



State of Connecticut
Department of Developmental Services

Ned Lamont
Governor

Peter Mason
Deputy Commissioner

Jordan A. Scheff
Commissioner

Cres Secchiaroli
Regional Director
Public Operations

COVID-19 Pandemic- Hospital Admissions and Emergency Department Notice
DDS Private Provider Agencies

Date: _____

Individual's Name: _____

Date of Birth: _____

_____ is served by the Connecticut
(individual's name)

Department of Developmental Services (DDS) and receives residential and/or staff supports through

(agency's name, contact person and phone number)

The needs of the individual noted above requires a support staff person to accompany him/her while at the hospital or during his/her evaluation in the emergency department. The staff person shall arrive wearing a surgical/disposable face mask and present this document along with photo identification.

The support staff person _____
(name of support staff person)

will provide copies of the individual's current medication list, diagnoses, name of the primary care provider and the contact information for the individual's legal guardian.

Thank you.

[Signature]
Valencia Bagby-Young, EdD Psychology, FNP-BC, MSN, MA, RN
Director of Health & Clinical Services