



Effective October 2020

Missouri First Steps Enrollment Checklist

For Family Members Only

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

√ Indicate with a check on the line provided if item is included in the packet.

Family Member Transportation Checklist

___ Completed and signed Family Member Transportation Enrollment Form

___ W-9 Request for Taxpayer Identification Number and Certification

(NOTE: The W-9 form is required to document identification information.

Transportation reimbursement for family members is not taxable income and families will not receive a 1099 tax form.)

___ Proof of automobile insurance

___ Copy of a valid Missouri driver's license

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

Missouri First Steps
CFO 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@dx.com**

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