



DEPARTMENT OF
INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

**HOME CLOSURE OR CHANGE TO NEW AGENCY
FOR SUPPORTED LIVING and SEMI-INDEPENDENT LIVING HOMES**

The 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.

Agency Name: _____ Date: _____
Agency Contact: _____

HOME CLOSING INFORMATION

Address: _____
City: _____
County: _____
Zip: _____
Phone: _____
Fax: _____
Email: _____

NEW AGENCY*

Address: _____
City: _____
County: _____
Zip: _____
Phone: _____
Fax: _____
Email: _____

*Only if change is a new residential agency overseeing services at existing home.

Please email form to: Betty Chester (Betty.Chester@tn.gov).