**HOME CLOSURE OR CHANGE TO NEW AGENCY**

**FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING HOMES**

*This form should be used to notify the Central Office when a Supported Living or Semi-Independent Living home is closing or when the use of that home is being transferred to a new agency.*

* **HOME CLOSING** *(use this section if the home will no longer be used/occupied by any provider agency)*

Date Home is Closing:

Address of Home that is Closing:

City: Zip: County: Agency Currently Supporting this Home:

Current Agency Contact Name: Email:

* **HOME CHANGING PROVIDER AGENCIES** (*use this section if* *the home will continue to be occupied, but under the support of a different provider agency)*

Date Home is Changing Provider Agencies:

Address of Home that is Changing Provider Agencies:

City: Zip: County:

Provider Agency Currently Supporting this Home:

New Provider Agency that will be Supporting this Home:

New Provider Agency Contact Name: Email:

***Email this form to****:* *DIDD.INSPECTIONS@tn.gov* *and copy the following:*

***For West:*** *Elverna.Cain@tn.gov* *and* *Sandra.Clamp@tn.gov*

***For Middle****:* *Hellena.Pleas-Conley@tn.gov* *and* *Karla.F.Hall@tn.gov*

***For East****:* *Donna.Stephens@tn.gov* *and* *Ronnie.R.Taylor@tn.gov*