



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. Once complete, submit this form to us via email at FCSTPA@wellpoint.com, or fax it to 844-470-8859.

We'll tell potential enrollees 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 at 844-451-2828 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

*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 #:	
Email:	
Address:	*City, State:
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:	

wellpoint.com/wa/medicaid

1018118WAMENWLP 05/23