<Date>

<Member Name>

<Member Address>

<City State Zip>

Dear <Member Name>:

I’m your care coordinator. I’ve been unable to reach you by phone. I am writing to ask you or your authorized representative to call me at <phone number>. If you reach my voicemail, leave a message with your daytime phone number. Include a date and time that I can call you. If you are hearing impaired, call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

The reason I am trying to reach you is:

To schedule an assessment

For your six (6)-month check-in

Other: <explanation of other reason>

Please call me as soon as you receive this letter. I look forward to speaking with you.

Sincerely,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number>

<Email Address>

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