

<Date>

<Member Name>

<Address>

<City, State, Zip>

Dear <Member Name>,

Recently, we talked about a  Your support plan has been updated with this information. We also discussed how important it is to share your support plan and instructions with your provider. You’ve chosen to .

**Please sign and return this letter to show that you agree with your updated support plan.**

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My signature Date

If you have questions, call me at <Phone Number>. If you get my voicemail, leave a message with your name, phone number and the best time for me to reach you.

Sincerely,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number> | <E-mail Address>

Enclosure:

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