**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*](mailto:DIDD.INSPECTIONS@tn.gov) *and copy the following:*

***For West:*** [*Elverna.Cain@tn.gov*](mailto:Elverna.Cain@tn.gov) *and* [*Sandra.Clamp@tn.gov*](mailto:Sandra.Clamp@tn.gov)

***For Middle****:* [*Hellena.Pleas-Conley@tn.gov*](mailto:Hellena.Pleas-Conley@tn.gov) *and* [*Karla.F.Hall@tn.gov*](mailto:Karla.F.Hall@tn.gov)

***For East****:* [*Donna.Stephens@tn.gov*](mailto:Donna.Stephens@tn.gov) *and* [*Ronnie.R.Taylor@tn.gov*](mailto:Ronnie.R.Taylor@tn.gov)