

Foundational Community Supports
Disenrollment Form



Complete this form if you would like to disenroll from the Foundational Community Supports supportive housing and/or supported employment program. Please include your mailing address so we may send you a confirmation letter. Once finished, email your completed form to us at FCSTPA@amerigroup.com, fax it to 844-470-8859, or mail it to:

FCS TPA
Amerigroup Washington, Inc.
705 5th Ave. S., Suite 300
Seattle, WA 98104

*Indicates a required field

Enrollee information	
*Date:	ProviderOne #:
*First name:	*Last name:
*Date of birth:	Phone number:
*Street address:	*City, State ZIP:
*Choose the service(s) you'd like to disenroll from: <input type="checkbox"/> Supportive housing <input type="checkbox"/> Supported employment	
Tell us why you'd like to disenroll: _____ _____ _____	
<i>By signing this form, you give Amerigroup Washington, Inc. the right to disenroll you from the Foundational Community Supports service(s) checked above.</i>	
Enrollee signature: _____	Date: _____



Need help filing out this form? Call the Foundational Community Supports program at 844-451-2828 (TTY 711) Monday through Friday, 8 a.m. to 5 p.m. Pacific time.

Need this form in another language? Just call Member Services at 800-600-4441 (TTY 711) Monday through Friday, 8 a.m. to 5 p.m. Pacific time. We're here to help.