

Foundational Community Supports Referral Form

Please email the completed form to FCSTPA@amerigroup.com.

For questions, call a Foundational Community Supports (FCS) manager at 1-844-451-2828 (TTY 711).

Enrollee referral information
Consider for enrollment in:
<input type="checkbox"/> Supportive housing <input type="checkbox"/> Supported employment
Name:
Phone number:
Address:
Email:
ProviderOne number:
Eligible for both Medicare and Medicaid?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Self-referral
<input type="checkbox"/> Yes <input type="checkbox"/> No
Referring party
If you're not a self-referral, please complete the following:
Name:
Agency name or relationship to the potential enrollee:
Address:
Phone number:
Email:

We will let potential enrollees know if their referral is approved, denied or if we need more information.