

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NOTICE OF SILP CLOSING, TRANSFERRING, RECERTIFICATION AND OPENING

Please note: Information listed below needs to be forwarded to the appropriate NYS Office of children and Family Services Regional Office within 10 days of listed action.

TO:	FROM: Agency : SILP: Contact: Address: RID#: VID #:
RE: <input type="checkbox"/> SILP Opening <input type="checkbox"/> SILP Transferring <input type="checkbox"/> SILP Recertification <input type="checkbox"/> SILP Closing	DATE COMPLETED AND SENT:
<p style="text-align: center;">OLD AGENCY</p> Agency Name: Agency ID: Contact Person: Street Address: City, State, Zip: Phone: Fax: E-Mail:	<p style="text-align: center;">NEW AGENCY (transfers only)</p> Agency Name: Agency ID: Contact Person: Street Address: City, State, Zip: Phone: Fax: E-Mail:
Date of, Opening, Transfer, Recertification or Closing:	Changes made in CONNECTIONS: <i>Specify the contact person and phone number if different from agency/facility above:</i> Contact Person: Phone Number:
INFORMATION ON CLOSING	
ADDITIONAL COMMENTS	