

Department of Health

Janelle Grammer, RS, MSHSA
Public Health Administrator

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May 30, 2008

Honorable Mayor and Members of the Common Council
City of Racine
Racine City Hall
730 Washington Avenue
Racine, WI 53403

Dear Mayor and Council Members:

I hereby request permission for the Mayor and City Clerk to sign a contract with Independent Care Health Plan (*iCare*). *iCare* is an HMO provider to Medicaid recipients which is subcontracting to other HMOs. This contract allows the City of Racine Health Department to be reimbursed for services provided to clients with said HMOs.

Respectfully submitted,

A handwritten signature in black ink that reads "Janelle Grammer". The signature is written in a cursive, flowing style.

Janelle M. Grammer

“Caring for the Community”