

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@amerigroup.com, or fax it to 1-844-470-8859.

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 1-844-451-2828 (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: ☐ Supportive housing ☐ Supported employment

*Name:

*Today's date:

*Date of birth:

ProviderOne number:

Email:

Phone #:

Address:

*City, State:

Self-referral: ☐ Yes ☐ 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:

Phone #:

Agency/Relationship:

Email:

Address: