



**STATE OF CONNECTICUT**  
**Department of Public Health**  
**Information Technology Section**  
**Tele: (860) 509-7145**

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TO: Data Request Customer

FROM: Data Request Office  
Information Technology Section

RE: Health Care Facilities Data Requests

This correspondence is intended to provide information to persons and/or organizations requesting **Electronic data (CD or Email)** and information from the Department of Public Health (DPH) Health Care Facility Licensing database. Completing the attached form(s) will help you understand what is available and likewise, document to us precisely what you are requesting.

**Guidelines are as follows:**

- We require **PREPAYMENT** for all orders.
- We will provide the data elements chosen in electronic form for each selected Facility Type. **Note: Not all Information is available for each Facility Type.**
- These are licensed Facilities that hold a valid Connecticut license.
- **DISCLAIMER:** Upon receiving your request, we ask you to inspect the data as soon as possible and contact us if you think there is an error.
- Routine requests will take up to 4 weeks to process from the date we receive your request and payment. If you need overnight shipping, as opposed to standard mail, please include your billing number for Federal Express on the questionnaire (these charges to be billed directly to you).
- The file will contain the field names in the first row of the data.
- For e-mail requests, files will be sent as a ".Zip" file.

**Procedures:**

- **PLEASE PRINT LEGIBLY.** We will not be held responsible if your request is sent to the wrong address because the contact information is illegible.
- When filling in the 'requestor information', please complete all lines whether you pick-up your CD or are having the data emailed to you.
- We are not able to accept payment by credit card.

• NOTE: when writing your check, it must reflect the correct amount and be made payable exclusively to: **Treasurer, State of Connecticut**. **OTHERWISE, CHECKS THAT ARE NOT MADE PAYABLE AS INDICATED OR IN THE WRONG AMOUNT, WILL BE RETURNED AND YOUR REQUEST WILL BE DELAYED UNTIL A CORRECT CHECK IS RECEIVED.**

- Upon completion of the forms (pages 2 & 3), please return those pages and your check to:

**Department of Public Health**  
**Information Technology Section**  
**ATTN: DATA REQUEST OFFICE**  
**410 Capitol Avenue**  
**MS #13DPR**  
**Hartford, Connecticut 06134**

If you have questions, please contact the Data Request office at (860) 509-7145.

<b>For I.T. Office Use Only:</b>		
	<b>Facilities Data E-MAILED:</b>	DATE D.R.SENT:
<i>Date /Amt.rec'd:</i>	<i>Intake Processed</i>	<i>File Created:</i>

**DPH Information Technology Section  
Electronic (CD-ROM or E-mail) Data Request  
Health Care Facilities**

Requestor Information (Complete **ALL** fields): Date of Request \_\_\_\_\_  
**(PLEASE PRINT OR TYPE LEGIBLY)**

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Media type (Check only **one**):    A.) CD             B.) EMAIL  *(Be sure your email address is filled in above)*

Delivery choices **(for CD)**:

**Regular Mail**  **Federal Express Overnight?\***  (Billing #: \_\_\_\_\_)

**\*NOTE:** Your request will only be sent federal express if you provide us with a billing/account number or an address label with your address as recipient and your billing number on the label.

**Please allow at least 4 weeks for processing/delivery.**

(2) Media type (Check only **one**):  
 1.) CD-ROM             2.) EMAIL  *(Be sure your email address is filled above)*  
**(The processing fee for either a CD or an E-mail file is given on Page 5.)**

- Nursing Home Book – available by contacting [David DeMaio at \(860\) 509-7423](tel:8605097423).
- Home Hlth Agency Book–available by contacting [David DeMaio at \(860\) 509-7423](tel:8605097423).
- Day Care Facilities - available by contacting the Day Care Section @ (860) 509-8044 or on our website at [www.ct.gov/dph](http://www.ct.gov/dph).

FACILITIES (Check **ALL** that apply):

✓	LICENSE TYPE CODES & DEFINITIONS	Count as of SEPT, 2010
	ALL Facilities	
	ALSA ASSISTED LIVING SERVICES AGENCY	80
	ASC AMBULATORY SURGICAL CENTERS	61
	CCNH CHRONIC & CONVALESCENT NURSING HOME	220
	CCRH CHRONIC & CONVALESCENT NURSING HOME & REST HOME WITH NURSING SUPERVISION	18
	CDH CHRONIC DISEASE HOSPITAL	6
	CH CHILDREN'S HOSPITAL	1
	FP FAMILY PLANNING	18
	GH GENERAL HOSPITAL	29
	HEMO HEMODIALYSIS	36
	HHC HOME HEALTH CARE	96
	HHHA HOMEMAKER-HOME HEALTH CARE	8
	HSPC HOSPICE	1
	INF INFIRMARY OPERATED BY AN EDUCATIONAL INSTITUTION	19
	MAT MATERNITY HOSPITAL	1
	MHCR MENTAL HEALTH COMMUNITY RESIDENCE	6
	MHDT MENTAL HEALTH DAY TREATMENT	18
	MHRL MENTAL HEALTH RESIDENTIAL LIVING	20
	NHMG NURSING HOME MANAGEMENT COMPANY	3
	OPC PRIMARY CARE CLINIC	254
	POCA PSYCHIATRIC OUTPATIENT CLINIC	184
	PSY HOSPITAL FOR MENTALLY ILL PERSONS	3
	RCC RECOVERY CARE CENTER	1
	RCH RESIDENTIAL CARE FACILITIES	102
	RHNS REST HOME WITH NURSING SUPERVISION	3
	SA SUBSTANCE ABUSE	196
	WCC WELL CHILD CLINIC	13
	Facility Administrator is included if available Operator is the Licensee	

File Format ASCII Text Comma Delimited:

**Facility Type ID, Facility Type, License Number, Name, Street, City, State, Zip, Telephone, License Issue, License Expiration, License Status, Owner, Key Personnel Title, Key Personnel Name**

The fee for a CD or Email File is \$40.00. This fee is for one or many facilities in one file. Each additional CD or file is \$10.00.

**NOTE: PRICES SUBJECT TO CHANGE WITHOUT NOTICE.**

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