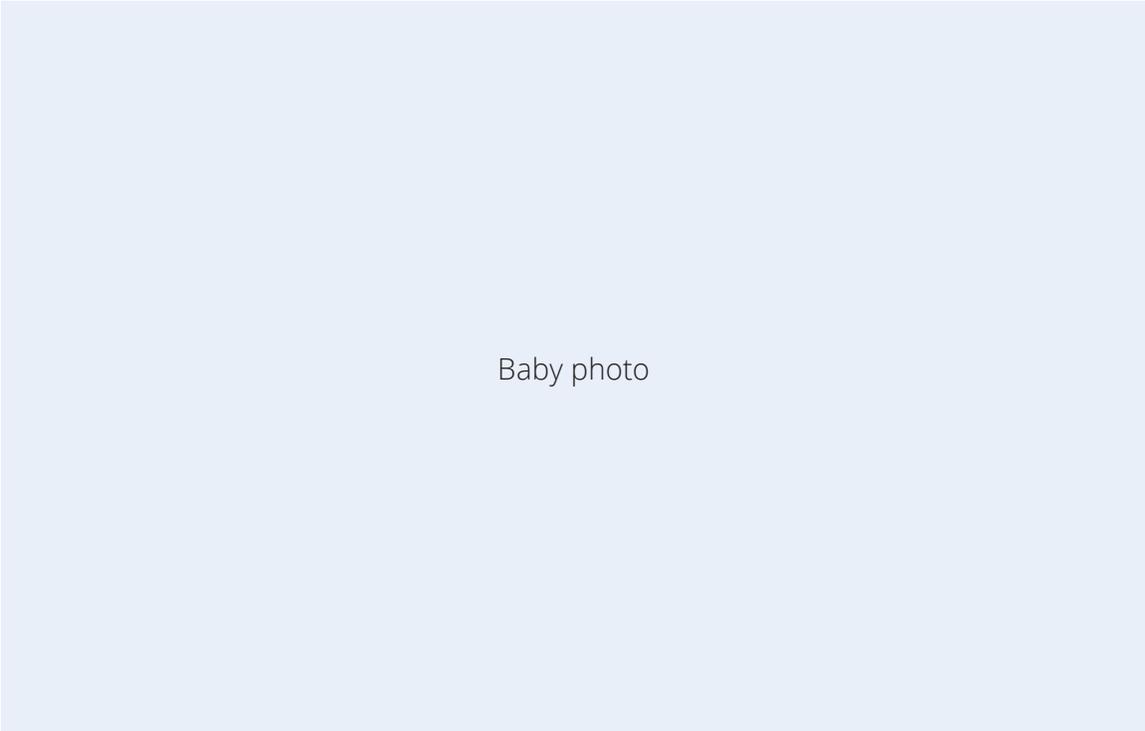


Caring for your baby

Birth to 2 years



 ucare[®]



Baby photo

Name _____

Date of birth _____ Birth weight _____ Birth height _____



Congratulations on your new addition!

UCare supports you and your baby

Babies are wonderful and bring many life changes. Your baby's early years can be challenging. UCare wants to help you understand and enjoy them.

Use this handy guide

Keep this booklet in your baby's diaper bag. Or keep it handy at home. Write or draw in it. Bring it to your baby's appointments. Check it any time you're looking for correct information about your baby's growth and development.

Your baby's doctor is your partner in health

Your clinic's doctors and staff want to answer your questions and respond to your concerns about you and your baby. They care about your baby — and so do we.

Please note that the information printed in this booklet should be used as a general recommendation. Your child has individual needs to discuss with a health care provider. Therefore, this information does not replace any medical advice you may receive from your health care provider. To acknowledge that you may have a son or daughter, we alternate using male (he, him, his) and female (she, her, hers) pronouns throughout this booklet.

Regular checkups are important

Starting at birth, all babies and children up to age 21 need regular Child and Teen Checkups (C&TC visits), also called well-child visits. C&TC visits help you make sure their growth, development and immunizations (shots) are on track.

When does your child need C&TC visits?

Age	 C&TC visit	 Dental visit	 Required shots (immunizations)	 Blood lead test
0-1 month	•		•	
2 months	•		•	
4 months	•		•	
6 months	•		•	
9 months	•			
12 months	•	•	•	•
15 months	•		•	
18 months	•	•		
24 months	•	•		•

Talk to your baby's doctor about additional recommended immunizations, such as a flu shot.

Talk to your doctor about:

Feeding: baby's preferences, breast or bottle, solid foods, developing healthy eating habits

Safety: car seat, rolling off beds, poison prevention, home and water safety

Sleep: putting baby on her back, sleep problems

Dental: teething, brushing teeth, first dental visit

Communication: crying, language

Nutrition: supplements (such as fluoride and iron), appetite, weaning, portion size

Relationships: bonding, family adjustment to baby

Parent resources: parent classes, breastfeeding support

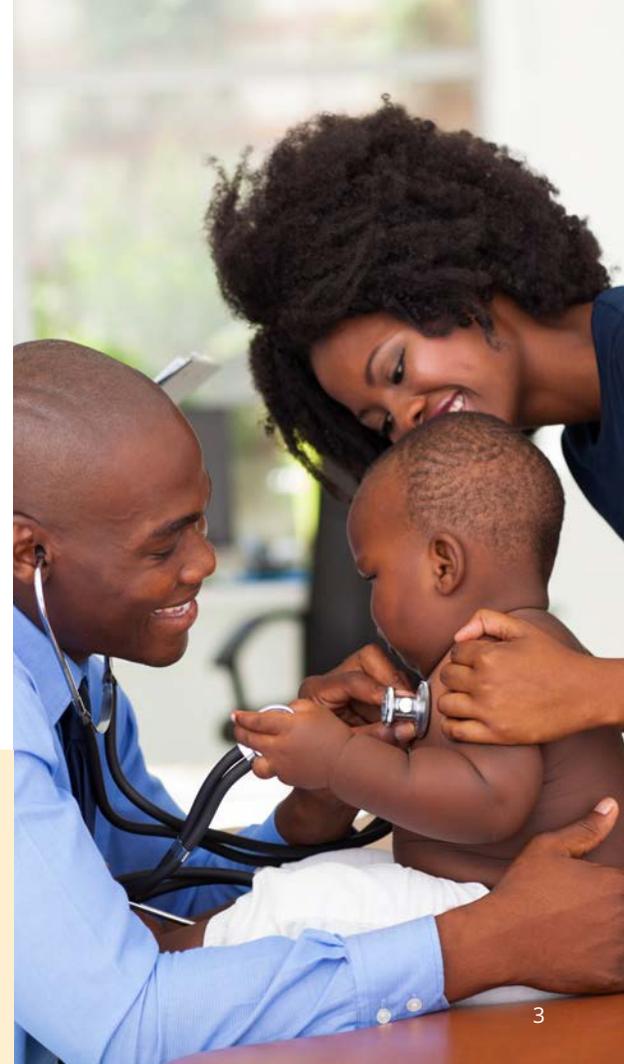
Growth and development: individuality, appropriate toys and forms of play, curiosity

Sick-child care: colds, fevers, diaper rash



At a checkup, your baby's doctor will:

- Check weight and height
- Measure head size
- Check vision and hearing
- Ask about social and emotional development
- Ask about health history
- Give shots (if needed)
- Do lab tests (if needed)
- Ask about any health needs your baby may have





Smile! Your growing baby needs dental visits, too.

Take your baby to the dentist when you see their first tooth — or no later than 12 months of age. Make sure your baby sees a dentist every six months to prevent cavities and other dental problems.

If you need help finding a dental clinic for your baby, we can help you! Call UCare Dental Connection* at 651-768-1415 or 1-855-648-1415 toll free (TTY 711).



UCare's Dental Connection can help you

- Find a dental clinic
- Coordinate transportation
- Answer dental benefits and claims questions
- Schedule dental appointments
- Coordinate interpreter services

*UCare Dental Connection is not available to members of UCare Individual & Family Plans and Individual & Family Plans with M Health Fairview. For IFP dental help, call 651-768-1417 or 1-855-648-1417.

Help your child grow well and be safe with these steps

- **Learn to listen** for your baby's cry when she is hungry.
- **Talk and sing** to your baby — your voice is very important to him.
- **Touch and cuddle** your baby to build healthy connections for both of you.
- **Make eye contact** with him as much as possible.
- **Show affection and play** with your toddler.
- **Use a car seat** whenever you take your baby in a vehicle.
- **Read to your baby** every day. Even if she can't understand the words, she is listening to you talk. Your words help her with language development. It will also build a daily habit of reading to her.
- **Encourage your baby** to speak by repeating the same sounds back to him when he coos.
- **Keep your baby safe.** Remember that she can roll off a changing table or bed. Childproof your home by storing cleaning supplies, electrical cords and small objects completely out of your baby's reach. Secure and store guns away from children.
- **Always watch** your toddler around water. This includes pools, lakes and especially the bathtub.
- **Ask your baby's doctor** for more ideas.



Make sure YOU rest and take time for yourself. It's important to talk with your health provider if you are feeling overwhelmed, very sad or having difficulty coping with day-to-day activities. Help is available.

Guide to shots for your baby

Your baby will need many immunizations (shots) during his first years of life. Most shots will occur between birth to age 2. This chart shows shots required by Minnesota law for early childhood programs and certified child care.

WHEN TO GET SHOTS

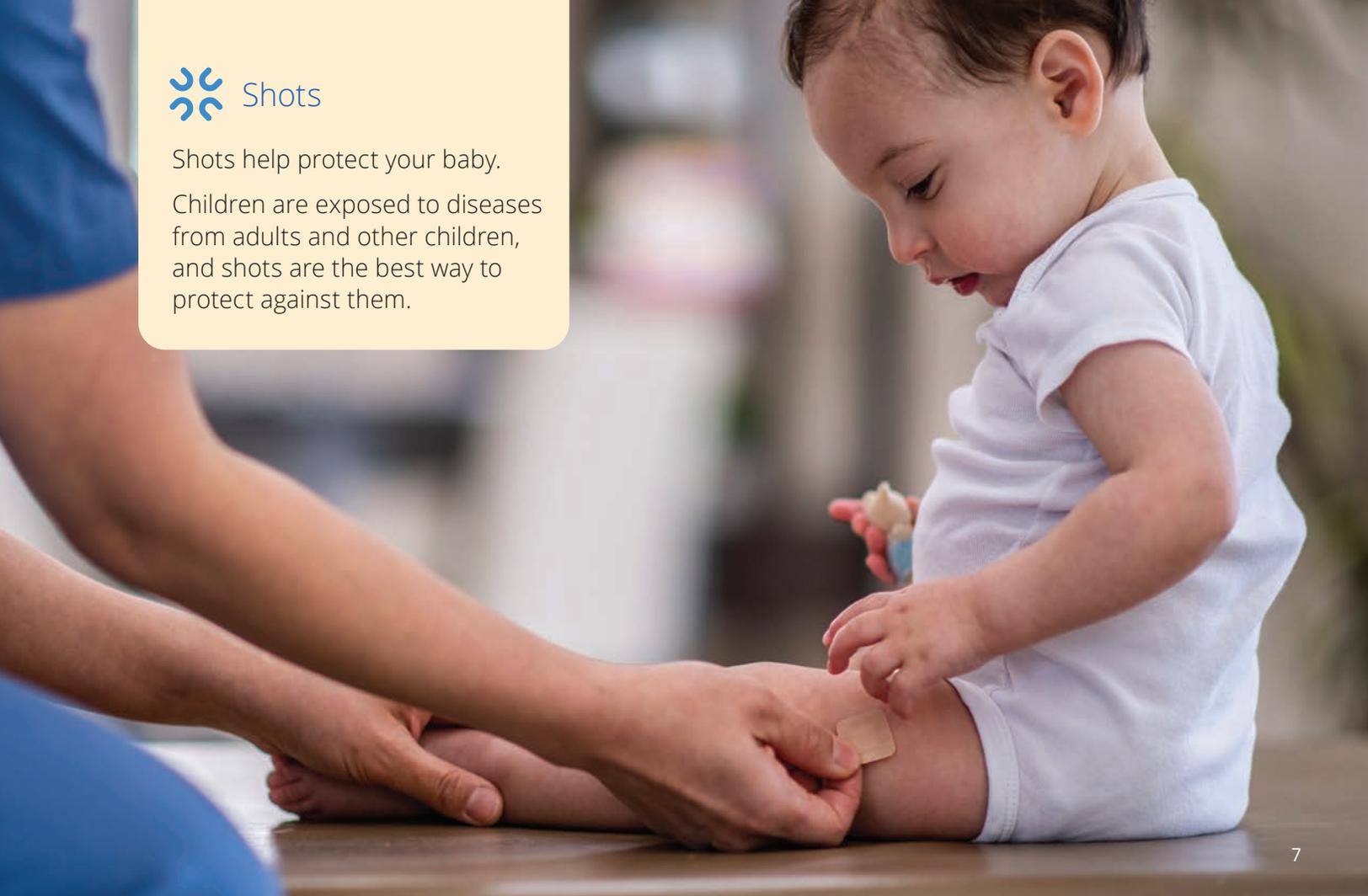
Vaccine (Shot)	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19 – 23 months
<i>The shaded boxes show when your child should receive shots. Keep track of shots by filling in each box with the date of service.</i>									
Hep B (Hepatitis B)	DOSE 1	DOSE 2			DOSE 3				
DTaP (Diphtheria, Tetanus, Pertussis)			DOSE 1	DOSE 2	DOSE 3		DOSE 4		
IPV (Polio)			DOSE 1	DOSE 2	DOSE 3				
MMR (Measles, Mumps, Rubella)						DOSE 1			
Hib (Haemophilus Influenza type b)			DOSE 1	DOSE 2	DOSE 3	DOSE 4			
Varicella (Chickenpox)						DOSE 4			
PCV13 (Pneumococcal)			DOSE 1	DOSE 2	DOSE 3	DOSE 4			
Hep A (Hepatitis A)						2 DOSE SERIES			
<i>The following shots are recommended, but not required.</i>									
Rotavirus			DOSE 1	DOSE 2	DOSE 3				
Influenza (Flu)					YEARLY				



Shots

Shots help protect your baby.

Children are exposed to diseases from adults and other children, and shots are the best way to protect against them.



Vaccines and the diseases they help prevent

Vaccine	Disease vaccine protects against	Spread by	Disease symptoms & complications
Varicella	Chickenpox	Air, direct contact	Rash, tiredness, headache, fever. Complications may include: Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
DTaP*	Diphtheria	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck. Complications may include: Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Haemophilus influenzae type b	Air, direct contact	May be no symptoms unless bacteria enter the blood. Complications may include: Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia, death
HepA	Hepatitis A	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine. Complications may include: Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
HepB	Hepatitis B	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice, joint pain. Complications may include: Chronic liver infection, liver failure, liver cancer
Flu	Influenza	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue. Complications may include: Pneumonia

Vaccine	Disease vaccine protects against	Spread by	Disease symptoms & complications
MMR**	Measles	Air, direct contact	Rash, fever, cough, runny nose, pinkeye. Complications may include: Encephalitis, pneumonia, death
MMR**	Mumps	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain. Complications may include: Meningitis, encephalitis, inflammation of testicles or ovaries, deafness
DTaP*	Pertussis (Whooping Cough)	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants). Complications may include: Pneumonia, death
IPV	Polio	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, and headache. Complications may include: Paralysis, death
PCV13	Pneumococcal	Air, direct contact	May be no symptoms, pneumonia. Complications may include: Bacteremia (blood infection), meningitis, death
RV	Rotavirus	Through the mouth	Diarrhea, fever, vomiting. Complications may include: Severe diarrhea, dehydration
MMR**	Rubella	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes. Complications may be very serious in pregnant women — can lead to miscarriage, stillbirth, premature delivery, birth defects
DTaP*	Tetanus	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever. Complications may include: Broken bones, breathing difficulty, death

*DTaP combines protection against diphtheria, tetanus, and pertussis. **MMR combines protection against measles, mumps and rubella.
Source: *Center for Disease Control and Prevention's Recommended Vaccinations for Infants and Children (birth through 6 years), 2021.*

1–3 weeks

Check-up record



height

weight

next appointment

Food

Your baby takes small amounts of breast milk or formula every two to three hours. As your baby nurses, you will produce more breast milk. Bottle-fed babies take about 2 ½ ounces of formula per pound of body weight each day. As she grows, you will need to increase the number of ounces of formula. You will know if your baby has had enough milk if she appears satisfied after feeding, stops sucking, is wetting at least six diapers and having two bowel movements per day.

Sleep

- Babies' sleeping patterns are different and depend on their size. Your baby should **always** sleep on her back. This will help prevent Sudden Infant Death Syndrome (SIDS). Do not put your baby to sleep on her side, as she could easily roll over onto her stomach.
- Avoid bringing your baby into your bed to sleep. Bed-sharing is a common cause of death in babies because they are at risk of suffocation, strangulation and SIDS. Keep baby nearby in a crib or bassinet and both you and your baby will sleep better and safer.
- Babies should sleep on a firm mattress with a fitted sheet. Do not put loose sheets, blankets, stuffed toys, pillows or bumper pads in the crib or bassinet.

- Loose items could accidentally cover your baby's face and make it difficult for her to breathe. Talk about safe sleep with family members and others who take care of your baby.

Tummy play time

Baby needs to spend time on her tummy to help her develop normally. Safely put your baby on her tummy when she is awake and closely watch her.

Physical

Your baby can hold her head up only briefly when on her stomach. You must support your baby's head all of the time.

Vision

Your baby's eyes do not focus well yet. Each eye may wander separately. Babies flinch at bright light and may try to follow it.



2 months

Check-up record



height

weight

next appointment

Food

Breastfeeding babies continue to eat every two to four hours. Bottle-fed babies take about 22–25 ounces per day, or 2½ ounces per pound of body weight. Your baby is getting all the milk needed if he is gaining weight, is satisfied after feedings, is wetting six or more diapers a day and is having at least two bowel movements per day.

Sleep

- Baby should always sleep on his back. This will help prevent Sudden Infant Death Syndrome (SIDS). Do not put your baby to sleep on his side, as he could easily roll over onto his stomach.
- Avoid bringing your baby into your bed to sleep. Bed-sharing is a common cause of death in babies because they are at risk of suffocation, strangulation and SIDS. Keep baby nearby in a crib or bassinet and both you and your baby will sleep better and safer.
- Babies should sleep on a firm mattress with a fitted sheet. Do not put loose sheets, blankets, stuffed toys, pillows, or bumper pads in the crib or bassinet. These items could accidentally cover your baby's face and make it difficult for him to breathe.

Vision

He follows light or bright-colored objects.

Tummy play time

Baby needs to spend time on his tummy to help him develop normally. You can safely put your baby on his tummy when he is awake and when there is an adult present to watch him closely.

Physical

He lifts his head when on his stomach. He also begins to hold his head upright but still bobs his head while sitting.

Social

He looks at your face and smiles in response to attention from you. He stops crying if a person pays attention to him, and begins to recognize people by sight, voice and touch.



Sleep

Baby should always sleep on her back.

4 months

Check-up record



height

weight

next appointment

Food

- Growth slows down a bit, and your baby's feedings will start to become less frequent. Breastfeeding moms will notice the longer time between feedings because the breasts may swell with milk. This swelling may disappear as your body adjusts to your baby's decreased demand for milk. You can also use a breast pump to collect milk for your baby for later use if your breasts are full between feedings.
- Most bottle-fed babies take about 24–32 ounces of formula per day. Discuss this with your baby's doctor.

Sleep

Baby should continue to sleep on her back in her own bed. She continues to be awake for longer periods and may sleep most of the night. She often plays and coos after waking and before crying for food.

Physical

She can grasp objects put close to her hand because she is developing hand-eye coordination. She can follow bright objects. She may roll over from stomach to back and from back to stomach. She also holds her head steady without support.



 Social

Baby is smiling spontaneously and laughing. She also starts to talk with cooing.

6 months

Check-up record



height

weight

next appointment

Food

- Begin solid foods one at a time. He usually takes at most one tablespoon of rice cereal at a meal. Begin only one new fruit or vegetable each week. At mealtime, give breast milk first, then solids, to keep up the milk supply. A bottle-fed baby takes about 24 to 32 ounces of formula per day. Do not put him to bed with a bottle.
- Breastfeeding moms should continue to breastfeed while introducing solids. Even though your baby starts eating solid foods, most of his diet is milk — either from the breast or bottle.

Sleep

Your baby continues to be awake more and is more active and alert. He usually sleeps all night and takes morning, afternoon and evening naps. Put your baby to bed awake so he can learn to fall asleep alone.

Physical

He begins to sit without support and can hold his head upright when lying on his stomach. He reaches for and grasps objects now. He gets on his hands and knees and rocks back and forth. He also begins scooting, progressing from creeping to crawling.

Vision

His vision is improving and his eyes should work together. Let your clinic know if your baby's eyes wander or cross frequently.

Social

He identifies familiar people and objects. He makes beginning speech sounds and soon will be babbling. Continue to encourage speech by repeating sounds after your baby — for instance, da-da-da, ma-ma-ma.



9 months

Check-up record



height

weight

next appointment

Food

Baby begins trying finger foods (small, soft foods, such as bananas or steamed carrots). She may be able to start drinking from a cup or “sippy” cup with a no-spill spout. Protect her new teeth by not putting her to bed with a bottle.

Sleep

As your baby starts to stand and sit either on her own or with the help of a hand or rail, make sure her crib is safe. Always keep crib rails locked in the highest position. Consider moving the mattress to the lowest level.

Physical

More creeping and crawling happens now. Some babies never crawl and go right to walking. She stands alone, hanging on to your fingers or furniture. She starts pulling herself to a standing position. Hand control increases as she passes objects from one hand to the other. She takes small objects with the entire hand and then begins to pick at objects with her thumb and index finger. Do not use a baby walker because it can be dangerous for your baby.

Language

Your baby begins to imitate more speech sounds and increases babbling.



 Social

Baby is more sociable with familiar people. She may begin to be shy with strangers.

12 months

Check-up record



height

weight

next appointment

Food

Baby needs a varied and healthy diet. Your baby wants to control what and how much he eats. While he likes finger foods, he can also begin to use a fork and spoon. You may introduce whole milk. Begin to replace the bottle with a cup.

Physical

He may begin taking first steps without holding onto a support, or may continue to walk holding onto a person or thing. He continues to explore new surroundings. He stoops and recovers objects he drops. He now picks up small objects with his thumb and index finger and also bangs small objects together.

Social

Baby starts to point to familiar people and play peek-a-boo and patty-cake. He begins to be less shy with strangers, but shyness may continue for months to come.

Language

Baby understands more than he can say, including simple commands. He can point or look toward objects when asked — such as, “Where is your teddy bear?” He primarily communicates without words by pointing or using other body language. He usually has said his first word — which may not be understandable to anyone but his parents.

Emotions

He begins to be aware of others’ emotions and may react to the emotions with joy, laughter, anger, jealousy or fear. Talk to your baby about your feelings and his feelings — being happy, sad or mad.



15 months

Check-up record



height

weight

next appointment

Food

Toddler now drinks well from a cup. Gradually stop giving her a bottle if you haven't already done this. She begins using a spoon but may often return to using her fingers.

Sleep

Your toddler naps in the afternoon and sleeps eight to 14 hours at night. If your toddler wakes at night because of a bad dream, awaken her completely and calm her. Hug your toddler and then tuck her back into bed.

Social

She can play alone for a short time and has favorite toys. She throws and picks up objects, and then repeats these actions. She plays alongside other children but does not play with them.

Language

She continues to understand more than she can say and follows simple commands. She uses gestures and may say more than one or two words. Encourage your toddler to ask for what she wants by putting her directions into words. For example, when she is pointing at water, say, "Do you want some water?" or "Let's get your cup for water."



Physical

She usually walks alone now. She walks up stair steps with help and slides down stairs alone. She tries to climb on furniture and stoops and can pick up things. Both hands are used equally.

18 months

Check-up record



height

weight

next appointment

Food

Your toddler eats regular meals. He holds and lifts a cup well and drinks fine. Spoon use gets better.

Physical

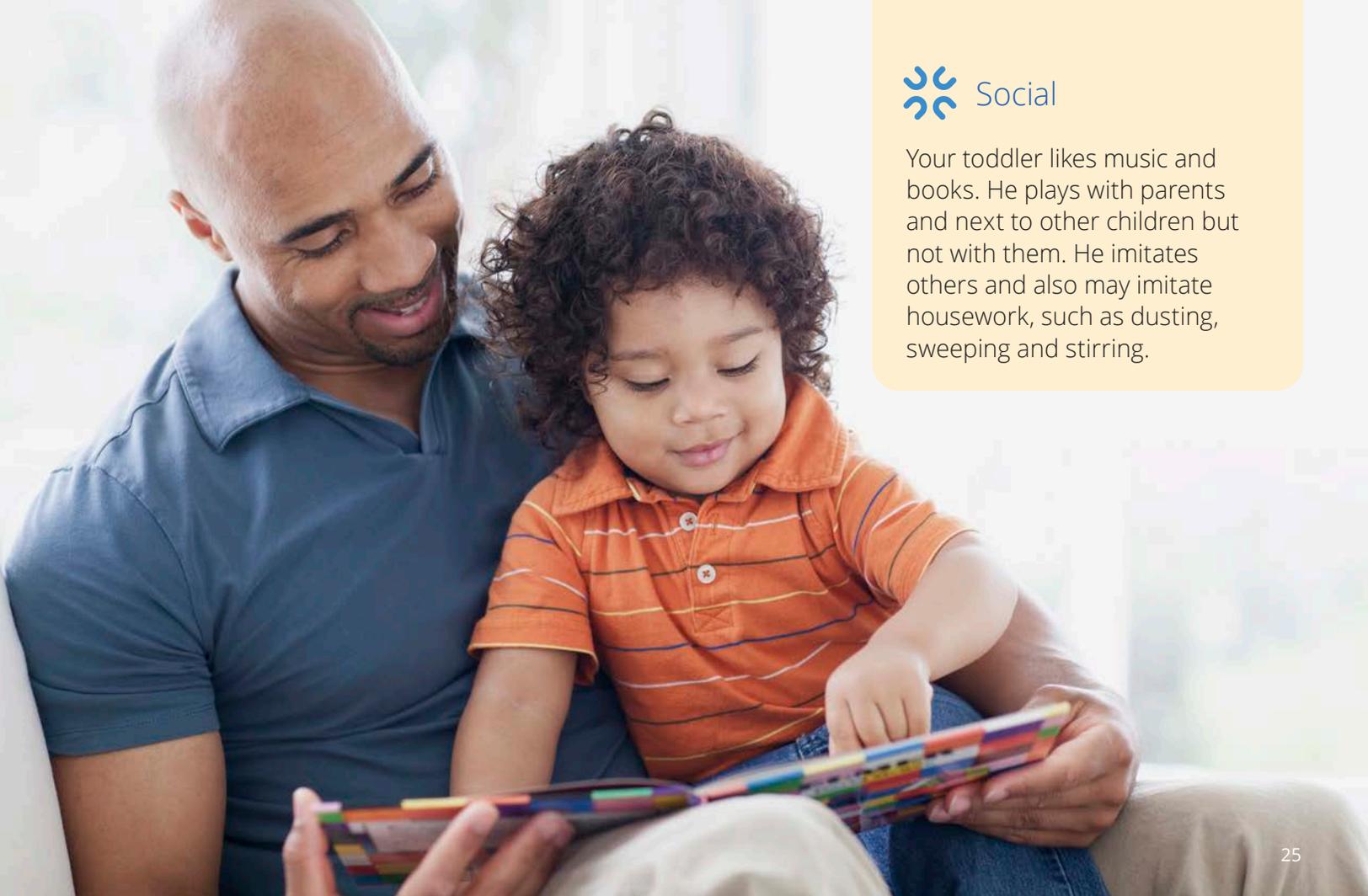
He walks much more and has better balance. He turns pages of books. He likes objects that stack on or fit in other objects. Kitchen objects are excellent playthings unless they are sharp or have dangerous edges. He throws a ball. Finger and thumb movements become much more refined. He scribbles when given a pencil or crayon.

Language

He follows simple instructions. When you say the name of an object in a book, your toddler can point to it. He begins indicating wants by naming rather than pointing, and can point to named body parts. He can learn “please,” “thank you” and “excuse me.”

Discipline

Your toddler begins testing limits by reacting against your rules. Say “no” and explain why. Distract him by offering another activity. Remove him from the situation if necessary. Be consistent and remember to give lots of love and kisses throughout the day.



Social

Your toddler likes music and books. He plays with parents and next to other children but not with them. He imitates others and also may imitate housework, such as dusting, sweeping and stirring.

24 months

Check-up record



height

weight

next appointment

Food

She drinks without spilling. She holds a small glass with one hand and inserts a spoon correctly in her mouth. She also plays with her food.

Sleep

All-night sleep occurs (10–12 hours). While she may begin to resist an afternoon nap, she needs to be put in bed for at least one hour to rest. If your toddler is starting to climb out of the crib, change to a toddler bed.

Physical

Your toddler is busy and physical. She runs and starts to walk up and down stairs, one at a time. She throws a ball overhand and begins trying to jump in place. She builds a tower of four or more blocks.

Play

She enjoys singing, dancing and rhymes. She plays alone for longer periods and also alongside other children. She may start to “pretend” in play. She has difficulty sharing toys and likes to be outside.

Language

She follows two or three verbal directions. She uses more words and may begin to put two words together. Read to your toddler as often as possible.

Discipline

When issues arise, redirect toddler to a different activity. Help your toddler learn to cooperate by giving her duties such as picking up toys. Physical punishment is harmful; try using time-outs instead. Praise your toddler when she is doing good things.



Keep your child safe on the road

It's important that you ***always*** secure your child in a car seat when riding in a vehicle. It's not only important to protect your child from injury: It's the law.

Minnesota state law: All children up to age 8 years and shorter than 4 feet 9 inches are required to ride in an age-appropriate car seat in a moving vehicle.

- All babies and toddlers should ride in a rear-facing car seat (facing the back of the car) until they are 2 years of age or until they reach the highest weight or height limit listed on the car seat.
- All toddlers 2 years or older should be switched to a forward-facing car seat with a 5-point harness. Toddlers younger than 2 years of age who have reached the weight or height limits listed for rear-facing on the car seat should switch to a forward-facing car seat with a 5-point harness.

You may be eligible for a free child car seat

UCare provides free car seats and in-person education to eligible members who are under age 8 or pregnant. For more information, contact UCare Customer Services at the number on the back of your member ID card.*

*Not available to UCare Individual & Family Plan and Individual & Family Plan with M Health Fairview members.



Buckle up

Children up to age 8 and shorter than 4 feet 9 inches are required by law to be fastened in an age-appropriate car seat.





Resources to help you care for your child

Visit **ucare.org/healthwellness** for helpful tools and information from our experts on how to keep your baby healthy and safe.

For more great resources and tools, visit the American Academy of Pediatrics website at **healthychildren.org**.

A free book about childhood illness care

Request a free, easy-to-use book from UCare called *What to Do When Your Child Gets Sick* (available in English and Spanish). The book offers information about:

- when to take your child to the doctor
- safety tips
- taking care of your sick child
- what to do when your child gets hurt
- common childhood problems involving your child's eyes, ears, nose, mouth, throat, breathing, stomach and bedwetting

Call the UCare Customer Service number on the back of your member ID card to order a book.

Toll free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

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請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

CB5 (MBOs) (5-2020)

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services

UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY) or 1-800-688-2534 (TTY).

Language Assistance Services

UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), -676-6810 (TTY) or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

U.S. Department of Health and Human Services'
Office for Civil Rights
200 Independence Avenue SW
Room 515F
HHH Building
Washington, DC 20201

Customer Response Center:
Toll-free: 800-368-1019
TDD 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104

651-539-1100 (voice)
800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (Fax)
Info.MDHR@state.mn.us (Email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with **DHS** if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division

P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice)
or use your preferred relay service

UCare Complaint Notice

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political belief

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052

Toll free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org

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