

To change the physical/mailing address, phone number, fax number, or e-mail address of 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 of registration number. The number is located on the facility's certificate of registration.
- 2. The new physical/mailing address, phone number, fax number, or e-mail address of your facility. The e-mail must be facility specific.
- 3. Please specify if this change is to be made to the corporation's (owner) address, phone number, fax number, or e-mail address. If this is not included in the letter the Department will not change the legal entity's address (i.e. corporation, LLC).
- 4. Effective date of the change.
- 5. Signature of manager or owner on the letter (the name must be on record with the Department).

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

Submit change request to:

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