



New Provider Information

CFC, CHC, PCA & ABI

Thank you for your interest in being added to the Southwestern Connecticut Agency on Aging (SWCAA) provider rotation. Below is the information required to begin the process of adding your agency to SWCAA's database. Please email this completed form and additional documents listed below to swcaupdates@swcaa.org.

Attach the following two forms per waiver

- ☐ Confirmation of credentialing as a non-medical provider on GT Independence letterhead
- ☐ Confirmation of enrollment with Gainwell on their letterhead

Provider contact

Billing address _____

Main Phone _____ On-Call Phone _____ Fax _____

Email Address for All Correspondence _____

Owner Name _____ Phone _____ Email _____

Contact for Client Referrals and Related Issues _____

Phone _____ Email _____

Check all towns where your agency provides services in the southwestern region.

CFC/CHC/PCA Waivers

- | | | | | |
|-------------------------------------|------------------------------------|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Bridgeport | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Stratford | <input type="checkbox"/> New Canaan | <input type="checkbox"/> Westport |
| <input type="checkbox"/> Darien | <input type="checkbox"/> Greenwich | <input type="checkbox"/> Trumbull | <input type="checkbox"/> Norwalk | <input type="checkbox"/> Wilton |
| <input type="checkbox"/> Easton | <input type="checkbox"/> Monroe | <input type="checkbox"/> Weston | <input type="checkbox"/> Stamford | |

ABI Waiver

- | | | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Ansonia | <input type="checkbox"/> Derby | <input type="checkbox"/> Guilford | <input type="checkbox"/> Middletown | <input type="checkbox"/> Old Lyme | <input type="checkbox"/> Wallingford |
| <input type="checkbox"/> Bethany | <input type="checkbox"/> Durham | <input type="checkbox"/> Haddam | <input type="checkbox"/> Milford | <input type="checkbox"/> Old Saybrook | <input type="checkbox"/> Waterbury |
| <input type="checkbox"/> Branford | <input type="checkbox"/> East Haddam | <input type="checkbox"/> Hamden | <input type="checkbox"/> Monroe | <input type="checkbox"/> Orange | <input type="checkbox"/> Westbrook |
| <input type="checkbox"/> Bridgeport | <input type="checkbox"/> East Hampton | <input type="checkbox"/> Higganum | <input type="checkbox"/> Moodus | <input type="checkbox"/> Portland | <input type="checkbox"/> West Haven |
| <input type="checkbox"/> Chester | <input type="checkbox"/> East Haven | <input type="checkbox"/> Killingworth | <input type="checkbox"/> New Canaan | <input type="checkbox"/> Seymour | <input type="checkbox"/> Weston |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Easton | <input type="checkbox"/> Lyme | <input type="checkbox"/> New Haven | <input type="checkbox"/> Shelton | <input type="checkbox"/> Westport |
| <input type="checkbox"/> Cromwell | <input type="checkbox"/> Essex | <input type="checkbox"/> Madison | <input type="checkbox"/> North Branford | <input type="checkbox"/> Stamford | <input type="checkbox"/> Wilton |
| <input type="checkbox"/> Darien | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Meriden | <input type="checkbox"/> North Haven | <input type="checkbox"/> Stratford | <input type="checkbox"/> Woodbridge |
| <input type="checkbox"/> Deep River | <input type="checkbox"/> Greenwich | <input type="checkbox"/> Middlefield | <input type="checkbox"/> Norwalk | <input type="checkbox"/> Trumbull | |

☐ Are you also a skilled provider accepting referrals for the CHC/PCA/ABI waiver(s)?