

## Foundational Community Supports Referral Form

Washington | Medicaid

Complete this form to refer someone to the Foundational Community Supports (FCS) program. Once completed, submit to Wellpoint via email at [FCSTPA@wellpoint.com](mailto:FCSTPA@wellpoint.com), or fax it to **844-470-8859**.

We will advise potential enrollees if they might qualify for the program and if there is a provider available in their area to work with them. If you have questions, call the FCS team at **844-451-2828** (TTY 711), Monday through Friday, from 8 a.m. to 5 p.m. PT.

\*Indicates a required field

Enrollee information	
Consider for enrollment in: <input type="checkbox"/> Supportive housing <input type="checkbox"/> Supported employment	
*Today's date:	Date of birth:
*Name:	
Address:	
*City, state:	ZIP:
ProviderOne number:	
Phone number:	Email:
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:	
You do not need to sign to be considered for the FCS program.	
Referring party: Please complete the following if not a self-referral.	
Name:	
Agency/relationship:	
Email address:	Phone number:
Address:	