



Foundational Community Supports Disenrollment Form

Complete this form if you would like to disenroll from the Foundational Community Supports supportive housing and/or supported employment program. Please include your mailing address so we may send you a confirmation letter. Once finished, email your completed form to us at FCSTPA@wellpoint.com, fax it to 844-470-8859 or mail it to:

FCS TPA
Wellpoint Washington, Inc.
705 5th Ave. S., Suite 300
Seattle, WA 98104

*Indicates a required field

| Enrollee information | |
|----------------------|-------------------|
| *Date: | ProviderOne #: |
| *First name: | *Last name: |
| *Date of birth: | Phone number: |
| *Street address: | *City, State ZIP: |

*Choose the service(s) you'd like to disenroll from:

Supportive housing

Supported employment

Tell us why you'd like to disenroll:

By signing this form, you give Wellpoint Washington, Inc. the right to disenroll you from the Foundational Community Supports service(s) checked above.

Enrollee signature: _____ Date: _____

Need help filling out this form? Call the Foundational Community Supports program at 844-451-2828 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. Pacific time.

Need this form in another language? Just call Member Services at **833-731-2167 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Pacific time. We're here to help.

wellpoint.com/wa/medicaid

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