



## Directory Update Request

This request is for:

- To be added to the AOASCC directory of providers.       Update of information.

Program(s):

- CT Homecare Program for Elders (CHCPE)       PCA Waiver Program       Community First Choice

Check to confirm - I am enrolled in the Connecticut Medical Assistance Program.

**\* Please include a copy of your approval letter from Gainwell/GT Independence.** We cannot make any changes to our directory without confirmation of your enrollment.

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_      **Fax #:** \_\_\_\_\_

**Phone # for after business hours:** \_\_\_\_\_

**Billing Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_      **Phone #:** \_\_\_\_\_

**Approved Services Provided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Towns Covered:**

Ansonia	Bethany	Branford	Chester
Clinton	Cromwell	Deep River	Derby
Durham	East Haddam	East Hampton	East Haven
Essex	Guilford	Haddam	Hamden
Higganum	Killingworth	Lyme	Madison
Meriden	Middlefield	Middletown	Milford
Moodus	New Haven	North Branford	North Haven
Old Lyme	Old Saybrook	Orange	Portland
Seymour	Shelton	Wallingford	West Haven
Westbrook	Woodbridge		

**Name of Submitter:** \_\_\_\_\_      **Date:** \_\_\_\_\_