

<Date>

<Member Name>

<Address>

<City, State, Zip>

Gacaliye <Member Name>,

Dhawaan, waxaan ka hadalnay Qorshahaaga taageerada lagu cusboonaysiiyay macluumaadkan. Waxaan sidoo kale ka wada hadalnay sida ay muhiim u tahay in adeeg bixiyahaaga lala wadaago qorshahaaga taageerada iyo tilmaamaha. Waxaad dooratay .

**Fadlan saxiix oo soo celi warqadan si aad u muujiso inaad oggoshahay qorshahaaga taageerada ee la cusboonaysiiyay.**

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Saxiixayga Taariikhda

Haddii aad wax su'aalo ah qabto, iga soo wac <Phone Number>. Haddii aad hesho fariinta codkayga, u reeb fariin wadata magacaaga, taleefan lambarkaaga iyo wakhtiga ugu fiican ee aan kula soo xiriiri karo.

Daacad kuu ah,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number> | <E-mail Address>

Lifaaqa:

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U15079 Somali (U7724) (04/2025)



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