<Date>

<Member Name>

<Member Address>

<City, State, Zip Code>

Nyob Zoo Txog <Member Name>,

Kuv lub npe yog <Care Coordinator Name> thiab kuv yog koj tus sib txuas lus rau Blue Plus Care los koj txoj kev npaj txog kev noj qab haus huv. Kuv cov kev pab cuam tuaj yeem ua pub dawb rau koj. Kuv tau hu xov tooj tuaj tab sis tsis cuag koj. Kuv xav hu kom tau koj los mus tham txog:

<Reason for outreach>

Yog xav tiv tauj kuv, thov hu rau <Phone Number>. Peb cov xuaj moos ua hauj lwm yog txij <8:00 am to 4:30 pm>. Yog tias koj hais lus Askiv tsis tau, kuv tuaj yeem hu rau koj nrog tus neeg txhais lus hauv xov tooj. Yog hais tias koj muaj kev hnov lus tsis zoo thiab xav 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>

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