<Date>

<Member Name>

<Member Address>

<City, State, Zip>

Dear <Member Name>:

Thank you for taking the time to discuss your health care needs with me. It was a pleasure talking with you. Based on our conversation, I’ve enclosed information about <list of relevant resources and/or health conditions>

If you have any questions about this information, please call me at <phone number> If you reach my voicemail, please leave a message and your phone number. If you are hearing impaired, please 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>

Enclosures:   
< list enclosures>

PMAP SNBC H5937\_121916\_3 DHS Approved (12202016) U4330A (11/18)



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