Foundational Community Supports (FCS) Provider Change Request (PCR) Consent & Acknowledgement Agreement

As someone who is enrolled in the FCS program, you can change your FCS provider during your active authorization. Fill out the online PCR form, complete this agreement, and then upload the signed agreement to the online PCR form.

Agreement

I, the enrollee, 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.

By completing this agreement, I agree to change my current FCS provider and to share my information with other health and social care professionals for the purpose of obtaining support for housing and/or employment services through the FCS program.

Enrollee first and last name*: _____

Enrollee signature*: _____

Signature date*: _____Time of signature*:_____