

Foundational Community Supports Provider Change Request Form



Complete this form to change your Foundational Community Supports (FCS) provider.
Please send completed requests by email to FCSTPA@amerigroup.com or by fax to 1-844-470-8859.
This can also be sent in the mail to: FCS Amerigroup, 705 Fifth Ave. S., Ste. 300, Seattle, WA 98104.
For questions, call FCS at 1-844-451-2828.

*Indicates a required field

Enrollee information	
*First name:	*Date:
*Last name:	*Date of birth:
Phone number:	ProviderOne number:
Address:	*City, State, ZIP:
*Enrolled in: <input type="checkbox"/> Supportive housing <input type="checkbox"/> Supported employment	
Current provider information	
*Name of current provider:	Phone number:
City, State, ZIP:	Number of units already used:
New provider information	
*Name of new provider:	Phone number:
Address:	*City, State, ZIP:

Reason for the request (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> I did not choose my last provider. | <input type="checkbox"/> I moved or my provider moved. |
| <input type="checkbox"/> I was unhappy with my last provider. | <input type="checkbox"/> My provider's office was too far away or too hard to get to. |
| <input type="checkbox"/> I had trouble getting appointments with my last provider. | <input type="checkbox"/> Other: _____ |

Enrollee consent

I give consent to share my information with other health and social care professionals for the purpose of obtaining supportive housing and/or supported employment services.

*Enrollee signature: _____ Date: _____