

Agency Letterhead

(Date letter written)

(Name of family or team member)
(Mailing address)

RE: *(Name of enrolled youth)*

DOB: *(Date of birth)*

Enrolled: *(Date)*

Dear Ms./Mr. *(Name)*:

The purpose of this letter is to inform you that *(Name of old Care Coordinator)* will no longer be your assigned Wraparound Milwaukee Care Coordinator. We hope that this will not cause any significant inconvenience for you. Your new and former Care Coordinators will work together to make the change a smooth transition for you.

Effective *(Date)*, your new Care Coordinator will be *(Name of new Care Coordinator)* at *(Care Coordinator's Agency)*. Your new Care Coordinator may be reached at *(Phone number)* or by pager at *(Pager number)*. Your Care Coordinator's Supervisor is *(Name of Supervisor)*, who can be reached at *(Supervisor's phone number)*.

The individuals directly involved with *(Youth's name)* have also received a letter notifying them of this change. We hope that you will be pleased with your newly assigned Care Coordinator.

Sincerely,

(Signature of Sender)

cc: All team members