



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@dxc.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.

USER TYPE – CHECK ONE

<input type="checkbox"/> Family Service Coordinator (intake and ongoing) *	<input type="checkbox"/> SPOE Director (access to all records in the SPOE)	<input type="checkbox"/> Lead Service Coordinator/SPOE Data Entry/Secretary/Temporary Personnel (access to all records in the SPOE)
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INFORMATION – PLEASE PRINT

Select a checkbox and complete all fields in this section.

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

SPOE Region Name: _____ SPOE Agency Name: _____

User First Name: _____ M: _____ Last Name: _____

Work Email Address: _____ SSN**: _____

Work Phone: (____) _____ ***SSN is used for initial identification verification purposes only.*

ONLINE ACCESS – PLEASE PRINT

Select a checkbox and complete all fields in this section.

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: _____

****For Service Coordinators Only: Deleting a Service Coordinator's online access does not end the Service Coordinator's account at the CFO. The SPOE must send CFO Provider Enrollment an email at mofsenroll@csc.com to end a Service Coordinator's account.*

*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 access. 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.

_____ By initialing here, the user certifies FERPA training has been completed and understands First Steps confidentiality and privacy requirements.

User's Signature _____ Date _____

SPOE Director's Printed Name _____

SPOE Director's Signature _____ Date _____