<Date>

<Member Name>

<Member Address>

<City State Zip>

Dear <Member Name>:

I am writing to inform you that case management through <Agency> is ending for you due to the following reason:

I have not been able to reach you after several attempts.

You have declined case management services.

Your case management goals have been met.

You are receiving other case management services.

Although we are ending case coordination services, UCare will continue to support you in meeting your health care needs and reaching your health care goals. Your Care Navigator can help you access services through UCare. If you are unsure of who your Care Navigator is, please call UCare Customer Services at 612-676-3395, or toll free at 1-877-903-0061. If you are hearing impaired, please call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

Sincerely,

<Case Manager Name>

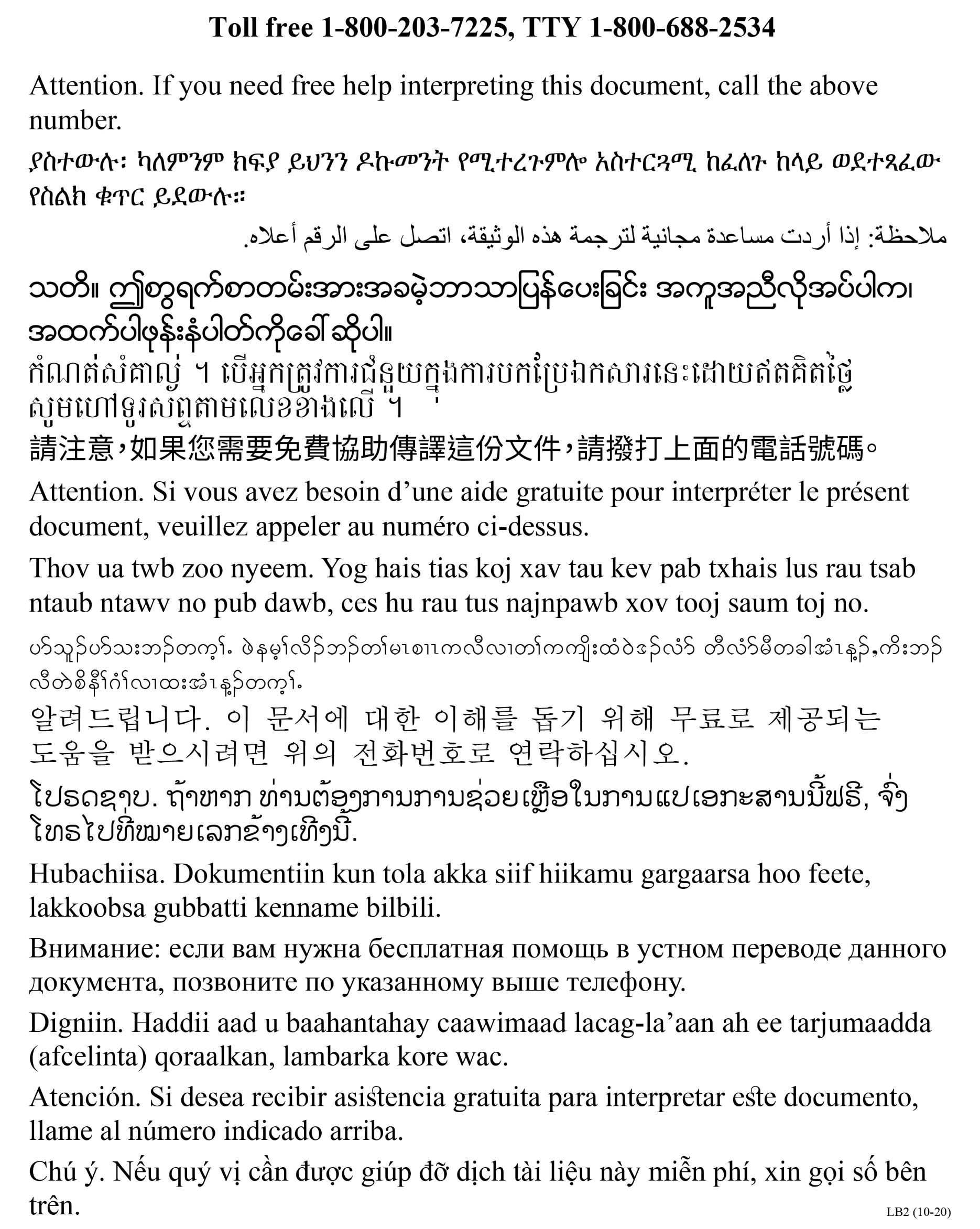
<Case Manager Job Title>

<County or Agency Name>

<Phone Number>

<E-mail Address>

SNBC H5937\_100316\_3 DHS Approved (11182016) U4686A (11/18)



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