



## Missouri First Steps Family Member Transportation Enrollment Form

*To be completed only by individuals who will provide Family Member Transportation services.*

### **Purpose of Enrollment:**

The family member shall provide transportation services in accordance with the child's Individualized Family Service Plan (IFSP). The family member agrees to notify the assigned Service Coordinator of any planned or recommended changes in the delivery of services to the child.

### **License Requirements:**

The family member shall submit to the Central Finance Office (CFO) proof of automobile insurance and a license for the privilege of driving. This must be maintained and updated annually with the CFO. The Transportation Provider understands and agrees that claims will not be honored without proper licensing and credentialing for the date(s) of service.

The family member must immediately notify the CFO of any change in address, license status and/or automobile insurance.

### **Claim Submission and Payment Requirements:**

The family member agrees to submit all claims to the CFO via the required format **within 60 days following service delivery** at the rate established by DESE. All claims and payments for transportation services will be made after the actual service has been performed by the family member.

The family member agrees to notify the CFO and make full reimbursement of any duplicate or erroneous payment billed or received as the result of an act or omission of the family member.

### **Liability:**

The family member shall assume responsibility and liability for any damage or loss, of any kind or nature whatsoever to any person or property, caused by or resulting from any error, omission or negligent act of the family member, arising from providing transportation services.

The family member shall defend, indemnify, and hold harmless DESE or its agent from and against any and all claims, loss, damage, charge or expense to which they or any of them may be subjected by reason of any such loss or damage.

The family member expressly agrees to defend against any claims brought or actions filed against DESE or its agent where such claims or actions involve, in whole or in part, the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed.

### **Enforceability and Termination:**

This family member's enrollment may be terminated by DESE or its agent, or by the family member, upon 60 days written notice.

By signing this enrollment form, the family member has represented to the Department of Elementary and Secondary Education (DESE) the ability to provide transportation services certifying that s/he meets all current state license requirements established as of the effective date of the signature below.

<b>Family Member Information</b>
NAME (Please Print):
SOCIAL SECURITY NUMBER:
SIGNATURE:
DATE OF SIGNATURE:
MAILING ADDRESS
CITY, STATE, ZIP CODE:
TELEPHONE, including area code:
EMAIL ADDRESS:
<u>FOR CFO USE ONLY:</u>

**PLEASE SUBMIT COMPLETED ENROLLMENT FORM 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@dxc.com](mailto:mofsenroll@dxc.com)**

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