

Date

<Member Name>

<Member Address>

<City, State Zip>

Dear Member Name,

I’ve been trying to reach you by phone on behalf of your care coordinator, CC Name. I am writing to ask you or your authorized representative to call me at phone number. If you reach my voicemail, leave a message with your daytime phone number. Include a date and time that I can call you. If you are hearing impaired, 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:

To schedule an assessment

For your six (6)-month check-in

Other: explanation of other reason

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

Sincerely,

Support Staff Name

Job Title

Phone Number | Email Address

Care Coordinator Name, Credentials

Care Coordinator

County or Agency Name

Phone Number | Email Address

<H2456\_H5937\_14197\_062024\_C>

U14197 (06/2024)

**Text

Description automatically generated**

**Text, letter

Description automatically generated**

**Table

Description automatically generated**

Text, letter

Description automatically generated