



Notification to close provider managed residential site

General Information:

Residential Contracted Provider:	Reason:	Region:
Contact Name:	Check one:	Check one:
<i>(Please include all necessary contacts)</i>	High Rent	New Castle East
Contact Email(s):	Resident(s) want to move	New Castle West
Phone number(s):	Uncooperative Landlord	Kent
Today's Date:	Crime area	Sussex
Proposed Closure Date:	Transfer	
	Other:	

Site Information:

Property Address:	
City:	Zip Code:
Signature:	Date:
Provider Transfer:	
Complete if Provider Transfer is checked	
Name of previous provider:	
Complete and send this form to the following resource mailbox:	
Complete and save this form as a PDF. Complete All steps in the Request a new provider managed residential site procedure. Send all forms to the following resource mailbox:	
DHSS_DDDs_NewSite@delaware.gov (click for a direct link)	
DHSS_DDDs_NewSite@delaware.gov	
The subject line must read:	
<i>Site_close_Provider Name_Name of the region</i>	
Example: Site close_ABC Provider_Kent County	

Please note:

- Site costs will not be paid to the Residential Contracted Provider if the final cost report for the site is not submitted.
- DDDS will not pay any cost(s) associated with expenditures resulting from the site closure.
- Site cost beyond official closure will not be considered and eligible expenditures.