<Date>

<Member Name>

<Member Address>

<City, State Zip>

Dear <Member>,

As a member of UCare’s <Health Plan> program, we offer a health risk assessment at no cost to you. I know you don’t want to have the assessment right now. If you change your mind, please call me at the number below.

**Who performs the health risk assessment?**

A UCare Care Coordinator performs the assessment. Our Care Coordinators can also help you understand your benefits. They can tell you about services to aid you at home, such as managing your care with your doctors if your health worsens.

Our Care Coordinators are here for you if you need:

* Support for activities you used to do by yourself (including making meals, bathing and paying bills)
* Equipment for bathroom or home safety
* Help finding a new place to live
* Information on staying healthy, preventing falls and immunizations

**Questions?**

If you have questions, or you would like to do the assessment, call me at <Phone>. TTY users call 1-800-688-2534. I’m here from <hours>. I may reach out to you again soon.

Sincerely,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number>

<E-mail Address>

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