



Missouri First Steps Enrollment Checklist

For System Point of Entry (SPOE) Agency Only

PLEASE WRITE LEGIBLY, IN BLUE OR BLACK INK, AND DO NOT USE HIGHLIGHTER

✓ Indicate with a check on the line provided if an item is included in the packet

SPOE Agency Enrollment Checklist:

- _____ Completed and signed First Steps Service Provider (Specialist) Agreement
- _____ Completed and signed First Steps Service Provider (Supervision Required) Agreement
- _____ Completed and signed Provider Information Form
- _____ Proof of Liability Insurance (copy of insurance certificate)
- _____ Certification Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Form
- _____ Medicaid/Medicare Provider Information Form
- _____ W-9 Request for Taxpayer Identification Number and Certification
- _____ Certification for Online Claims
- _____ Electronic Signature Form
- _____ EFT/Direct Deposit form and voided or cancelled check (*This cannot be faxed, original signature needed.*)

For SPOE Director Only:

- _____ User Online Access Request
- _____ Family Care Safety Registry – Worker Registration
- _____ Criminal Background Check/Fingerprinting submitted to DESE/Educator Certification/Conduct and Investigations Background Check

PLEASE SUBMIT ALL APPLICABLE ITEMS LISTED ABOVE ALONG WITH A COPY OF THIS COMPLETED CHECKLIST TO:

Provider Enrollment/CSC Attn: Missouri Provider Enrollment
PO Box 29134
Shawnee Mission, KS 66201-9134

**For questions please contact Provider Enrollment at 1-866-711-2573 ext. 2
or email at: mofsenroll@csc.com**