

Date

Member Name

Member Address

City, State ZIP

Dear Member Name:

At UCare, we’re dedicated to improving your health and wellness. Enclosed is the Care Plan developed with you on Date. Please review the Care Plan carefully.

**As a reminder, during your visit we talked about:**

* Ways to manage your physical and mental health
* Using health care to maintain and improve your health
* Your preventive care needs

**Remember to contact your care coordinator if you:**

* Are hospitalized, or plan to be hospitalized
* Have a fall
* Have a change in your physical or mental health
* Need help finding support or services

If you have questions, or don’t agree with your Care Plan, call me at phone number. You can also call me if your needs change. TTY users, call the Minnesota Relay at (711) or 1-877-627-3848 (speech-to-speech relay service).

Sincerely,

Care Coordinator Name

Care Coordinator Job Title

County or Agency Name

Phone Number

Email Address

500 Stinson Blvd NE, Minneapolis, MN 55413 | 612-676-6500 | fax 612-676-6501 | **ucare.org**

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