

## Foundational Community Supports Provider Change Request

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 form can also be sent by mail to:

[Wellpoint  
 Foundational Community Supports  
 705 Fifth Ave. South  
 Suite 300  
 Seattle, WA 98104]

For questions, call FCS at [844-451-2828].

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 Transition Assistance Program (TAP) funds used: <i>(only applicable for housing)</i>
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 am 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: \_\_\_\_\_