



**Missouri First Steps Enrollment Checklist**  
**For Service Coordinators 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

**Service Coordinator Enrollment Checklist:**

\_\_\_\_\_ Confirm that the SPOE Agency is on file

**Each individual Service Coordinator must complete the following:**

\_\_\_\_\_ Completed and signed Service Coordinator Information & Online Access Form

\_\_\_\_\_ Module 1: Orientation completed. Please print final score and send with packet and/or send the date completed (Date: \_\_/\_\_/\_\_)

\_\_\_\_\_ Applicable Transcripts to assure minimum entry level standard according to the state's Personnel Standards

\_\_\_\_\_ Documentation of experience working with families

\_\_\_\_\_ Certifications regarding Lobbying, Debarment, Suspension and Other Responsibility Matters, and Drug-free Workplace Requirements Form

\_\_\_\_\_ 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](mailto:mofsenroll@csc.com)**