Date

Name

Address

Address

RE: Health Home Program:

Dear:

You are eligible and should have received information about the Health Home program. We have been unable to reach you with the contact information we have on file.

In order to receive Health Home services you must agree to participate and develop a Health Action Plan with a care coordinator. Participating in the Health Home program does not change any of your current health services or providers.

We would like to talk to you about the program and answer any questions you may have. If you would like to know more about the Health Home program please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If we do not hear from you by (10 day deadline) your enrollment in the Health Home program will end.

Sincerely,

Insert Worker name

Insert Office name