<Date>

<Member Name>

<Member Address>

<City, State Zip>

Mudane/Marwo <Member Name>:

Waad ku mahadsan tahay inaad dhawaan igala hadashay baahiyahaaga daryeelka caafimaad. Waan ku farxay inaan kula hadlo. Iyada oo ku saleysan wada sheekeysigeenii, halkaan waxaa ku qoran macluumaadka ku saabsan <list of relevant resources and/or health conditions>.

Haddii aad qabto su'aalo ku saabsan macluumaadkan, fadlan iga soo wac <phone number>Haddii aad hesho fariintayda codka, ii reeb fariin adigoo sheegaya magacagaaga, lambarka aqoonsiga xubinta UCare iyo lambarka taleefankaaga. Isticmaalayaasha TTY, adeegga Minnesota Relay ka waca 711 ama 1-877-627-3848 (adeegga gudbinta hadal-ka-hadalka ah).

Daacad kuu ah,

<Name>

<Job Title>

<County or Agency Name>

<Phone Number> |<E-mail address>

Lifaaqyo dheeraad ah:

<Enclosures>

<H2456\_4330\_122021 accepted

H5937\_Y0120\_4330\_122021\_C> U14652 Somali (U4330) (11/2021)

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