



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES**

BUREAU OF LICENSING & CERTIFICATION

129 PLEASANT STREET, CONCORD, NH 03301-3857
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Jeffrey A. Meyers
Commissioner

Melissa A. St. Cyr Esq.
Chief Legal Officer

PROGRAM CLOSURE NOTICE

Dear _____:

Please be advised that the _____, Certificate #: _____
(Name of Residence or Day Service)

located at: _____
(Address)

has been closed effective: _____:
(Date)

1. Individual(s) moved to (name of Community Residence and Certificate #):

2. Reason for Closure:

3. Are there any other individuals living in the home? YES NO

4. A copy of this form has been sent to the _____ Fire Department on _____.
(Town/City) (Date)

(Print Name) (Phone #)

(Signature) (Date)

White Copy---- Return to the Office of Operations
Support with copy of Current Certificate

**Yellow Copy----Send to Local
Fire Department**

Pink Copy----- Vendor Agency Copy

Revised/Reviewed 12/23/13