



Caring for your baby

Birth to 2 years





Baby photo

Name _____

Date of birth _____ Birth weight _____ Birth height _____

Congratulations on your new addition!

UCare supports you and your baby

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

How to use this 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. You should discuss your child's unique needs with your pediatrician. This information does not replace the medical advice you get from your child's doctor.

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 shots (immunizations) are on track.

When does your child need C&TC visits?

Age	 C&TC visit	 Dental visit	 Required shots	 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 shots, such as a flu shot.

Important things to discuss with your pediatrician

- **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:** bedtime routine, 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.

Do you need help finding a dental clinic for your baby? 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 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
- **Talk and sing** to your baby — your voice is very important
- **Touch and cuddle** your baby to build healthy connections
- **Make eye contact** as much as possible
- **Show affection and play** with your baby
- **Use a car seat** whenever you take your baby in a vehicle
- **Read to your baby** every day. Reading to your baby daily is a good habit to build and helps your baby's language development.
- **Encourage your baby** to speak by repeating the same sounds back to to your baby when they coo
- **Keep your baby safe.** Remember that your baby 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 the bathtub.
- **Ask your baby's doctor** for more ideas

Self-care

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

Guide to shots for your baby

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

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 4			
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			

The following shots are recommended, but not required.

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	Protects against	Spread by	Disease symptoms and 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	Protects against	Spread by	Disease symptoms and 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

Sleep

- Sleep patterns for babies can vary and depend on their size. Babies should always sleep on their backs. This will help prevent Sudden Infant Death Syndrome (SIDS). Do not put your baby to sleep on their side, as they could easily roll over onto their 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 to breathe. Talk about safe sleep with family members and others who take care of your baby.

Tummy play time

Babies need to spend time on their tummies. Safely put your baby on their tummy when they are awake and you're able to closely watch them.

Physical

Babies can hold their heads up only briefly when on their stomachs. You must support your baby's head all of the time.

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 your baby grows, you will need to increase the number of ounces of formula. You will know if your baby has had enough milk if your baby appears satisfied after feeding, stops sucking, is wetting at least six diapers and having two bowel movements per day.

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

Sleep

- Babies should always sleep on their backs. This will help prevent Sudden Infant Death Syndrome (SIDS). Do not put your baby to sleep on their side as they can easily roll over onto their 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 them to breathe.

Tummy play time

Babies need to spend time on their tummies to develop normally. You can safely put your baby on their tummy when they are awake and when there is an adult watching them closely.

Physical

Babies should be able to lift their head when on their stomach. They may still bob their head when sitting.

Food

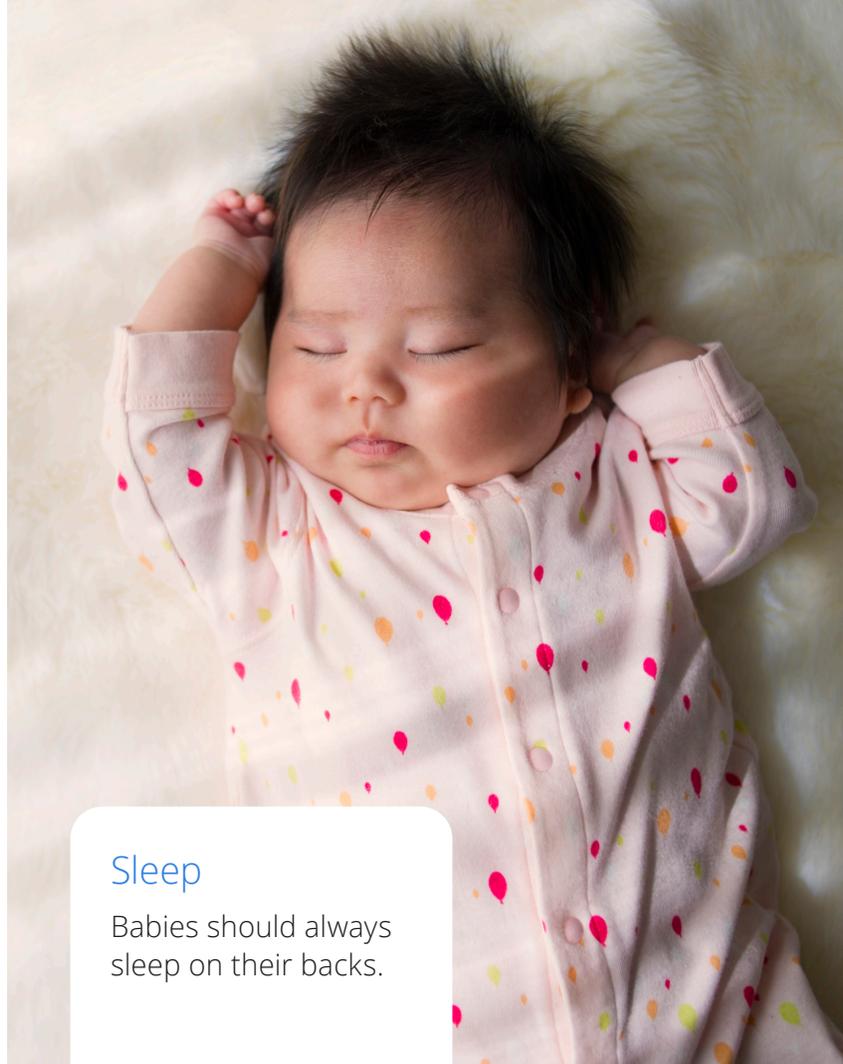
Breastfeeding babies continue to eat every two to four hours. Bottle-fed babies take about 22 – 25 ounces per day, or 2 ½ ounces per pound of body weight. Your baby is getting all the milk needed if they are gaining weight, satisfied with feedings, wetting six or more diapers a day and having at least two bowel movements a day.

Vision

Your baby follows lights or brightly colored objects.

Social

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



Sleep

Babies should always sleep on their backs.

4 months

Check-up record



height

weight

next appointment

Food

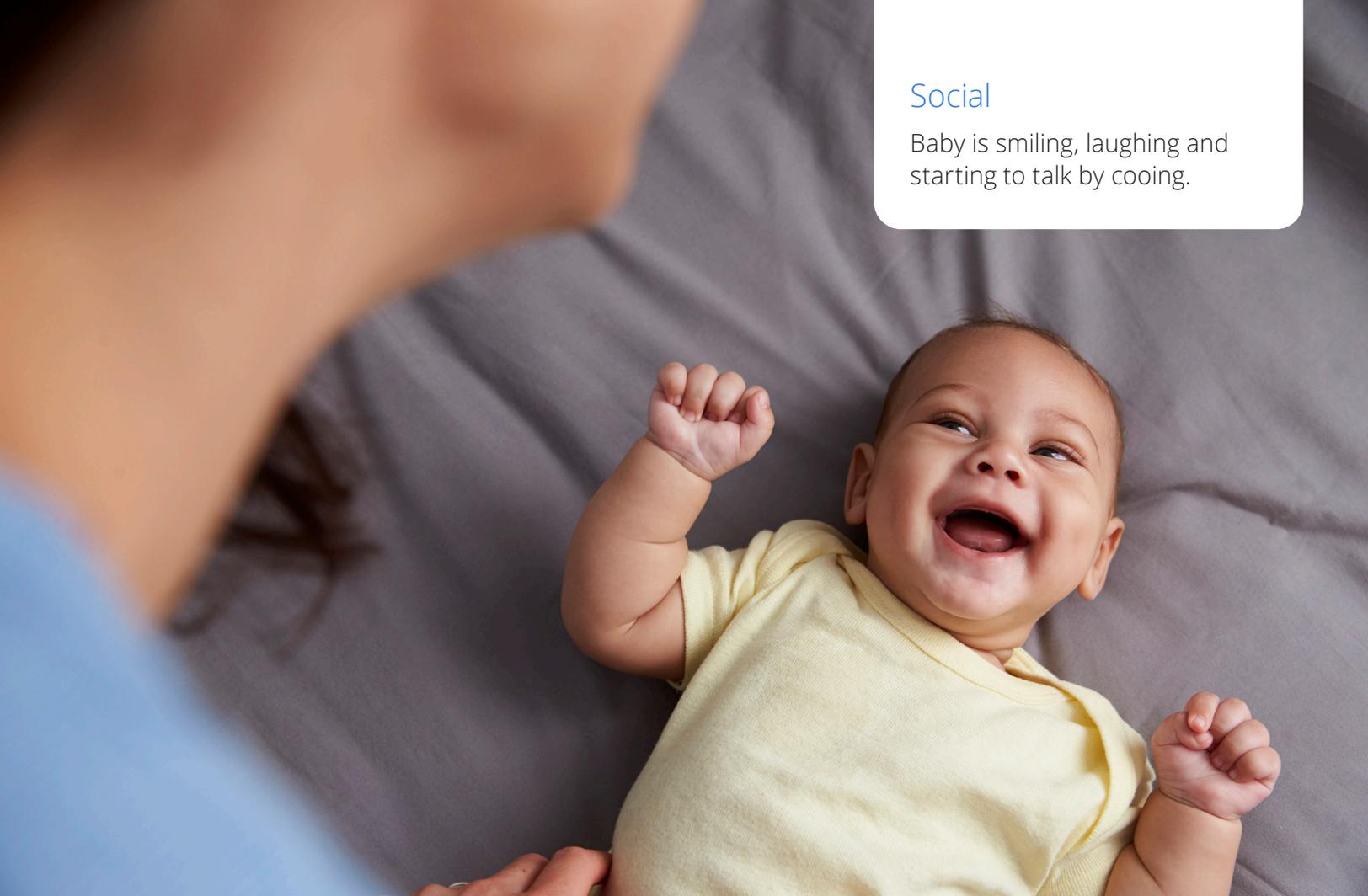
- Growth slows down a bit, and your baby's feedings will start to become less frequent. Breastfeeding moms will notice the longer time between feedings because the breasts may swell with milk. This swelling may disappear as your body adjusts to your baby's decreased demand for milk. You can also use 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

Babies should continue to sleep on their backs in their own bed. Your baby may start to sleep most of the night. Baby plays and coos after waking and before crying for food.

Physical

Babies can grasp objects put close to their hands as they're developing hand-eye coordination. They can follow bright objects. They may roll over from stomach to back and back to stomach. They hold their heads steady without support.



Social

Baby is smiling, laughing and starting to talk by cooing.

6 months

Check-up record



height

weight

next appointment

Food

- Begin solid foods one at a time. Baby usually takes 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 – 32 ounces of formula per day. Do not put baby to bed with a bottle.
- Breastfeeding moms should continue to breastfeed while introducing solids. Even though your baby starts eating solid foods, most of baby's diet is milk — either from the breast or bottle.

Sleep

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

Physical

Baby begins to sit without support and hold their head upright when lying on their stomach. They reach for and grasp objects. Your baby can rock on hands and knees and should begin to crawl.

Vision

Baby's vision is improving. Let your clinic know if your baby's eyes wander or cross frequently.

Social

Baby identifies familiar people and objects. Soon, your baby will start 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). Baby may be able to start drinking from a cup or “sippy” cup with a no-spill spout. Protect your baby’s new teeth by not putting baby to bed with a bottle.

Sleep

As your baby starts to stand and sit either on their own or with the help of a hand or rail, make sure the 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. Baby stands alone, hanging on to your fingers or furniture. Hand control increases as they pass objects from one hand to the other. Baby takes small objects with the entire hand and then begins to pick at objects with 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

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



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 they eat. While baby likes finger foods, baby can also begin to use a fork and spoon. You may introduce whole milk. Begin to replace the bottle with a cup.

Physical

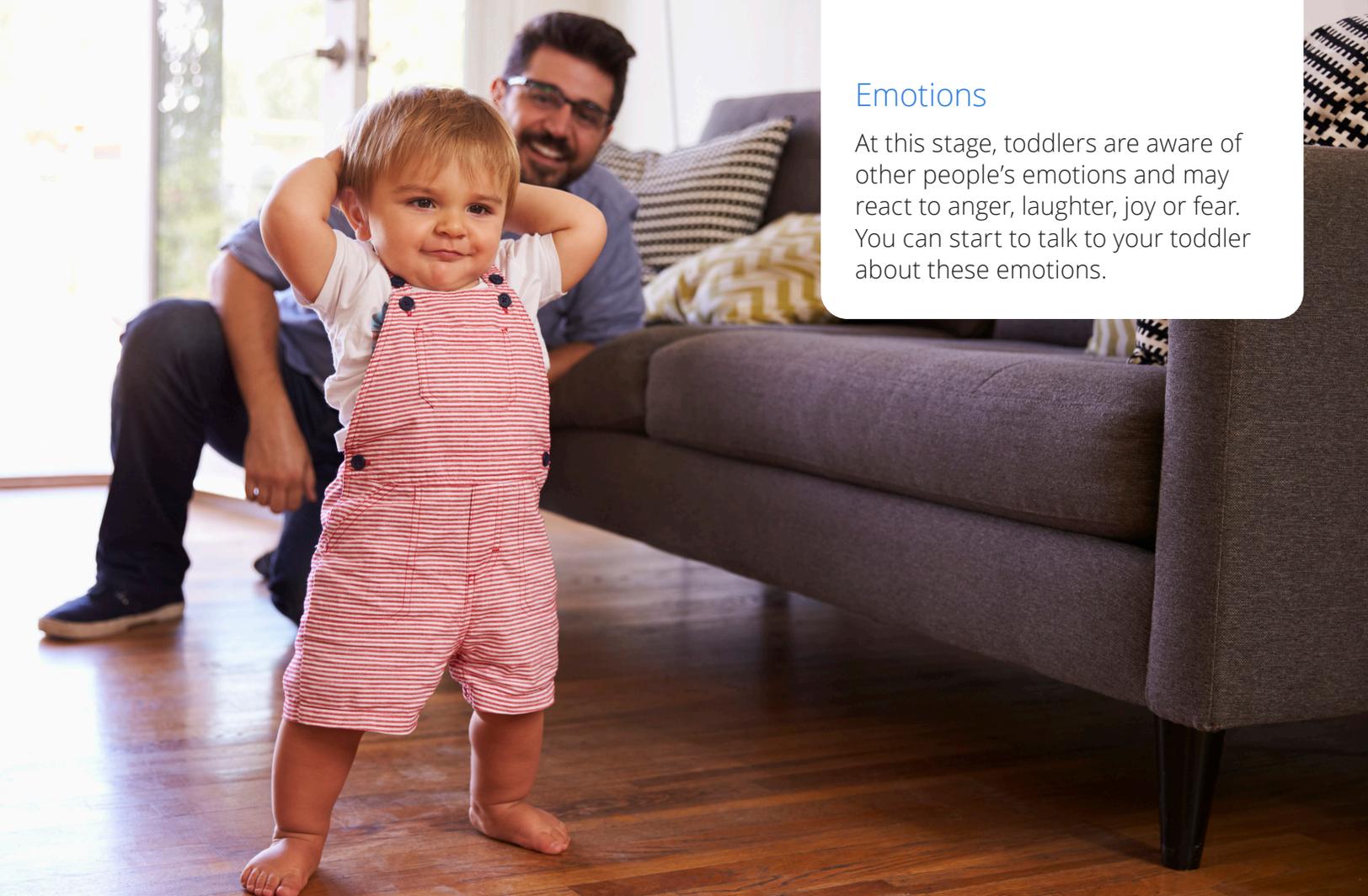
At 12 months old, your baby is now considered a toddler, and may begin to walk (or toddle) without support. Using their thumb and forefinger, toddlers can stoop, pick up small objects and bang them together.

Social

Your toddler starts to point to familiar people and play peek-a-boo and patty-cake. Shyness may continue for months to come.

Language

Your toddler understands simple phrases. Your toddler can point or look toward objects when asked questions such as, "Where is your teddy bear?" Toddlers continue to point or use their body language instead of their words.



Emotions

At this stage, toddlers are aware of other people's emotions and may react to anger, laughter, joy or fear. You can start to talk to your toddler about these emotions.

15 months

Check-up record



height

weight

next appointment

Food

At this age, your toddler should be able to drink from a cup. Gradually, stop giving your toddler a bottle if you haven't done so already. Your toddler may start to use a spoon to eat.

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 your toddler completely to calm them down before putting them back to bed.

Social

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

Language

Your toddler continues to understand more than they can say and follows simple commands. They use gestures and may say more than one or two words. Toddlers should be encouraged to use their words. For example, when they're pointing at water, say, "Do you want some water?" or "Let's get your cup for water."



Physical

At 15 months, toddlers can mostly walk without help but will still need help with stairs. Your toddler climbs on furniture and stoops to pick up objects.

18 months

Check-up record



height

weight

next appointment

Food

Your toddler eats regular meals. They hold and lift a cup well. Spoon use starts to improve.

Physical

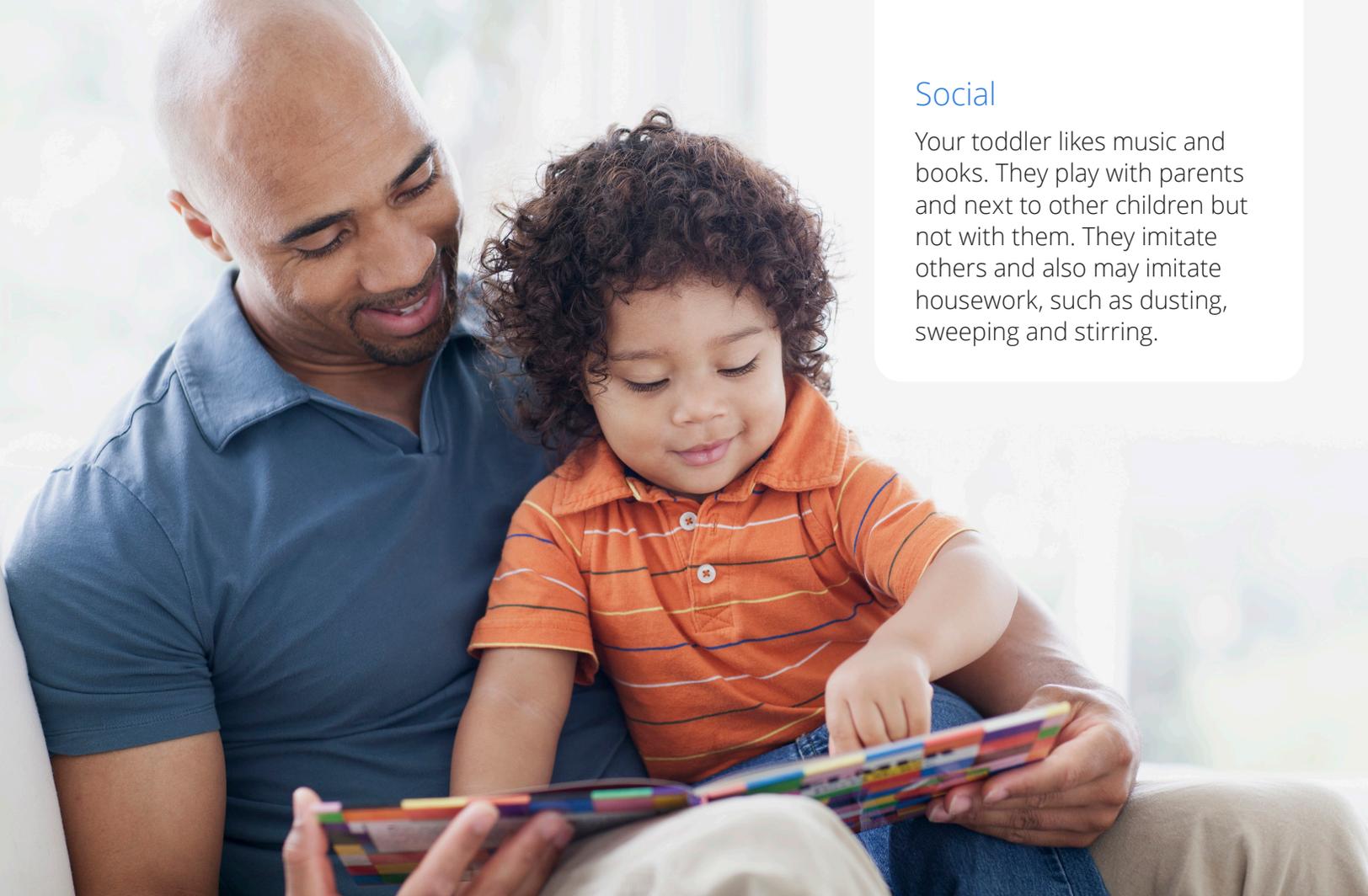
Your toddler walks more and has better balance. Finger and thumb movements become more refined. Your toddler may start to throw a ball, turn the pages of a book, scribble with a crayon and stack objects.

Language

Your toddler follows simple instructions. When you say the name of an object in a book, your toddler can point to it. Your toddler begins indicating wants by naming rather than pointing, and can point to named body parts. They 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 your toddler by offering another activity. Remove them 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. They play with parents and next to other children but not with them. They imitate others and also may imitate housework, such as dusting, sweeping and stirring.

24 months

Check-up record



height

weight

next appointment

Food

Your toddler may still play with food, but can drink without spilling, use a spoon and hold a small glass.

Sleep

All-night sleep occurs (10 – 12 hours). Your toddler may resist a nap, but try to put your toddler in bed to rest for at least one hour a day. If your toddler is starting to climb out of the crib, change to a toddler bed.

Physical

Your toddler is busy and physical. At this stage, your toddler can walk up stairs, throw a ball overhand, build a tower with blocks and jump in place.

Play

Your toddler enjoys singing, dancing and rhymes. Your toddler may play alone for longer periods of time and “pretend” play. Many toddlers have difficulty sharing toys.

Language

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

Discipline

When issues arise, redirect your toddler to a different activity. Help your toddler learn to cooperate by giving them jobs like picking up toys. Physical punishment is harmful. Use timeouts instead and praise your toddler for good behavior.



Keep your child safe on the road

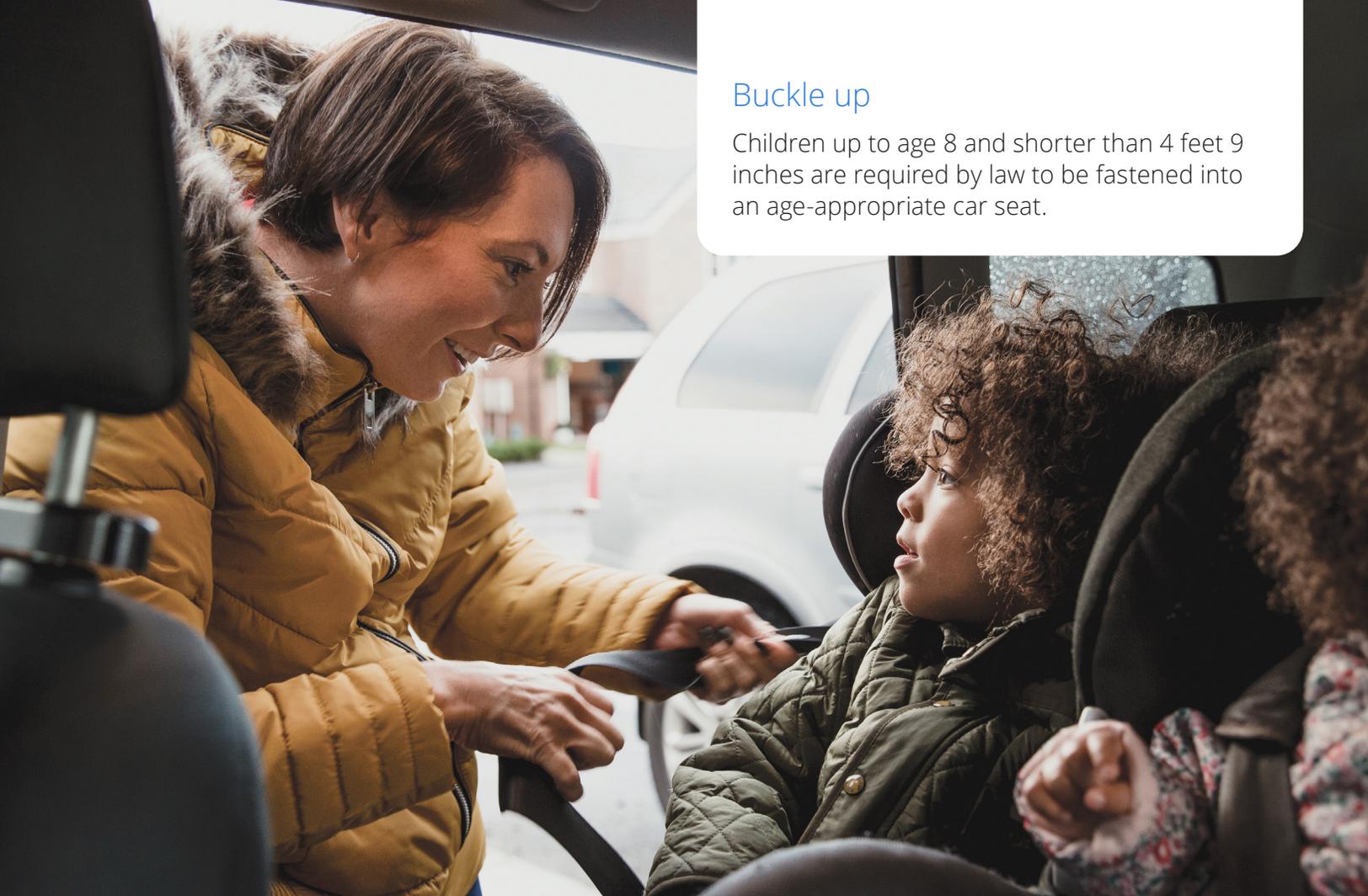
Always secure your child in a car seat when riding in a vehicle. It's important to protect your child from injury and it's the law.

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 Service at the number on the back of your member ID card.



Buckle up

Children up to age 8 and shorter than 4 feet 9 inches are required by law to be fastened into 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](https://www.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 valuable information, including:

- When to take your child to the doctor
- Taking care of your sick child
- Common childhood problems involving your child's eyes, ears, nose, mouth, throat, breathing, stomach and bedwetting
- Safety tips
- What to do when your child gets hurt

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.

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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare	Toll Free: 1-800-203-7225
Attn: Appeals and Grievances	TTY: 1-800-688-2534
PO Box 52	Fax: 612-884-2021
Minneapolis, MN 55440-0052	Email: cag@ucare.org

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), 612-676-6810 (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 also contact any of the following 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:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Customer Response Center:
Toll-free: 800-368-1019
TDD Toll-free: 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 MOHR if 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 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 OHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- age
- national origin
- disability (including physical or mental impairment)
- religion (in some cases)
- sex (including sex stereotypes and gender identity)

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. 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 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

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