

Facility Closure



To close your facility, submit the following information and/or documentation:

A letter on your facility's letterhead to include the following:

1. The facility's certificate number. The number is located on the facility's certificate of registration.
2. The facility's name, complete address, city, state and zip code.
3. Effective date of closure.
4. Signature of manager or owner on the letter (the name must be on record with the Department).
5. Return the facility's certificate of registration with the closure letter.

Once the documents are submitted and approved, the Department will update our database to reflect the changes and send a confirmation letter to the facility.

Submit change request to:

Bobbie Nelson, Program Director
Division of Home and Community Based Care
2 N. Meridian St., Section 4A 07
Indianapolis, Indiana 46204