



SERVICE COORDINATOR INFORMATION & ONLINE ACCESS FORM

CFO Provider Enrollment
P. O. Box 29134
Shawnee Mission, KS 66201-9134

Phone: 866-711-2573 ext. 2

Fax: 913-888-6683

Email: mofsenroll@csc.com

This form must be completed in order to enroll in First Steps as a Service Coordinator at the System Point of Entry (SPOE). After completion, please keep a copy for your records, and return the form to the Central Finance Office (CFO) Provider Enrollment.

INFORMATION – PLEASE PRINT

If you select a check box, then all fields in this section must be completed.

New Information **Change Information** **Change Name** Previous name: _____

SPOE Region Name: _____ SPOE Contractor Name: _____

Service Coordinator First Name: _____ M: _____ Last Name: _____

Work Email Address: _____ SSN*: _____

Work Phone: (____) _____ Fax: (____) _____

Alternate Phone: (____) _____

Primary Contact for Questions: _____ Phone Number: (____) _____

*SSN is used for initial identification verification purposes only.

ONLINE ACCESS – PLEASE PRINT

If you select a check box, then all fields in this section must be completed.

New Access **Change Access** **Delete Access***

Please select a User ID. Provide two different User IDs in case the first choice is not available. The User ID will be used to log into the web system. The User ID should be the same as your Matrix User ID, if applicable.

User ID: 1: _____ 2: _____

*Deleting a Service Coordinator's online access does not end the Service Coordinator's account at the CFO. The SPOE must contact CFO Provider Enrollment to end a Service Coordinator's account.

ACCESS TYPE – CHECK ONE

Family Service Coordinator (intake and ongoing)	Intake Service Coordinator only	Ongoing Service Coordinator only	SPOE Administrator (access to all records in the SPOE)
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Service coordination services cannot be provided until the individual's name is listed on the Service Matrix at: <http://missouri.eikids.com>. The date enrollment information is received and processed at the CFO will determine the effective date of the Service Coordinator's status. Status will be updated upon the receipt of completed paperwork.

By signing the Service Coordinator Information & Online Access Form, the Service Coordinator agrees to be enrolled in First Steps and be published on the Service Matrix as a Service Coordinator.

Service Coordinator's Signature _____ Date _____

SPOE Director's Printed Name _____

SPOE Director's Signature _____ Date _____