

BRANCH ADD-RELOCATE-CLOSE

To add, relocate or close a branch, submit the following information and/or documentation:

ADD BRANCH

A letter on your agency's letterhead to ADD a branch to include:

1. The agency's license number. The number is located on agency's license.
2. The branch must be owned and controlled by the parent agency. This language must be included in the letter.
3. The branch must be in a location or site from which the agency provides services.
4. The complete address of the branch the agency is requesting to add. Include the branch name, complete address, city, state and zip code and telephone number.
5. The branch must be located within 120 miles of the parent agency.
6. Effective date of the change.
7. Include a map that shows the branch located within a radius of 120 miles of the parent agency. The map must reflect the mileage from the parent to the branch (mileage and time). The agency may use map quest to generate map.
8. Signature of manager or owner on the letter (*the name must be on record with the Department*).

RELOCATE BRANCH

A letter on your agency's letterhead to ADD a branch to include:

1. The agency's license number. The number is located on agency's license.
2. The branch must in a location or site from which the agency provides services.
3. The current and the new address of the branch location. Include the branch name, complete address, city, state and zip code and telephone number.
4. The branch must be located within 120 miles of the parent agency.
5. Effective date of the change.
6. Include a map that shows the branch located within a radius of 120 miles of the parent agency. The map must reflect the mileage from the parent to the branch (mileage and time). The agency may use map quest to generate map.
7. Signature of manager or owner on the letter (*the name must be on record with the Department*).

CLOSE BRANCH

A letter on your agency's letterhead to CLOSE a branch to include:

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

Once the above mentioned 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:

Darlene Earls
Program Director, PSA
Indiana State Department of Health
Acute Care Division
2 N Meridian St., Section 4A 07
Indianapolis, IN 46204