



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@wellpoint.com or by fax to **844-470-8859**.

This can also be sent in the mail to: FCS Wellpoint, 705 Fifth Ave. S., Ste. 300, Seattle, WA 98104. For questions, call FCS at **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 used:	Dollar amount of tap funds used: (only applicable for housing)

New provider information

*Name of new provider:	Phone number:
Address:	*City, State, ZIP:

Reason for the request (select all that apply):

- I did not choose my last provider.
- I was unhappy with my last provider.
- I had trouble getting appointments with my last provider.
- I moved or my provider moved.
- My provider's office was too far away or too hard to get to.
- Other: _____

Enrollee physical signature

I understand that it is my choice to change my FCS provider and I'm not required to work with a specific provider because that is where they have housing. 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: _____

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