

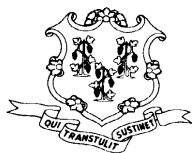
IMPORTANT

All CON-related documents (CON Applications, CON Determinations, CON Modifications and CON Completeness Letter Responses) ***must be filed electronically*** through OHCA's single point of access, its [OHCA Web Portal](#).

First time Portal users must register prior to submitting any documents. To register, click here: <http://dphconwebportal.ct.gov> .

To access the portal, click on the link above or www.ct.gov/ohca and go to the Certificate of Need page (on left side of page) and then click on the CON Portal.

If you have any questions, please email OHCA@ct.gov or call (860) 418-7001.



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination from OHCA as to whether a CON is required for their proposed project must complete this Form 2020. The completed form **must be filed electronically** through Office of Health Care Access' single point of access, its [OHCA Web Portal](#).

To access the portal, click on the link above or www.ct.gov/ohca and go to the Certificate of Need page (on left side of page) and then click on the CON Portal.

SECTION I. PETITIONER INFORMATION

If this proposal has more than two Petitioners, please attach a separate sheet, supplying the same information for each Petitioner in the format presented in the following table.

	Petitioner	Petitioner
Full Legal Name		
Doing Business As		
Name of Parent Corporation		
Petitioner's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail		

What is the Petitioner's Status: P for profit and NP for Nonprofit		
Contact Person at Facility , including Title/Position: This Individual at the facility will be the Petitioner's Designee to receive all correspondence in this matter.		
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail		
Contact Person's Telephone Number		
Contact Person's Fax Number		
Contact Person's e-mail Address		

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: _____
- b. Estimated Total Project Cost: \$_____
- c. Location of proposal, identifying Street Address, Town and Zip Code:

- d. List each town this project is intended to serve:

- e. Estimated starting date for the project: _____

SECTION IV. PROPOSAL DESCRIPTION

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following elements need to be addressed, if applicable:

1. If applicable, identify the types of services currently provided and provide a copy of each Department of Public Health license held by the Petitioner.
2. Identify the types of services that are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and the target population to be served.

SECTION V. AFFIDAVIT

(Each Petitioner must submit a completed Affidavit.)

Petitioner: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
(Organization Name)

information provided in this CON Determination form is true and accurate to the best of my knowledge.

Signature Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____