



CONNECTICUT  
HOUSING FINANCE  
AUTHORITY



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# Supportive Housing Guideline

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## 2019

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

This Guideline is written for owners and developers of affordable multifamily housing with 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 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.

Any applicant seeking financing through a CHFA and/or DOH program that intends to include supportive housing units in its development must submit documentation that provides assurance that supportive housing will be provided. This documentation must include:

1. Service Plan from a Qualified 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. Specification of the special needs population to be served.

Applicants may consider partnering with a Qualified 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 may charge a fee to draft the Service Plan and budget if an 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, service reserve or by a firm commitment. 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 carryover allocation agreement.

Applicants are further advised to refer to the program-specific requirements in the current version of the CHFA/DOH Consolidated Application (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 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 may 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 Coordinated Access Network (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**

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### **3. comprised of families currently receiving services, or determined to be eligible to receive services, by DCF.**

Connecticut is a “Housing First” state and utilizes a system of eight 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 concept and accept tenants only through the regional CAN for those units. There are two 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 tenants referred by DDS; and

Developers proposing to include supportive housing units in their development for families with special needs may accept tenants referred by DCF.

If a proposed development applicant has been awarded funding or tax credits through a competitive process, the development applicant is advised that it must adhere to the commitments it made for the development, including that made relative to supportive housing, at the time of application. 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 supportive housing units in their unit mix will be subject to Quality Assurance Monitoring. Failure to honor a commitment made for supportive housing for which points were awarded will result in an event of non-compliance.

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  
(860) 560-0744 x 2703

## **I. DEFINITIONS:**

**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
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.

**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.”

**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.

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**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;
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.

**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 housing must have access to flexible, individualized services for as long as they are needed in order to achieve and

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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 ongoing communication between the supportive services provider, property owner, and property management entity; 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 50% AMI if a rental subsidy is available. This can be achieved through rental subsidies through a local housing authority or other subsidy provider, internal subsidies from cash flow on units which yield higher income, capitalized operating reserves, federal or state rental assistance, or any other sustainable means. If no rental subsidy is available, the units should be affordable to households with incomes less than 25% AMI. 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** -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, a clear description of the services to be provided and documentation of adequate funding for the provision of services.
  - c. **Tenant Selection** - 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 or DDS referral as appropriate.
  - d. **Integration** - 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

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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.

**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.

## **II. SERVICE PLAN:**

The Service Plan must be prepared by a Qualified Service Provider (as defined herein) 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 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.

### **III. SERVICE PLAN OUTLINE:**

#### 1. The Project Summary

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

#### 2. 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).
- 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.

3. 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 the target population gain access to the development project? Will access be region-wide or over several locales? If so, how will this be accomplished?
  - 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: Given that tenants must hold leases, what will be the term of the leases (length of time)? 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?
- 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?

#### 4. 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:
  - 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?

#### **IV. 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. 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. Though each site visit may assess compliance with only a portion of these domains, providers are required to implement all 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
4. Rights, Respect, and Dignity
5. Safety
6. Health and Wellness
7. Satisfaction

## **V. 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.

## **VI. QUALIFIED SERVICE PROVIDERS**

### **1. DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

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

ACCESS Agency, Inc. (Killingly and Putnam)

Alpha Community Services, Inc. (Bridgeport)

Beth-El Center, Inc. (Milford)

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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)

Hall-Brooke, Inc. (Bridgeport and Norwalk)

Hands on Hartford, Inc. (Hartford)

Homes with Hope, Inc. (Norwalk and Westport)

ImmaCare, Inc. (Hartford)

Inspirica, Inc. (Stamford)

Laurel House, Inc. (Stamford)

Leeway, Inc. (Hamden and New Haven)

Liberty Community Services, Inc. (New Haven)

McCall Foundation, Inc. (Torrington)

Mental Health Association of CT, Inc. (Torrington)

Mercy Shelter and Housing, Inc. (Hartford and Middletown)

Midwestern Connecticut Council on Alcoholism, Inc. (MCCA) (Danbury)



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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)

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 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.

Abilis, Inc. (formerly Greenwich ARC)

Abilities Without Boundaries, Inc.

Ability Beyond Disability, Inc.

ACES

Adelbrook Community Services, Inc.

Adult Vocational Programs, Inc.

All Pointe Care LLC (formerly Alliance Staffing of CT)

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Alliance Healthcare Solutions, LLC

Allied Rehabilitation Centers, Inc.

Alternative Services - Connecticut, Inc.

Alternatives, Inc.

ARC of Litchfield County, Inc. (formerly LARC)

Arc of New London County, Inc. The

ARC of Quinebaug Valley Inc. The

ARC of Southington, Inc. The

ARC of The Farmington Valley, Inc. The

ARI of Connecticut, Inc.

Ascension Habilitative Support Services, LLC

Association for Community Organizations and Resource Development Inc. (ACORD)

Baroco Corporation The

Behavioral Management, LLC

Benhaven, Inc.

Brian House, Inc.

Bristol Adult Resource Center, Inc.

Buckingham Community Services of C.T., Inc.

Capital Region Education Council Foundation, Inc.(CREC)

Caring Community of Connecticut, Inc. The

Catholic Charities, Inc. - Archdiocese of Hartford

CCARC Foundation, Inc.

Cerebral Palsy of Westchester, Inc.

Chapel Haven Schleifer Center, Inc.

Chez Nous, Inc.

CLASP Homes, Inc.

Community Residences, Inc.

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Community Social Integration LLC

Community Systems Inc. (CSI)

Community Vocational Services Incorporated (CVS)

Connecticut Institute for the Blind, Inc. dba Oak Hill Industries, Inc.

Continuum of Care, Inc.

Corporation for Public Management

CT Behavioral Health, LLC

CW Resources, Inc.

Disability Resource Network, Inc.

Dungarvin Connecticut, Inc

Easter Seal Rehab Center of Greater Waterbury, Inc.

Eastern Community Development Corporation

EdAdvance

Employment Options, LLC

Family Options, Inc.

Family Partnerships of Connecticut, LLC

Family Support Team, LLC

Friends of New Milford, Inc.

Futures, Incorporated

G.I.L. Foundation, Inc. (Grounded in Love)

Good Life Residential, LLC

Goodwill of Western and Northern Connecticut, Inc.

Guide Inc.

HARC, Inc.

HART United Inc

Helping People Excel, Inc.

Hispanic Coalition of Greater Waterbury, Inc.



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Horizons Programs, Inc.

Humanidad, Inc.

ICES, Inc.

Inclusion First L.L.C.

Institute of Professional Practice, Inc. (The)

Jewish Association for Community Living, Inc. (JCL)

Journey Found, Inc.

KenCrest Services, Inc.

Kennedy Center, Inc. The

Key Human Services, Inc.

Kuhn Employment Opportunities, Inc.

Living Innovations Support Services, Inc.

MARC Community Resources, LTD

MARC, Inc. of Manchester

March, Inc. of Manchester

Marrakech Housing Options, Inc.

Midstate ARC, Inc. (formerly ARC of Meriden-Wallingford, Inc.)

Mosaic of Connecticut Inc.

Network, Inc.

New Beginnings for Life, LLC

New England Residential Services, Inc.

New Foundations, Inc.

New Seasons, Inc.

North American Family Institute, Inc. (NAFI)

Northeast Placement Services, Inc.

Opportunity House, Inc.

Options Unlimited, Inc.

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PrimeCare, Inc.

Reliance Health, Inc.

Resources for Human Development Inc.

RMS Development, Inc.

Robin's Nest Intergenerational Daycare, LLC

S I S T E R S, LLC

SARAH Seneca Residential Services, Inc.

SARAH Tuxis Residential and Community Resources, Inc.

SARAH, Inc.

Sharp Training, Inc.

St. Vincent's Special Needs Center, Inc.

STAR, Inc., Lighting The Way

Sunrise Northeast, Inc.

Transitional Employment Unlimited, Inc.

Turning Leaf Agency, Corp.

United Cerebral Palsy Association of Eastern Connecticut, Inc.

Vantage Group, Inc. The

Viability, Inc.

Vinfen Corporation of Connecticut, Inc.

Vista Life Innovations, Inc.

Waterbury ARC, Inc.

West Haven Community House Association, Incorporated The

Whole Life, Inc.

Windsor Independent Living Association

### **3. DEPARTMENT OF CHILDREN AND FAMILIES**

Connection, Inc. (Groton, Middlesex County, New Haven and Torrington)