Follow these steps to complete your initial CLA licensing application online with a User ID and Password

- We recommend use of a desktop or laptop computer to renew; webpages may not display properly on a tablet or mobile device.
- https://www.elicense.ct.gov/login.aspx

1) Enter the temporary User Id and Password included in the letter that will be emailed to you.

2) **First time users** will see that they have 3 issues with their account. You will need to enter an email address, answer security questions, and change your temporary password. You will need to create answers to the 3 Security Questions. You may select another question from the dropdown menu by clicking the arrow to the right of the question. Once you have completed answering the question - Click Save.

CT.gov | STATE OF CONNECTICUT

HOME   MY ACCOUNT **3**   ONLINE SERVICES ▾

Change Security Questions

⚠ There are currently 3 issues with your account.
   Please resolve them before going further.

Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below.
No Secret Answers.
First time users must change their password.

Security Questions

You must **answer 3 different security questions** below.

Question 1	Answer 1*
What is the middle name of your oldest grandchild? ▼	Answer 1
Question 2	Answer 2*
What is the middle name of your youngest brother or sister? ▼	Answer 2
Question 3	Answer 3*
What was the destination of your first airplane trip? ▼	Answer 3

[Save]   [Cancel]

3) **You must verify the email that was sent to your email account before proceeding.**

User Account

Your security questions have been changed successfully.

⚠ There are currently 2 issues with your account.
   Please resolve them before going further.

Your email address has not been verified. If you have not yet received an email to do this, please follow the instructions below.
First time users must change their password.

User ID:	**WHOL1**	Change User ID
E-mail:	leah.mccarvill@ct.gov	Change Email
	Your account or new email address has not yet been verified.	
	You have been sent a verification email by the system to your email address of record.	
	You may have to check your SPAM filter. Click on the link provided in the email.	
	Once clicked you will be returned to your account and provided access.	
	If you have not yet received the email, you may click the below button labeled "Generate E-mail" and a new one will be sent to you.	
	Please note: When you click the "Generate E-mail" button any older verification emails will be invalid. Ensure that you click the link in the most recently received email.	
	[Generate E-mail]	
Password:	Change Password	
Security Questions:	Change Security Questions	

4) You will receive an email that will look like this in your email box. "Click here" to continue to the online renewal page.

> donotreplyelicense2@po.state.ct.us   12:32 PM
> Email Verification
>
> **Email Verification**
>
> donotreplyelicense2@po.state.ct.us
> Sent: Mon 4/16/2018 12:32 PM
> To: McCarvill, Leah
>
> Dear WHOLAND LANE,
>
> This message is intended to verify the email address on file for you in the State of Connecticut's eLicensing website and to allow you to use the other online functionality.
>
> To complete the process, please click the hyperlink below if it appears in your email program. If it does not appear as a hyperlink please read the instructions below.
>
> Click here
>
> If a hyperlink does not appear above, then please copy the following text into your web browser's address bar (all the text below must be put in as a single line with no spaces)
>
> https://elicense-uat.ct.gov/Account/VerifyEmail.aspx?guid=de318d97-79ea-4f68-9877-4de323f45e7a&email=leah.mccarvill@ct.gov

5) You will see the screen below confirming you email verification. Click on My Account.

> Ct.gov | STATE OF CONNECTICUT   HOME   MY ACCOUNT   ONLINE SERVICES ▾
>
> E-mail Verification
>
> The e-mail address leah.mccarvill@ct.gov has now been verified.
> Please continue to Login.

6) Enter your username and password from you renewal letter. Click the Log In button.

> 🔒 Access Your Account
>
> Account | Fast Track Renewal
>
> **User ID**
> [   ]
>
> **Password**
> [Password   ]
>
> [Log In]
>
> Don't have an account? Register
> Forgot Password? Forgot User ID?

7) You will see the below screen prompting you to change your password. Click on "Change Password".

User Account

Your e-mail address has now been verified. The Online Services link allows you to navigate our site by selecting the appropriate transaction you wish to accomplish. Online Services is located at top and bottom of this screen.

⚠ There is currently 1 issue with your account. Please resolve it before going further.

First time users must change their password.

User ID:	WHOL1	Change User ID
E-mail:	leah.mccarvill@ct.gov	Change Email
Password:	Change Password	
Security Questions:	Change Security Questions	

8) Change your password. Click "Save".

Password

Old Password:	•••••
New Password:	•••••
Re-type Password:	•••••

Save Cancel

9) There are 2 options for this next step you can click on Online Services then click on Initial Application from Activities in the dropdown menu or you can look below at More Online Services and click on Initial Application from Activities.

10) Click on Developmental Services

11) Click Start next to Community Living Arrangement

Developmental Services		⌃
Board	**License**	
Quality and Systems Improvement Division	Community Companion Home	Start
Quality and Systems Improvement Division	Community Living Arrangement	Start

12) You will be taken to the Welcome to Community Living Arrangement (CLA) Licensing Renewal screen. In the bottom left of the screen - Click "Next".

License For DSLA.00300001

Welcome to Community Living Arrangement (CLA) Licensing Renewal

Welcome to the Department of Developmental Services online Renewal application site for Community Living Arrangement (CLA) Licensing.

Please complete all questions within this online Renewal.

An email notification will be sent once the Renewal application has been successfully processed.

If you have any question regarding the online Renewal process, then visit the Quality and Systems Improvement Division website for additional information.

If you are ready to proceed with your online Renewal, then please complete the following question(s) as directed.

To continue, select "Next" below

Select "Previous" to move back

Select "Close and Save" if you wish to return at a later time

Previous   Next

Close and Save

13) Name of Residence - Make any necessary changes. Click "Next".

Fields marked with an asterisk * are required.

Community Living Arrangement

Residence

Welcome to Community Living Arrangement (CLA) Licensing

Residence

Fields marked with an asterisk * are required.

1. Enter, verify or edit the name of the facility/home:

* WHOLAND ST.

Previous   Next

14) Make any needed changes to the CLA's address – Click "Next".

Community Living Arrangement

Residence Address

Welcome to Community Living Arrangement (CLA) Licensing

Residence

Residence Address

Review and update the residence address information if neccessary

2. Please update any changes to your primary address:

Address 1: 234 WHOLAND ST
Address 2:
City: TORRINGTON   State: Connecticut   Zip Code: 06790   Country: UNITED STATES
Telephone Number: (000) 000-0000

Edit Address

-- OR --Change to an address already on file:

234 WHOLAND ST TORRINGTON, CT 06790 (UNITED STATES) ⌄   Update

3. Please update any changes to your mailing address:

Address 1: 234 WHOLAND ST
Address 2:
City: TORRINGTON   State: Connecticut   Zip Code: 06790   Country: UNITED STATES

Edit Address

-- OR --Change to an address already on file:

234 WHOLAND ST TORRINGTON, CT 06790 (UNITED STATES) ⌄   Update

Previous   Next

Close and Save

15) Emergency Contact – Make any necessary changes to Emergency contact information then click "Next"

Community Living Arrangement

Emergency Contact Information

Welcome to Community Living Arrangement (CLA) Licensing

Residence

Residence Address

Emergency Contact Information

Fields marked with an asterisk * are required.

4. Enter, verify or edit the primary Email address for the facility:

* leah.mccarvill@ct.gov

5. Enter, verify or edit the backup Email address

* leah.mccarvill@ct.gov

6. Enter, verify or edit the primary fax number for the facility:

* (000) 000-0000

7. Enter, verify or edit the primary mobile phone number

* (000) 000-0000

8. Enter, verify or edit the backup mobile phone number:

* (000) 000-0000

Previous   Next

16) Enter or Verify Corporate Name and Address. Then Click "Next"

Community Living Arrangement

Corporate Information

Welcome to Community Living Arrangement (CLA) Licensing

Residence

Residence Address

Emergency Contact Information

Corporate Information

9. Enter, verify or edit the Corporate Name (legal entity which owns/operates the facility): (if applicable)

Home's R US

10. Enter, verify or edit the Corporate address information: (if applicable)

44 Main St.
Torrington, CT 06790

11. Enter, verify or edit the Corporate Mailing Address information: (if applicable)

Previous   Next

Close and Save

17) Enter or Verify Management Information if applicable then click "Next"

Community Living Arrangement

Management Information

Welcome to Community Living Arrangement (CLA) Licensing

Residence

Residence Address

Emergency Contact Information

Corporate Information

Management Information

12. Enter, verify or edit the Management Company Name: (if applicable)

13. Enter, verify or edit the Management Company address information: (if applicable)

14. Enter, verify or edit the Management Company mailing address information (if applicable):

Previous   Next

Close and Save

18) Verify if the facility has unionized staff, is DDS-owned, and has 24hr Nursing – Click "Next".

Community Living Arrangement

Facility Information

Welcome to Community Living Arrangement (CLA) Licensing

Emergency Contact Information

Residence Information

Corporate Information

Management Information

Facility Information

Fields marked with an asterisk * are required.

15. Indicate or verify whether this facility has unionized staff.

* ○ Yes ◉ No

16. Indicate or verify whether this facility is DDS-owned.

* ○ Yes ◉ No

17. Indicate or verify whether this facility is a 24 hour Nursing Residence.

* ○ Yes ◉ No

Previous   Next

Close and Save

19) Water supply – Select the home's water supply type from the drop down menu then click "
Next". Note: If private well you will be taken to a page to upload supporting document then click "Next".

Community Living Arrangement

	Water Supply
Welcome to Community Living Arrangement (CLA) Licensing	**Fields marked with an asterisk * are required.**
Emergency Contact Information	**18. Select the Water Supply for this Facility / Home:**
Residence Information	* - select one - ⌄
Corporate Information	
Management Information	
Facility Information	
Water Supply	

Private well Water Test Upload

Fields marked with an asterisk * are required.

19. Attach the recent Well Water testing results:

No document(s) uploaded for this question.

Select a document to upload:

[Browse...]

*   File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml

[Upload Document]

[Previous] [Next]   [Close and Save]

20) Septic System – click yes or no to indicate if this home has a septic system, then click "Next"
Note: if Yes you will be taken to a page to upload supporting document then click "Next".

Community Living Arrangement

	Septic System
Welcome to Community Living Arrangement (CLA) Licensing	**Fields marked with an asterisk * are required.**
	20. Does this facility have a Septic System?
	* ○ Yes ○ No
Emergency Contact Information	
Residence Information	

Septic Service Test upload

Fields marked with an asterisk * are required.

21. Provide the date of the last septic system Inspection Date:

*   [_/_/____] 📅 (MM/DD/YYYY)

22. Upload a copy of the Permit to discharge for the private septic system:

No document(s) uploaded for this question.

Select a document to upload:

[Browse...]

*   File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml

[Upload Document]

Corporate Information	
Management Information	
Facility Information	
Water Supply	
Septic System	

[Previous] [Next]   [Close and Save]

21) **Certificate of Occupancy** – click yes or no to indicate if there were structural changes requiring a certificate of occupancy. Then click "Next".
Note: if Yes you will be taken to a page to upload supporting document then click "Next".

22) **Fire Marshal Inspection Required** – Click yes or no to answer the question.
Note: if Yes you will be taken to a page to upload supporting document then click "Next".

23) Board Of Directors – Click yes or no to answer the question.
   Note: if Yes you will be taken to a page to upload supporting document then click "Next".

Community Living Arrangement   □ ✖

	Board of Directors Change (Renewal)

(CLA) Licensing

Emergency Contact Information

Residence Information

Corporate Information

Management Information

Facility Information

Water Supply

Septic System

Certificate of Occupancy

Fire Marshal Inspection Required?

Board of Directors Change (Renewal)

Fields marked with an asterisk * are required.

27. Has the agency provider Board of Directors changed since the last copy was provide to DDS.

  *   ⦿ Yes   ○ No

Board of Directors Upload (Renewal)

Fields marked with an asterisk * are required.

28. Attach the completed Board of Directors document.

No document(s) uploaded for this question.

Select a document to upload:

[   ] Browse...

  *   File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml
       Upload Document

[Previous] [Next]   [Close and Save]

---

24) Financial Audit – Click yes or no to answer the question.
   Note: if Yes you will be taken to a page to upload supporting document then click "Next".

Community Living Arrangement   □ ✖

Emergency Contact Information

Residence Information

Corporate Information

Management Information

Facility Information

Water Supply

Septic System

Certificate of Occupancy

Fire Marshal Inspection Required?

Board of Directors Change (Renewal)

Financial Audit

Financial Audit

Fields marked with an asterisk * are required.

29. Has the CLA provider organization had a Financial Audit performed recently that has not been submitted to DDS?

  *   ○ Yes   ○ No

Financial Audit Upload

Fields marked with an asterisk * are required.

30. Attach the completed Audit File.

No document(s) uploaded for this question.

Select a document to upload:

[   ] Browse...

  *   File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml
       Upload Document

[Previous] [Next]   [Close and Save]

25) Supporting Documentation. You will need to upload supporting documentation here clicking "Next".

- **How to upload a Document**

  a. To upload a document – click the "Browse" button. This will allow you to browse your computer files.

Please be aware of the type of document you are uploading as the system will only accept those listed above the "Upload Document" button

  b. Once you have selected your document you will then click the "Upload Document" button.

You will be able to see that your document has uploaded. Above the upload box, you will see the file:

🗑 Fire Marshal Certificate.docx

Select a document to upload:

[   ] Browse...

File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml

[Upload Document]

c. Repeat the above steps for each needed document. You can upload more than one document for each area – See below example. Click "Next".

License For DSLA.00300001

Upload the most recent copy of each of the following required documents for renewal:

Welcome to Community Living Arrangement (CLA) Licensing Renewal

Emergency Contact Information (Renewal)

Residence Information-Mailing (Renewal)

Capacity Review (Renewal)

Facility Information (Renewal)

Supporting Documentation (Renewal)

9. If applicable, attach the completed Fire Marshal Inspection and Certificate. This document applies when the facility is a multiple family dwelling. Ensure that the certificate has been signed. The signed date cannot be over one ye

🗑 Fire Marshal Certificate.docx

Select a document to upload:

[   ] Browse...

File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml

[Upload Document]

10. Attach the recent Well Water testing results:

🗑 Well Water Test.docx
🗑 Septic.docx

Select a document to upload:

[   ] Browse...

File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml

[Upload Document]

11. Attach the Staffing List, Staff Pattern and Schedules information.

🗑 Staffing List, Pattern, Schedule.docx

Select a document to upload:

[   ] Browse...

File types accepted: bmp, doc, docx, fsd, htm, jpeg, jpg, mht, msg, pdf, png, rtf, tif, tiff, txt, vsd, xls, xlsx, xml

[Upload Document]

[Previous] [Next]   [Close and Save]

26) Attestation screen. You will need to click "Yes" to confirm all information provided is accurate. Type in your full name and click "Next"

Community Living Arrangement

Attestation

Fields marked with an asterisk * are required.

Affidavit of Administrator (as required by law):

28. By Selecting Yes, I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department of Developmental Services as required by State law.

* ○ Yes ○ No

29. Enter the full name of individual attesting:

*

Sidebar tabs: Residence | Residence Address | Emergency Contact Information | Corporate Information | Management Information | Facility Information | Inspection Date | Supporting Documentation 1 | Supporting Documentation 2 | Supporting Documentation 3 | Attestation

Previous Next

Close and Save

20). Review the information you have provided. If the information complete - click "Finish"

Community Living Arrangement

Review

Print Review

Fees

Total Fees: $0.00

Welcome to Community Living Arrangement (CLA) Licensing

Welcome to the Department of Developmental Services online application system for Community Living Arrangement (CLA) Licensing. To complete this application you must:
• Complete all questions within the application honestly.

Look for updates via your email account: You will be notified via email once your application has been successfully logged into our licensing system for review.
If you are ready to proceed with your online registration, then please complete the following question(s) as directed.

To continue select "Next" below

Select "Previous" to move back

Select "Close and Save" if you wish to return at a later time

Residence

1. Enter, verify or edit the name of the facility/home:

WHOLAND ST.

Residence Address

Sidebar tabs: Welcome to Community Living Arrangement (CLA) Licensing | Residence | Residence Address | Emergency Contact Information | Corporate Information | Management Information | Facility Information | Supporting Documentation | Attestation | Review

34. Enter the full name of individual attesting:

Leah McCarvill

Previous Finish

Close and Save

21) Once you have completed the initial application the below screen will be displayed. You can click "Print Receipt" to print the completed renewal application.

Payment Receipt

Print Receipt

State of Connecticut
Online Enterprise eLicense Site

Date: 6/5/2018

WHOLAND ST.

Transaction Complete.
Please print a copy for your records from the button above.

Description	Amount
Application - Community Living Arrangement	$0.00

You have completed the CLA initial application process you may log out.

Note: If at any time while completing the application you need to stop - just click the red "Close and Save" button on the bottom right of the screen.

When you log back you will click Developmental Services [In Progress] to expand menu.

Below are all current License/Certification types available for online application.

Please expand a category to view the available types,
then select "Start" for the License/Certification you wish to apply from the list:

Developmental Services [In Progress]	✔
Application	^

Then click Continue

Developmental Services [In Progress]					^
		Completed	Board	License	
Delete	Continue	2/21 (9%)	Quality and Systems Improvement Division	Community Living Arrangement	

You will be brought back to the welcome page. Click "Next" until you come to the page where you left off.