an existing housing project as described in an approved application. Upon the acceptable completion of the project, the owner and DOH will enter into a Section 811 Rental Assistance Contract for the purpose of making rental assistance payments to enable eligible Extremely Low-Income Households to occupy units in the project.

Adults with special needs - means an individual or head of household (age 18 or older) who has an income at or below 50% of the Area Median Income (AMI) as defined by the United States Department of Housing and Urban Development (HUD) at the time of entering the housing; and:

1. has severe and prolonged mental illness and/or chronic chemical dependency (the head or heads of household, in the case of families); and
2. is experiencing homelessness at the time of application for housing; OR

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3. has been determined to be eligible by DDS. DDS eligibility requires an intellectual disability as defined in Connecticut General Statutes 1-1g or a medical diagnosis of Prader-Willi Syndrome.

Chronic chemical dependence - means a substantial history of at least one year of psychological dependence upon mood altering chemicals, with or without prior treatment episodes, to the extent that the dependence interferes with social, emotional, economic and/or physical functioning, and includes evidence of substantial life losses because of substance abuse.

Chronically homeless - means the experience of:

1. A “homeless individual with a disability” who: Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and who has been homeless (as defined herein) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months. Occasions of homelessness must have been separated by a break of at least seven nights. Stays in an institution of fewer than 90 days do not constitute a break; or
2. An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph 1. of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs 1. or 2. of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Coordinated Access Network (CAN) - means a single access point, standardized assessment and referral process for community resources within a geographic region for people experiencing a housing crisis and/or homelessness.

Disability, in the context of chronic homelessness - means a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions.

Disability, in the context of persons eligible for CT811 program - means any of the following:

1. A person who has a physical, mental, or emotional impairment which:
 - a. is expected to be of long-continued and indefinite duration;
 - b. substantially impedes his or her ability to live independently; and
 - c. is of such a nature that such ability could be improved by more suitable housing conditions.
2. A person who has a developmental disability if he or she has a severe chronic disability which:
 - a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. is manifested before the person attains age twenty-two;
 - c. is likely to continue indefinitely;
 - d. results in substantial functional limitation in three or more of the following areas of major life activity: (i) Self-care; (ii) Receptive and expressive language; (iii) Learning; (iv) Mobility; (v) Self-direction; (vi) Capacity for independent living; (vii) Economic self-sufficiency; and
 - e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.
3. A person with a chronic mental illness, i.e., a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and which impairment could be improved by more suitable housing conditions.

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4. A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers from alcoholism or drug addiction, provided they meet definition 1.

Eligible household, in the context of CT811 – means an extremely low-income household consisting of one or more persons where at least one person must be an individual with a disability, 18 years of age or older and less than 62 years of age at the time of initial occupancy. The person with the disability must be eligible for long-term, community-based services as provided through Medicaid waivers, Medicaid state plan options, state-funded services or other appropriate services related to the type of disability.

Eligible multifamily property, in the context of CT811 - means any new or existing property owned by a nonprofit, public or a private entity with at least five housing units. Financing commitments have been made by DOH or any housing agency currently allocating LIHTC under Section 42 of the Internal Revenue Service Code of 1986 (IRC) or any state housing or state community development agency allocating and overseeing assistance under the HOME Investment Partnerships Act (HOME) and/or any federal agency or any state or local government program. Development costs, if any, are paid with other public or private resources. Section 811 and Section 202 Capital Advances may not be used. Properties with existing use restrictions for persons with disabilities are not eligible, unless CT811 funds are being used to support other units in the building without such restrictions. In addition, units with use agreements requiring housing for persons 62 or older would not be eligible to receive Rental Assistance Payments.

Episode of Homelessness - means “a separate, distinct, and sustained stay on the streets and/or in a homeless emergency shelter.” HUD requires that “a chronically homeless person must be unaccompanied and disabled during each episode.”

Extremely Low-Income household – means an individual or family whose annual income does not exceed 30 percent of the median income for the area, with adjustments for family size.

Family with special needs - means one or more adults with at least one dependent child aged eighteen (18) or younger, and that has income(s) at or below 50% of AMI at the time of entering housing, and:

1. one or more adults has been determined to be eligible by DDS or DCF; OR
2. is homeless; and currently meets at least one of the following conditions:
 - a. Experiencing one or more barriers to housing stability (e.g., head of household with cognitive limitations, history of trauma, mental illness and/or chemical dependency);
 - b. Presently involved in the child-welfare system, including children who have been placed in out-of-home care;
 - c. Meets the eligibility criteria under the Federal Temporary Assistance for Needy Families (TANF) Program but has become ineligible or are at risk of ineligibility for TANF cash assistance due to time limits;
 - d. Is a parent re-entering the community from jail or prison; or
 - e. Has a child with serious mental health or emotional disturbance/disability.

Homeless - means that a person or family resides in one of the following places or circumstances:

1. Places not meant for human habitation such as cars, parks, sidewalks, and abandoned buildings;

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2. Emergency shelters;
3. Transitional or rapid re-housing for homeless persons or families who originally came from the streets or otherwise outdoors or an emergency shelter and who lacks the resources to be able to sustain a rental unit once the rapid rehousing rental assistance terminates;
4. Any of the above places but is spending a short period of time, up to ninety (90) consecutive days, in a hospital or other institution;
5. Is being evicted within one week from a private dwelling and no subsequent residence has been secured and the person lacks the resources and support networks needed to obtain housing; or
6. Is being discharged within one week from an institution in which the person has been resident for no more than ninety (90) consecutive days and no subsequent residence has been secured and the person lacks the resources and support networks needed to obtain housing.
7. In the case of families, the term “homeless” refers to DCF involved families including those families living doubled up with other families in accordance with The McKinney-Vento Homeless Assistance Act Subtitle B-Education for Homeless Children and Youth, which defines “homeless children and youth” as “children and youths who are sharing the housing of other persons due to loss of housing, economic hardship or a similar reason.”
8. In the case of individuals with intellectual disabilities, the term “homeless” refers to DDS involved individuals living in a situation such as a group home or institutional setting, or in a setting that does not permit the greatest level of independence attainable, and that upon release, discharge, or exit from that setting the individual would have no safe place to go in the community.

Housing First - means an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible, and then providing services as needed. Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. Housing First offers individuals and families experiencing homelessness immediate access to affordable or Supportive Housing options without clinical prerequisites like completion of a course of treatment or evidence of sobriety. With a low threshold for entry, Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis services and institutions.

IACSH Recognized Service Provider - means a community-based service provider organization experienced in the provision of tenancy sustaining services, often for specialized and specific populations, that has been recognized by the Interagency Council on Supportive Housing and Homelessness (IACSH) as an acceptable substitute for a Qualified Service Provider. Applicants are advised to contact the IACSH through CHFA and/or DOH for guidance and to request that a service provider entity be recognized. A list will be developed as service providers are recognized.

Intellectually Disabled (ID) - means an individual has met the criteria in Connecticut General Statutes Section 1-1g, which defines intellectual disability as a significant limitation in intellectual functioning and deficits in adaptive behavior that originated during the developmental period before 18 years of age. DDS partners with individuals with intellectual disabilities and their families to support lifelong planning, and to create and promote meaningful opportunities to fully participate as valued members of their communities.

Supportive Housing - means housing that is not time-limited and that has as its primary purpose assisting the individual or family to live independently in the community and meet the obligations of tenancy. Supportive Housing combines decent, safe and affordable housing with individualized support services. All tenants of this

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housing must have access to flexible, individualized services for as long as they are needed in order to achieve and retain permanent housing, increase their life skills and income, and achieve greater self-determination. The following are criteria of Supportive Housing:

1. Tenants have individual apartment units;
2. Tenants hold leases;
3. The length of stay is not limited and is determined by the individual or family tenant as long as the tenant is in lease compliance;
4. The tenant's use of services or programs is not a condition of tenancy;
5. The tenant has access to a flexible array of comprehensive services, which may include medical and wellness, mental health, substance abuse management and recovery, vocational and employment, money management, coordinated support (case management), life skills, household establishment and tenant advocacy;
6. There is a working partnership that includes general ongoing communication between the supportive services provider, property owner, and property management entity, and the consent of the resident for any specific communication between the parties; and
7. Permanent Supportive Housing additionally has the following elements:
 - a. **Affordability** - Units set aside for Supportive Housing should be affordable to households with incomes less than 30% either through a project-based rental subsidy or some other mechanism. It is anticipated that such household would pay no more than 30% of the current Supplemental Security Income (SSI) benefits it may receive. See the fact sheet at the [Social Security Administration](#) for more information and for the current SSI rates for underwriting purposes.
 - b. **Services Plan** -The developer must demonstrate a clear plan to provide services to individuals and families in Supportive Housing. Elements of this plan are included herein but should include, at a minimum, an executed contract with a Qualified Service Provider or an IACSH Recognized Service Provider, a clear description of the services to be provided and a budget for those services as well as documentation of adequate funding for the provision of services.
 - c. **Tenant Selection Plan** - Applicants for funding should include a tenant selection plan that describes how applicants will be identified and assisted in renting the Supportive Housing units utilizing the CAN, DCF or DDS referral as appropriate.
 - d. **Integration** - Most projects should include both individuals and families with special needs and individuals and families without such needs.

Project sponsor - means an entity that materially participates or has a defined role that is essential to the development and operations of the property.

Qualified Service Provider - means a community-based service provider organization experienced in the provision of Supportive Housing and tenancy sustaining services that has received extensive DMHAS, DCF or DDS training and is currently receiving funds from DMHAS, DCF or DDS under contract in good standing. A list of Qualified Service Providers, qualified at the time of this publication, is available at the end of this Guideline. Applicants are advised to verify that an entity on the list herein is a Qualified Service Provider prior to application by contacting CSH.

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Severe and prolonged mental illness - means that the individual or head of household (in the case of families) has a substantial history of a serious psychiatric disorder that has required:

1. recent hospitalization; or
2. multiple or lengthy psychiatric hospitalizations in the past; or
3. extensive community treatment and support services over a sustained period of time; or
4. the person exhibits signs and symptoms of a psychiatric disorder of sufficient severity to cause a current disturbance in several areas of role performance.

Young adult with special needs - means an individual who has income at or below 50% AMI at the time of entering housing and who is:

1. aged 18-24 and homeless or transitioning from youth systems such as foster care or DCF residential programs and is at imminent risk of homelessness; and
2. would not be able to retain stable housing without tightly linked support services.

III. SERVICE FUNDING

Funding Source: Funding for services can be demonstrated through a federal or state agency funding commitment, other resources guaranteed by a service provider, operating funds generated through the project, a capitalized service reserve, documented commitment by the development owner or developer, or a combination of any or all of the above. Service funding through development operations or capitalized reserves must be guaranteed by the developer for the entire compliance period, or a minimum of fifteen (15) years.

1. Service Budget: The amount of funding expected for the supportive units/occupants must be estimated in a detailed service program budget submitted for review and acceptance. The anticipated cost of services should reflect the level and kinds of services to be provided. Both the Service Plan and the detailed service program budget are subject to approval. The amount of funding typically budgeted for services is \$7,500 per person or head of household per year for the DMHAS targeted homeless population only.
2. Pending funding availability, DDS agrees to provide service funding to individuals referred by DDS and selected for tenancy in the units supported by the approved service provider. Funding will be based upon the individual Level of Need (LON) funding and Planning Team identified services. The service funding will be paid directly to the approved service provider for such services. Ongoing tenancy is not contingent upon acceptance of services and individuals have the right to choose an alternative service provider once in residence should they wish to exercise that right.
3. The Service Funding requirement is not applicable to Supportive Housing under the CT811 program. At the time of referral to the Supportive Housing unit, an eligible household must be qualified for long-term, community-based services as provided through Medicaid waivers, Medicaid state plan options, state-funded services or other appropriate services related to the qualifying household member's disability. The DOH in collaboration with the CT811 Interagency partners ensures that qualified individuals are eligible for and have access to services appropriate for their disability at the time of referral to a CT811 supported unit.

IV. SUPPORTIVE HOUSING – EXPANSION OF ACCESS TO SERVICE PROVIDERS

In instances of specialized target populations where the owner/developer believes a service provider not currently on the list of Qualified Service Providers can better meet the needs of the intended consumers, the owner/developer may request IACSH-Recognized Service Provider status for the provider. The provider shall read this Guideline and be familiar with the concepts and best practices included. Additionally, the following shall apply:

An organization that wishes to be recognized for the purposes of a financing or tax credit application with CHFA or DOH shall submit a Service Plan for the proposed development following the outline described herein. Service Plans shall then be submitted to CHFA or DOH to be provided to the IACSH for review. Any final determination of acceptability made by the IACSH shall be binding on the developer/owner and its management agents and the provider agencies.

V. SERVICE PLAN:

The Service Plan must be prepared by a Qualified Service Provider or an IACSH-Recognized Service Provider and be designed to meet the needs of the specific population to be served to ensure access by the tenants to the non-clinical and clinical services they need and choose to achieve and retain permanent housing, increase their skills and/or income, and achieve greater self-determination. The Service Plan, which must be written, should be clear and concise, not longer than 15 pages, and updated at least annually. The Service Plan shall:

- a. Reflect the importance and value of connecting tenants with mainstream resources, including employment and education or training programs, federal and state entitlement programs, and healthcare programs. The Service Plan should describe existing and planned linkages with vocational, educational and healthcare providers within the locality or region to be serviced;
- b. Incorporate natural supports (family, peers, faith communities, etc.);
- c. Articulate and describe strategies for relapse prevention and management, and linkages to treatment that will be developed to support these (for the DMHAS targeted homeless population only);
- d. Ensure that services are available for as long as is needed by the individual; and
- e. Articulate under what circumstances, if any, an individual would be "discharged" from supportive services.

The Service Plan requirement is not applicable to Supportive Housing under the CT811 program. At the time of referral to the Supportive Housing unit, service providers must have a Service Plan for the qualifying household member funded by the Medicaid waivers, Medicaid state plan options, state-funded services or other appropriate services related to the qualifying household member's disability. The DOH in collaboration with the CT811 Interagency partners ensures that a Service Plan has been created for qualified individuals who are eligible for and have access to services appropriate for their disability at the time of referral to a CT811 supported unit.

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VI. SERVICE PLAN OUTLINE:

4. The Project Summary

Provide a brief overview of your proposed project (housing and services) in one paragraph.

5. The Population(s) to be Served

Who will be served by the proposed housing? Identify the following:

- a. Their characteristics.
- b. Where they live and why are they considered eligible for tenancy in the development.
- c. Their needs within the locality or region for the types of housing and services proposed.
- d. Do you propose to serve Adults with special needs? (See definition). If so, do you propose to serve individuals experiencing chronic homelessness or individuals with Intellectual Disabilities? If yes, describe who they are and their circumstances.
- e. Do you propose to serve Young adults with special needs? (See definition). If yes, describe how you propose to offer:
 - i. An individual plan of services for each young adult to assist with maintaining Supportive Housing;
 - ii. Training regarding life skills and living expenses, educational services, employment retention, health care services, nutrition and meal planning, shopping, housekeeping; and
 - iii. Services that promote safe and stable family relationships.
- f. Do you propose to serve Families with special needs? (See definition). If so, do you propose to serve families that have income(s) at or below 50% of AMI at the time of entering housing; and:
 - i. one or more adults has been determined to be eligible by DDS; OR
 - ii. that is homeless and currently meets at least one of the following conditions:
 1. have one or more barriers to housing stability (e.g., head of household with cognitive limitations, history of trauma, mental illness and/or chemical dependency); or
 2. is presently involved in the child-welfare system, including children who have been placed in out-of-home care; or
 3. meets the eligibility criteria under the TANF Program but has become ineligible or are at risk of ineligibility for TANF cash assistance due to time limits;
 4. is a parent re-entering the community from incarceration; or
 5. has a child with serious mental health or emotional disturbance/disability.
- g. Describe your plans for outreach and referral to be used to reach the targeted population(s).

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- h. Describe approaches that are being used, or will be used, to maximize participation by consumers reflective of the target population(s) to be served in the design and development of the housing and service approach and, to the extent possible, in the operation of the housing.

6. Housing Plan

- a. Describe the housing where the target population(s) will reside:
 - i. The total number of housing units;
 - ii. The number of proposed apartments that will serve Adults with special needs, if any;
 - iii. The number of proposed apartments that will serve Young adults with special needs, if any;
 - iv. The number of proposed apartments that will serve Families with special needs, if any;
 - v. Sizes of apartments set aside for the target population(s) (efficiency, 1 bedroom, 2 bedroom, etc.);
 - vi. Configuration of the housing units (units will be widely scattered throughout an area, or clusters of units will be scattered throughout an area, or all units will be located in a single building, or other configuration);
 - vii. Scale: if housing units will be grouped in clusters or all units will be located in a single building, how many units targeted to Adults and/or Families with special needs do you anticipate will be located in each cluster or building?;
 - viii. Will the housing be integrated to include units serving the targeted population(s) mixed with units serving people without special needs? If yes, how so?; and
 - ix. If the proposed housing location is tenanted, how do you propose to include Supportive Housing units set aside for Adults and/or Families with special needs? Describe process and time line.
- b. Describe strategies you will undertake to ensure:
 - i. Safety of the tenants;
 - ii. Access by tenants to transportation, education, employment opportunities and community amenities; and
 - iii. Housing quality (i.e., apartments that meet HUD quality standards, building and fire codes).
- c. Access to and selection for the housing:
 - i. How will you coordinate with the respective CAN, DDS, DCF or DOH staff as applicable to fill units within the proposed development?
 - ii. How will the targeted population(s) apply for and be evaluated for the housing? What conditions, if any, will be placed on their entry into the housing?
- d. Tenancy conditions: Tenants must hold leases for a term of not less than twelve months. What terms or conditions, if any, will be placed on the tenant's occupancy in the housing? Will acceptance of services be a condition of tenancy?

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- e. Consumer preference: How does the housing as described above fit the needs and preferences of the targeted population(s)?
- f. Community Engagement:
 - i. Describe approaches used or that will be used to engage the local community in the planning and creation of the housing and services.
 - ii. Do the proposed housing and services currently reflect community priorities for affordable or Supportive Housing? If so, in what way(s)? If not, what measures will be taken to influence these priorities?

7. Support Services

- a. Describe the support services the tenants will receive:
 - i. Describe the goals of the supportive services to be provided, and how the services are designed to meet the needs and preferences of the targeted population(s) and the individual needs and preferences of the persons and families to be served.
 - ii. Describe the services that will be made available to target population. In your description, address the following components:
 - a) What services will be provided and by whom?
 - b) Service structure: describe staff positions, staff/service recipient ratios, staff hours, after-hours access, and minimum staff qualifications.
 - c) Will the service team have offices on-site (at the housing) or off-site (at a nearby location)?
 - d) How the service team will be internally coordinated – lines of communication, supervision and accountability.
 - e) How services will link with available community and regional resources, including existing case management systems and treatment systems.
 - f) How services will reflect the importance and value of employment and the strategies that will be used for making employment and continued employment possible. Identify the existing linkages with employment and educational resources within the region, or describe your agency's plans to establish such connections.
 - g) How services will incorporate natural supports (family, peers, faith communities, etc.).
 - h) Strategies fully described that will be used for relapse-prevention and management (for the DMHAS targeted homeless population only).
 - i) Any additional strategies fully described that will be taken to ensure the service program's consistency with the service Guideline contained herein.
- b. Provide the anticipated budget for the services to be provided and the source of funding.
- c. Describe how the targeted population(s) will access the services, including:

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- i. How they will be able to access tenancy support services where they live (how will services come to the tenant)?
 - ii. Any terms or conditions that will be placed on their receipt of services.
 - iii. How long they will be able to access the services.
 - iv. Under what circumstances (if any) a tenant would be “discharged” from permanent Supportive Housing services.
- d. For single-building housing projects where tenancy will be mixed, will all tenants be eligible to utilize on-site services regardless of whether or not they have an identified special need? How will this be accomplished?

The Service Plan Outline is not applicable to Supportive Housing under the CT811 program as services and service plans are made available to each qualified individual at the time of referral to a CT811 supported unit.

VII. SUPPORTIVE HOUSING QUALITY INITIATIVE PROGRAM

A. The Supportive Housing Quality Initiative (“SHQI”) applies to all Supportive Housing projects and Supportive Housing units in affordable developments funded by CHFA and/or the State. This is in addition to tax credit compliance monitoring with the exception of Supportive Housing units under the CT811 program. Compliance with the SHQI standards will be monitored through periodic site visits during which the monitoring agency will review charts, interview staff and meet with tenants to assess compliance since the last site visit. Site visits will assess compliance with the following domains:

- Domain 1: Facilitated Access to Housing and Services
- Domain 2: Tenants Rights, Inputs, and Leadership
- Domain 3: Housing Quality and Safety
- Domain 4: Support Service Design and Delivery: Person Focused/Person Centered Services and Tenant Engagement
- Domain 5: Support Service Design and Delivery: Services that Promote Recovery, Wellness, and Community Integration
- Domain 6: Focus on Housing Stability
- Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination

DDS service recipients will also receive a Quality Service Review. The Quality Service Review (QSR) is the DDS quality review system that measures personal outcomes and provider support expectations across all service delivery settings. The QSR evaluates the quality of supports delivered by Qualified Providers and assesses the individual’s satisfaction with services and supports. The QSR includes seven focus areas:

1. Planning and Personal Achievement
2. Relationships and Community Inclusion
3. Choice and Control

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4. Rights, Respect, and Dignity
5. Safety
6. Health and Wellness
7. Satisfaction

VIII. QUALIFIED SERVICE PROVIDERS FOR TRADITIONAL SUPPORTIVE HOUSING

1. DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

The below agencies, having received extensive, applicable training, are agencies qualified and acceptable to provide supportive services for the homeless populations.

- ACCESS Agency, Inc. (Killingly and Putnam)
- Alliance for Living (New London)
- Alpha Community Services, Inc. (Bridgeport)
- Beth-El Center, Inc. (Milford)
- BH Care, Inc. (Ansonia, Derby, Shelton, Branford and East Haven)
- Catholic Charities of Fairfield County, Inc. (Bridgeport and Danbury)
- Catholic Charities of Hartford, Inc. (Hartford)
- Center for Human Development, Inc. (Danbury, Torrington and Waterbury)
- Chemical Abuse Services Agency, Inc. (CASA) (Bridgeport)
- Chrysalis Center, Inc. (Hartford and suburbs)
- Columbus House, Inc. (New Haven and suburbs)
- Community Health Resources, Inc. (Enfield and Manchester)
- Community Mental Health Affiliates, Inc. (New Britain)
- Community Renewal Team, Inc. (Hartford)
- Connection, Inc. (Groton, Middlesex County, New Haven and Torrington)
- Continuum of Care, Inc. (New Haven)
- Family and Children's Agency, Inc. (Norwalk)
- Fellowship, Inc. (New Haven)
- Friendship Center, Inc. (New Britain)
- Hands on Hartford, Inc. (Hartford)
- Homes with Hope, Inc. (Norwalk and Westport)
- ImmaCare, Inc. (Hartford)
- Inspirica, Inc. (Stamford)
- Keystone House (Norwalk)
- Laurel House, Inc. (Stamford)

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- Leeway, Inc. (Hamden and New Haven)
- Liberty Community Services, Inc. (New Haven)
- McCall Foundation, Inc. (Torrington)
- Mental Health Connecticut, Inc. (Torrington)
- Mercy Shelter and Housing, Inc. (Hartford and Middletown)
- My Sister's Place, Inc. (Hartford)
- New Reach, Inc. (New Haven and Suburbs)
- New London Homeless Hospitality Center (New London)
- Open Door Shelter (Norwalk)
- Operation Hope, Inc. (Fairfield)
- Pacific House (Stamford)
- Reliance House, Inc. (Norwich)
- Rushford, Inc. (Meriden)
- Safe Futures (Groton and New London)
- Sound Community Services, Inc. (New London)
- St. Vincent de Paul (Middletown)
- St Vincent de Paul Place (Waterbury)
- St. Vincent’s Residential Services, formerly Hall-Brooke, Inc. (Bridgeport and Norwalk)
- Thames River Community Service, Inc. (New London and Norwich)
- Thames Valley Council for Community Action, Inc. (TVCCA) (New London, Norwich and Willimantic)
- United Services, Inc. (Willimantic)

2. DEPARTMENT OF CHILDREN AND FAMILIES

- Connection, Inc. (Groton, Middlesex County, New Haven and Torrington)
- DCF may additionally rely on approval of Qualified Service Providers by DMHAS, and/or DDS.

3. DEPARTMENT OF DEVELOPMENTAL SERVICES

The below Purchase of Service (POS) contract agencies have been qualified as In Home Support Providers for individuals and families referred by DDS.

Agency Name	Street Address	City	State	Zip Code	Phone
Abilis, Inc. (formerly Greenwich ARC)	50 Glenville St.	Greenwich	CT	06831	(203) 531-1880
Abilities Without Boundaries, Inc.	615 West Johnson Ave. Suite 203	Cheshire	CT	06410	(203) 272-5607
Ability Beyond Disability, Inc.	4 Berkshire Blvd.	Bethel	CT	06801	(203) 775-4700

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ABLE Home Health Care, LLC	16 Taylor Place	Westport	CT	06880	(203) 529-5123
Adelbrook Community Services, Inc.	58 Missionary Road	Cromwell	CT	06416	(860) 635-6010
Adult Vocational Programs, Inc.	P.O. Box 435	Chester	CT	06412	(860) 345-4457
Advanced Behavioral Care LLC	PO Box 984	New Britain	CT	06052	(860) 827-9364
All Pointe Care LLC (formerly Alliance Staffing of CT)	675 West Johnson Avenue	Cheshire	CT	06410	(203) 250-1900
Alliance Healthcare Solutions, LLC	775 Silver Lane Unit A2B	East Hartford	CT	06118	(860) 528-2700
Allied Community Programs, Inc.	3 Pearson Way	Enfield	CT	06082	(860) 741-3701
Alternative Services - Connecticut, Inc.	84 B Linwood Ave.	Colchester	CT	06415	(860) 537-4697
Alternatives, Inc.	1221 New Haven Road Suite 1 PO Box 574	Naugatuck	CT	06770	(203) 632-8724
Arc Eastern Connecticut, Inc. The	125 Sachem St.	Norwich	CT	06360	(860) 889-4435
Arc of Litchfield County, Inc. (formerly LARC)	314 Main St.	Torrington	CT	06790	(860) 482-9364
Arc of Southington, Inc. The	201 West Street	Plantsville	CT	06479	(860) 628-9220
Arc of The Farmington Valley, Inc. The	225 Commerce Dr.	Canton	CT	06019	(860) 693-6662
ARI of Connecticut, Inc.	174 Richmond Hill Ave.	Stamford	CT	06902	(203) 324-9258
Ascension Habilitative Support Services, LLC	66 Franklin Street, Suite 18	Norwich	CT	06360	(860) 326-5871
Aspire Living & Learning, Inc. (formerly IPP)	1125 Dixwell Avenue	Hamden	CT	06514	(203) 317-2700
Association for Community Organizations and Resource Development Inc. (ACORD)	7 Barnes Industrial Road South	Wallingford	CT	06492	(203) 269-3599
At the Corner of Determination and Hope, LLC	607 Roode Road	Griswold	CT	06351	(860) 705-8772
BAGS Foundation CT, Inc.	541 Wolcott Street	Waterbury	CT	06705	(203) 591-1182
Behavioral Management, LLC	33 Bernhard Road	North Haven	CT	06419	(203) 785-9110
Benhaven, Inc.	187 Half Mile Rd.	North Haven	CT	06473	(203) 239-6425
Brian House, Inc.	P.O. Box 134	Chester	CT	06412	(860) 345-4457
Bristol Adult Resource Center, Inc.	195 Maltby Street PO Box 726	Bristol	CT	06011	(860) 261-5592
Buckingham Community Services of C.T., Inc.	556 Vauxhall Street Ext.	Waterford	CT	06385	(860) 447-9911

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Capitol Region Education Council Foundation, Inc.(CREC)	111 Charter Oak Ave.	Hartford	CT	06106	(860) 247-2732
Caring Community of Connecticut, Inc. The	84 Waterhole Rd	Colchester	CT	06415	(860) 267-4463
Catholic Charities, Inc. - Archdiocese of Hartford	652 Willard Avenue	Newington	CT	06111	(860) 665-0007
Cattleya, LLC	222 Wintonbury Avenue	Bloomfield	CT	06002	(860) 580-5373
CCARC, Inc.	950 Slater Road	New Britain	CT	06053	(860) 612-5355
Center for Human Development, Inc.	705 A New Britain Avenue	Hartford	CT	06106	(860) 951-3325
Center for Transitional Living, LLC	6 Executive Drive, Suite 120	Farmington	CT	06032	(800) 285-1135
Cerebral Palsy of Westchester, Inc.	1186 King St.	Rye Brook	NY	10573	(914) 937-3800
Chapel Haven Schleifer Center, Inc.	1040 Whalley Ave.	New Haven	CT	06515	(203) 397-1714
CLASP Homes, Inc.	246 Post Road East 246 Post Road East	Westport	CT	06611	(203) 226-7895
Community Care Team, LLC	42 Thompson Street, Suite 2E	East Haven	CT	06513	(203) 606-5742
Community Residences, Inc.	50 Rockwell Road	Newington	CT	06111	(860) 621-7600
Community Social Integration LLC	2666 State St. Suite 6	Hamden	CT	06517	(203) 287-1543
Community Systems Inc. (CSI)	295 Alvord Park Rd.	Torrington	CT	06790	(860) 482-2887
Community Vocational Services Incorporated (CVS)	181 Old Boston Post Road	Waterford	CT	06385	(860) 439-0600
Connecticut Institute for the Blind, Inc. dba Oak Hill Industries, Inc.	120 Holcomb St	Hartford	CT	06112	(860) 242-2274
Continuum of Care, Inc.	109 Legion Avenue	New Haven	CT	06519	(203) 562-2264
Corporation for Public Management	11-13 Hampden Street	Springfield	MA	01103	(413) 272-2200
CT Behavioral Health, LLC	673 South Main St.	Cheshire	CT	06410	(203) 271-1430
CW Resources, Inc.	200 Myrtle St	New Britain	CT	06053	(860) 229-7700
Disability Resource Network, Inc.	230 Caroline Street	Derby	CT	06418	(203) 732-0030
Dungarvin Connecticut, LLC	19 Kensington Lane	Rocky Hill	CT	06067	(860) 257-1556
Easter Seal Rehab Center of Greater Waterbury, Inc.	22 Tompkins St.	Waterbury	CT	06708	(203) 236-0188
Eastern Community Development Corporation	15 Thames Steet	Groton	CT	06340	(860) 739-7907
EdAdvance	PO Box 909 355 Goshen Rd.	Litchfield	CT	06759	(860) 567-0863
Employment Options, LLC	1100 Southford Road	Middlebury	CT	06762	(203) 267-3810
Eprine Community Services, Inc.	1450 Barnum Avenue Suite 202	Bridgeport	CT	06610	(718) 255-5946

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Family Options, Inc.	115 Waterbury Road Suite 1	Prospect	CT	06712	(203) 591-1885
Family Partnerships of Connecticut, LLC	36 Tiffany Dr.	Windsor	CT	06095	(860) 688-2278
Family Support Team, LLC	96 Skyline Dr.	East Hartford	CT	06118	(860) 614-6062
Friends of New Milford, Inc.	PO Box 89	New Milford	CT	06776	(860) 355-5343
Futures, Incorporated	902 South Quaker Lane	West Hartford	CT	06110	(860) 347-5099
G.I.L. Foundation, Inc. (Grounded in Love)	PO Box 7331 / 115 Waterbury Road, Suite 1	Prospect	CT	06712	(203) 758-3506
G.R.O.W.E.R.S., Inc.	86 Anderson Road	Wallingford	CT	06492	(203) 605-2807
Global Horizon Development Inc.	2 Barnard Lane	Bloomfield	CT	06002	(860) 461-0365
Good Life Residential, LLC	642 Hilliard Street, Suite 1108	Manchester	CT	06042	(860) 432-8722
Goodwill of Western and Northern Connecticut, Inc.	165 Ocean Terrace	Bridgeport	CT	06605	(203) 368-6511
Guide Inc.	129 Asylum Street	Norwich	CT	06360	(860) 887-9383
HARC, Inc.	900 Asylum Ave.	Hartford	CT	06105	(860) 218-6000
HART United Inc	127 Washington Ave. West Bldg, 5th floor	North Haven	CT	06473	(203) 234-2200
Helping People Excel, Inc.	290 Pratt Street	Meriden	CT	06450	(203) 440-9456
Hispanic Coalition of Greater Waterbury, Inc.	135 East Liberty Street	Waterbury	CT	06706	(203) 754-6172
Horizons Programs, Inc.	127 Babcock Hill Rd.	South Windham	CT	06266	(860) 456-1032
Humanidad, Inc.	750 Old Main Street, Suite 100	Rocky Hill	CT	06067	(860) 563-6103
ICES, Inc.	35 Elm Street	Naugatuck	CT	06770	(203) 723-4133
Inclusion First L.L.C.	PO Box 146	Canton	CT	06019	(860) 693-8422
Interlocking Connections, LLC	709 Enfield Street	Enfield	CT	06082	(860) 745-7144
Jewish Association for Community Living, Inc. (JCL)	34 Jerome Avenue, Suite 109	Bloomfield	CT	06002	(860) 522-5225
Journey Found, Inc.	60 Hilliard Street	Manchester	CT	06040	(860) 643-9844
KenCrest Services, Inc.	80 Ferry Boulevard, Suite 102	Stratford	CT	06615	(203) 375-3762
Kennedy Collective, Inc. The (formerly Kennedy Center)	2440 Reservoir Ave.	Trumbull	CT	06611	(203) 365-8522
Key Human Services, Inc.	1290 Silas Deane Highway, Suite 1A	Wethersfield	CT	06109	(860) 409-7350

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Kuhn Employment Opportunities, Inc.	1630 North Colony Rd., P.O.Box 941	Meriden	CT	06450	(203) 235-2583
Living Innovations Support Services, Inc.	26 Railroad Avenue	Plainfield	CT	06374	(860) 457-1730
MARC Community Resources, LTD	25 Industrial Park Road	Middletown	CT	06457	(860) 342-0700
MARC, Inc. of Manchester	151 Sheldon Road	Manchester	CT	06040	(860) 646-5718
March, Inc. of Manchester	222 McKee St.	Manchester	CT	06040	(860) 856-4446
Marrakech Housing Options, Inc.	6 Lunar Dr.	Woodbridge	CT	06525	(203) 389-2970
Midstate ARC, Inc. (formerly ARC of Meriden-Wallingford, Inc.)	200 Research Parkway	Meriden	CT	06450	(203) 237-9975
Mosaic of Connecticut Inc.	100 Sebethe Dr. Suite A2	Cromwell	CT	06416	(860) 632-2814
Network, Inc.	23 Route 6	Andover	CT	06232	(860) 742-1313
New Beginnings for Life, LLC	20 Hartford Road Unit 44	Salem	CT	06420	(860) 531-9426
New England Residential Services, Inc.	282 Main Street Extension	Middletown	CT	06457	(860) 347-9633
New Foundations, Inc.	1776 Meriden Rd.	Wolcott	CT	06716	(203) 879-4631
North American Family Institute, Inc. (NAFI)	49-51 Wethersfield Avenue	Hartford	CT	06114	(860) 284-1177
Northeast Placement Services, Inc.	312 Rte 169	South Woodstock	CT	06267	(860) 963-2555
Opportunity House, Inc.	320 Old Hill Road	Hamden	CT	06514	(203) 281-1839
Options Unlimited, Inc.	225 Pitkin Street, Suite 300	East Hartford	CT	06108	(860) 243-3260
PrimeCare, Inc.	562 Watertown Ave. Suite 3	Waterbury	CT	06708	(203) 597-8525
Reliance Health, Inc.	40 Broadway	Norwich	CT	06360	(860) 887-6536
Resources for Human Development Inc.	43 R. Marne Street	Hamden	CT	06514	(475) 441-7787
RMS Development, Inc.	808 Four Rod Rd. P.O. Box 7333	Kensington	CT	06037	(860) 828-8635
Robin's Nest Intergenerational Daycare, LLC	94 High St.	Clinton	CT	06413	(860) 399-4469
S I S T E R S, LLC	144 Plainfield Pike	Plainfield	CT	06374	(860) 564-0100
SARAH Seneca Residential Services, Inc.	15 NE Industrial Road	Branford	CT	06405	(203) 315-3770
SARAH Tuxis Residential and Community Resources, Inc.	45 Boston St.	Guilford	CT	06437	(203) 458-8532
SARAH, Inc.	1620 Boston Post Road, Suite 200	Westbrook	CT	06498	(860) 399-1888
Seabird Enterprises, Inc.	169 Thames St.	Groton	CT	06340	(860) 446-0882

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Second Chance Home Care, LLC	547 Burnside Avenue, Suite 101	East Hartford	CT	06108	(860) 263-8259
Sharp Training, Inc.	78 Howard St. Suite C	New London	CT	06320	(860) 447-3511
St. Vincent's Special Needs Center, Inc.	95 Merritt Boulevard	Trumbull	CT	06611	(203) 375-6400
STAR, Inc., Lighting The Way...	182 Wolfpit Ave.	Norwalk	CT	06851	(203) 846-9581
Sunrise Northeast, Inc.	80 Whitney St.	Hartford	CT	06105	(860) 874-6928
Sunset Shores of Milford, Inc.	720 Barnum Ave. Cut Off	Stratford	CT	06614	(203) 380-1228
Supported Living Group LLC, The	113 School Street	Danielson	CT	06239	(860) 774-3400
Transition Services of Fairfield County, LLC	169 Monroe Turnpike	Monroe	CT	06468	(203) 261-4555
Transitional Employment Unlimited, Inc.	138 Migeon Avenue	Torrington	CT	06790	(860) 489-1697
Turning Leaf Agency, Corp.	1251 S. Main Street	Middletown	CT	06457	(860) 346-0771
United Cerebral Palsy Association of Eastern Connecticut, Inc.	42 Norwich Rd.	Quaker Hill	CT	06375	(860) 443-3800
Viability, Inc.	50 Griffin Road S	Bloomfield	CT	06002	(860) 683-2178
Vinfen Corporation of Connecticut, Inc.	860 Prospect Hill Rd.	Windsor	CT	06095	(860) 688-3165
Vista Life Innovations, Inc.	107 Bradley Road	Madison	CT	06443	(860) 399-8080
Waterbury ARC, Inc.	1929 East Main St.	Waterbury	CT	06705	(203) 575-0707
West Haven Community House Association, Incorporated The	227 Elm St.	West Haven	CT	06516	(203) 934-5221
Whole Life, Inc.	216 Broad Street FL 3	New London	CT	06320	(860) 886-6900
Windsor Independent Living Association, Inc. (WILA)	45 Maple Ave., PO Box 908	Windsor	CT	06095	(860) 688-2891
Within Reach, LLC	225 North Main Street Suite 301	Bristol	CT	06010	(860) 506-7905

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Coordinated Access Network (CAN) Statewide Contacts

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<p>Fairfield County & Northwest-CT CAN Supportive Housing Works (203) 579-3180</p> <p>Jessica Kubicki, jessica@shworks.org</p>	<p>Middlesex Meriden Wallingford CAN New Opportunities (203) 639-5060</p> <p>Kelly Craft, kcrafter@NewOppInc.org</p>
<p>Eastern CAN TVCCA (860) 889-1365</p> <p>Jaime Parker, jparker@tvcca.org</p>	

CAN Administrative Staff Contacts

CT Department of Housing

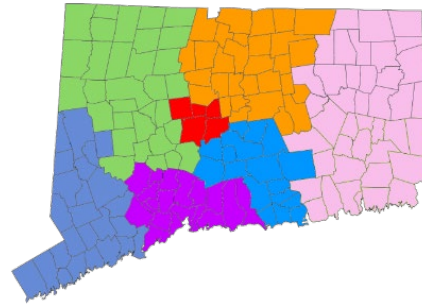
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Programmatic Requests

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Central CAN

Berlin, Bristol, New Britain, Plainville, Southington

Fairfield County CAN

Bethel, Bridgeport, Bridgewater, Brookfield, Cos Cob, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, New Milford, Newtown, Norwalk, Redding, Ridgefield, Roxbury, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton

Eastern CAN

Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Colchester, Columbia, Coventry, Danielson, Eastford, East Lyme, Franklin, Griswold, Groton, Hampton, Killingly, Lebanon, Ledyard, Lisbon, Lyme, Mansfield, Montville, Mystic, New London, North Stonington, Norwich, Old Lyme, Plainfield, Pomfret, Preston, Putnam, Salem, Scotland, Sprague, Sterling, Stonington, Thompson, Union, Voluntown, Waterford, Willimantic, Willington, Windham, Woodstock

Greater Hartford CAN

Andover, Avon, Bloomfield, Bolton, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Manchester, Marlborough, Newington, Rockville, Rocky Hill, Simsbury, Somers, South Windsor, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, Windsor Locks

Greater New Haven CAN

Ansonia, Beacon Falls, Bethany, Branford, Derby, East Haven, Guilford, Hamden, Madison, Milford, New Haven, North Branford, North Haven, Orange, Oxford, Seymour, Shelton, West Haven, Woodbridge

Middlesex Meriden Wallingford CAN

Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Meriden, Middlefield, Middletown, Old Saybrook, Portland, Wallingford, Westbrook

Northwest-CT County CAN

Barkhamsted, Bethlehem, Burlington, Canaan, Cheshire, Colebrook, Cornwall, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Hartford, Norfolk, North Canaan, Plymouth, Prospect, Salisbury, Sharon, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Winsted, Wolcott, Woodbury