

<Date>

<Member Name>

<Member Address>

<City State Zip>

Dear <Member Name>

Your <Care Coordinator-Clinical Care Coordinator> has been unable to reach you by telephone. I am writing to ask you or an authorized representative to call me at <phone number> or email me at <email>. If you reach my voicemail, please leave a message with your daytime telephone number and a date and time that I can call you. If you are hearing impaired, please call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

The reason I am trying to reach you is:

Routine check-in

Schedule an assessment

Other: <explanation of other reason>

Please call me as soon as you receive this letter. I look forward to speaking with you.

Sincerely,

<Name, Credentials>

<Care Coordinator Job TItle>

<County or Agency Name>

<Phone>

<Email>

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