



Indiana First Steps Application for Enrollment & Personnel Information Form

Name:

This form and any required supporting documentation must be emailed, faxed, or mailed to the First Steps Central Reimbursement Office (CRO) at:

Indiana First Steps Provider Enrollment c/o CSC

P.O. Box 29160 | Shawnee Mission, KS 66201-9160

Email: infsenroll@dxc.com | Fax: 913-888-6683 | Phone: 1-866-339-9595 option 2

Enrollment checklist

- Enrollment form with signed attestation statement (page 3)
- Signed agreement with the Division of Disability and Rehabilitative Services
- Limited criminal history check from Indiana State Police (12 months current)
- National Provider Identifier (NPI) (required for all providers)
- Copy of license (licensed providers only)
- Liability insurance certificate (all providers)
- Copy of official transcript showing coursework and proof of graduation
(developmental therapists, B/LV specialists, D/HH specialists, and service coordinators)
- Copy of certification (if applicable; e.g. SKI-HI)
- Signed supervision agreement (page 3) (if applicable)

Additional checklist for independent providers*

- W9
- EFT/Direct Deposit
- Online Billing Access Enrollment Form

* Independent providers means audiologists, interpreters, orientation/mobility specialists, physicians, psychologists, registered dietitians, registered nurses, licensed clinical social workers, and vision specialists (ophthalmologists and optometrists) unless the provider will be working for a SPOE or First Steps provider agency.

Form Type	
<input type="checkbox"/> Enrollment	<input type="checkbox"/> Change of information

Enrollment Type			
Dual refers to enrollment with more than one provider agency or SPOE. If you are enrolling with more than one agency or SPOE, select Dual and complete page 3 for each agency/SPOE. If you are enrolling under multiple service disciplines, you can indicate this in the Personnel Information section.			
<input type="checkbox"/> With SPOE	<input type="checkbox"/> With provider agency	<input type="checkbox"/> Independently	<input type="checkbox"/> Dual

Prior Convictions	
Have you ever been convicted* of a crime other than a minor traffic violation?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Convicted means you were declared guilty by a judge or you pleaded guilty in a court of law.
Answering yes to this question does not automatically disqualify an individual from working in First Steps.

Personnel Information		
<input type="checkbox"/> New information	<input type="checkbox"/> Change of information	
<input type="text"/>	<input type="text"/>	
Name	Email address	
<input type="text"/>		
Previous name (if name change)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Discipline	Second discipline*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional license type*	License number*	License expiration*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree type*	Degree institution*	Degree description*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Liability insurance agency	Ins. policy number	Ins. expiration
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current criminal history inquiry date	NPI number	
<input type="text"/>	<input type="text"/>	

*If applicable (see checklist for clarification)

Billing Information

Complete only if you are enrolling with a SPOE or provider agency.

If you are enrolling with more than one agency or SPOE, complete this page for each agency/SPOE.

SPOE or provider agency name

SPOE or provider agency phone

SPOE or provider agency fax*

SPOE or provider agency billing address

Group NPI number*

*If applicable

Independent Provider Billing Information

Required for independent providers if billing information is different from Personnel Information section on page 2.

Payee name

Payee billing address

Payee phone

Payee fax*

Group NPI number*

*If applicable

Supervision Agreement

Required for COTA, DTA, and PTA, OT and PT with temporary licenses, and SLP-CFY.

The supervising provider must sign this section and attach a copy of their license and First Steps credential.

Supervisor's license attached

Supervisor's First Steps credential attached

Supervisor's name

Supervisor's discipline

Supervisor's phone

Supervisor's email

Supervisor's license number

Supervisor's signature

Date

Attestation Statement: I hereby swear or affirm under penalty of disenrollment from First Steps that I understand and meet the requirements for providing First Steps services and that the information I am submitting is true and correct to the best of my knowledge.

Name (please print) _____

Signature _____ Date _____