<Date>

<Member Name>

<Member Address>

<City, State, Zip Code>

Nyob Zoo Txog <Member Name>,

Muab tso ua ke nrog los no yog daim foos ntawm Daim Ntawv Sau Qhia Txoj Hau Kev Ua Ntej Txog Fab Kev Saib Xyuas Kho Mob ntawm Xeev Minnesota. Daim foos no tso cai rau koj los sau koj cov kev xav tau ntawm fab kev saib xyuas kho mob kom lawv thiaj paub yog tias koj mob hnyav los sis hais qhia tsis tau ntawm koj tus kheej lawm. Kev teev npe txog lub chaw sawv cev saib xyuas kho mob thiab sau koj cov lus qhia ua daim ntawv sau yog txoj hauv kev zoo tshaj plaws txhawm rau kom ntseeg tau tias koj cov kev xav tau muab qhia paub thiab ua raws nraim li ntawd los ntawm koj cov kws kho mob thiab cov tswv cuab hauv tsev neeg. Thov siv sij hawm me ntsis thiab ua tib zoo nyeem daim foos no. Tas ntawd ces hu rau kuv tau yog hais tias koj muaj lus nug dab tsi.

Nws yooj yim xwb ntawm kev los sau daim foos ntawm Daim Ntawv Sau Qhia Txoj Hau Kev Ua Ntej Txog Fab Kev Saib Xyuas Kho Mob ntawm Xeev Minnesota no. Nws muaj peb ntu:

* **Ntu 1** cia rau koj los teev lub npe ntawm ib tug neeg twg uas yuav los txiav txim siab rau cov kev saib xyuas kho mob rau koj yog tias tus kws kho mob xam pom tias koj ua tsis tau lawm. Qhov no hu tias tus neeg sawv cev rau txoj kev saib xyuas kho mob.
* **Ntu 2** tso cai rau koj sau koj cov kev xav tau fab kev saib xyuas kho mob los sis muab cov lus qhia. Txoj kev ntawd, cov kws kho mob thiab lwm tus tuaj yeem txiav txim siab raws li koj cov kev xav tau thiab cov kev nyiam.
* **Ntu 3** tseev kom koj los kos npe thiab teev hnub tim rau daim foos xwb.

Nov yog ob peb yam uas yuav tsum nco ntsoov txog Daim Ntawv Sau Qhia Txoj Hau Kev Ua Ntej Txog Fab Kev Saib Xyuas Kho Mob:

* Nws nyob ntawm qhov uas koj cov kev xaiv uas yuav los sau daim ntawv foos no. Tab txawm tias koj tsis sau daim ntawv no los, cov kws kho mob yeej tseem yuav kho koj.
* Koj tsis tas yuav muaj ib tug kws lij choj los sau daim foos no. Txawm li cas los xij, koj yuav tsum tau kos npe rau daim ntawv no tim ntsej tim muag ntawm ob tus neeg tim khawv los sis tus neeg ntaus thwj pov thawj.
* Koj tuaj yeem hloov kho koj daim foos no thaum twg los tau.

Thaum koj sau tiav daim foos no thiab nws tau raug kos npe tag lawm, muab cov ntawv luam qauv ntawm cov ntawv no rau koj tus neeg sawv cev saib xyuas kho mob, tus txij nkawm, tus kws kho mob, tus kws tu neeg mob, cov tswv cuab hauv tsev neeg los sis cov phooj ywg zoo. Tom qab ntawd nrog cov neeg no sib tham txog koj cov kev xaiv. Nco ntsoov khaws daim foos tseeb tiag rau ib qho chaw twg uas muaj kev ruaj ntseg uas lwm tus nrhiav pom tau yooj yim.

Thov hu rau kuv tau yog tias koj muaj lus nug dab tsi. Peb cov xuaj moos ua hauj lwm yog <8:00 am to 4:30 pm>. Kuv tus xov tooj yog <CC Phone Number>. Yog hais tias koj siv TTY, thov hu rau 711.

Sau npe,

<Care Coordinator Name, Title>

Tus Neeg Cev Ncauj Cev Lus ntawm Blue Plus Care

<Name of County/Clinic/Organization>

Xa rau: <name>

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