

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 Support Plan developed with you on Date. Please review the Support 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
* Topic(s) discussed at visit

**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 Support 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>

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