<Date>

<Recipient Name>

<Address>

<Address>

<City State Zip>

Re: <Member Name>

DOB: <DOB>

Health Plan ID: <UCare ID Number>

Dear <Name of ICT Recipient>:

Attached is this member’s most recent UCare Support Plan that addresses the following areas:

* + Member’s interdisciplinary care team
	+ Member’s wishes / what is important
	+ Person-centered goals
	+ Supports and services the member chooses

As this member’s care coordinator, I facilitate communication and coordinate care across providers and settings. I am available to provide health education, assist with accessing supports and services and assist members with optimizing health care use to improve health outcomes.

**Preventive health gaps in care or other concerns include:**

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I can be reached at the email address or phone number listed below should you have any questions. I look forward to working with you, helping facilitate smooth transitions and ensuring health and safety needs are met.

Sincerely,

<Care Coordinator Name, Title>

<Phone Number>

<Email>