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).

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