



AOASCC Directory Enrollment

This request is for:

- ☐ To be added to the AOASCC directory of providers as a new enrollment
- ☐ Re-enrollment to the AOASCC directory

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 and GT Independence. We cannot make any changes to our directory without confirmation of your enrollment. (See sample)**

Agency Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

Phone # for after business hours: _____

Billing Contact Name: _____

Email: _____ **Phone #:** _____

Approved Services Provided:

Towns Covered:

- | | | | | |
|------------------------------------|---------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Ansonia | <input type="checkbox"/> Bethany | <input type="checkbox"/> Branford | <input type="checkbox"/> Chester | <input type="checkbox"/> Colbat |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Cromwell | <input type="checkbox"/> Deep River | <input type="checkbox"/> Derby East | <input type="checkbox"/> Rockfall |
| <input type="checkbox"/> Durham | <input type="checkbox"/> East Haddam | <input type="checkbox"/> East Hampton | <input type="checkbox"/> Haven | <input type="checkbox"/> Northford |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Guilford | <input type="checkbox"/> Haddam | <input type="checkbox"/> Hamden | <input type="checkbox"/> Hadlyme |
| <input type="checkbox"/> Higganum | <input type="checkbox"/> Killingworth | <input type="checkbox"/> Lyme | <input type="checkbox"/> Madison | <input type="checkbox"/> Ivoryton |
| <input type="checkbox"/> Meriden | <input type="checkbox"/> Middlefield | <input type="checkbox"/> Middletown | <input type="checkbox"/> Milford | <input type="checkbox"/> Centerbrook |
| <input type="checkbox"/> Moodus | <input type="checkbox"/> New Haven | <input type="checkbox"/> North Branford | <input type="checkbox"/> North Haven | |
| <input type="checkbox"/> Old Lyme | <input type="checkbox"/> Old Saybrook | <input type="checkbox"/> Orange | <input type="checkbox"/> Portland | |
| <input type="checkbox"/> Seymour | <input type="checkbox"/> Shelton | <input type="checkbox"/> Wallingford | <input type="checkbox"/> West Haven | |
| <input type="checkbox"/> Westbrook | <input type="checkbox"/> Woodbridge | | | |

Phone Number: _____ **Date:** _____



Agency on Aging

OF SOUTH CENTRAL CONNECTICUT
Your Advocate for Independence®

Name of Submitter:

Phone Number: _____

Date: _____