

## Housing With Services Closure Form

If your establishment is no longer operating as a Housing with Services Establishment (HWS), please complete this form and return it to us by email at [health.HWS@state.mn.us](mailto:health.HWS@state.mn.us) or return it to the address below. **Questions? Call 651-201-4101.**

Health Facility ID (HFID – 5 digit #): \_\_\_\_\_

HWS Name: \_\_\_\_\_

HWS Address: \_\_\_\_\_

\_\_\_\_\_

Closure Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Authorizing Official\*: \_\_\_\_\_

Printed Name of Authorizing Official: \_\_\_\_\_

\*Must be an owner, managerial official, board member, or agent who is **currently listed** in the MDH database in order for MDH to accept changes requested on this form.

Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, MN 55164-0900  
651-201-4101  
[www.health.state.mn.us](http://www.health.state.mn.us)

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*To obtain this information in a different format, call: 651-201-4101.*