

Amerigroup Washington Foundational Community Supports referral form

Complete this form if you want to enroll in the Foundational Community Supports (FCS) program or refer someone else to the program.

Submit completed forms to FCS via email to FCSTPA@amerigroup.com or fax 1-844-470-8859.

* Indicates a required field

Enrollee information	
Consider for enrollment in: <input type="checkbox"/> Supportive housing <input type="checkbox"/> Supported employment	
*Today's date:	
*Name:	
*Date of birth:	
ProviderOne number:	
Phone number:	
Address:	*City, State:
Email address:	
Self-referral: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: _____ <i>You do not need to sign to be considered for the FCS program.</i>	
Referring party	
Please complete the following if not a self-referral.	
Name:	
Agency/Relationship:	
Phone #:	
Email:	
Address:	

FCS will contact potential enrollees to let them know if they may qualify for the program and if there's a provider available in their area to work with them. For questions, please call an FCS manager toll free at 1-844-451-2828 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Pacific time.