



Translation Request

Care Coordinator Name

CC Email

Date

Member Name

UCare ID

Document Title

(attach Support Plan and Support Plan cover letter to request for mailing)

Language Requested

*If other language

*Do you need a Support Plan Cover Letter translated into other language?

If yes, attach the English version with the request.

Please do not request cover letter translations for those available on the UCare website

UCare will Email the translated materials to the care coordinator. Braille and Audio translations will be mailed directly to the member. Please complete the information below as appropriate. A FedEx tracking number will be provided to the Care Coordinator upon shipping.

Recipient Address (for Braille and Audio only)

Name

Street

City

State

Zip

For UCare Support Plans only. One form per document Support Plan request.
Submit the completed form and attachments via secure email to:

UCareMaterialsDelivery@ucare.org