

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

**A letter on your agency's letterhead to CLOSE AGENCY to include:**

1. The agency's license number. The number is located on agency's license.
2. The agency'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 agency's license with agency's 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 agency.

**Submit change request to:**

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