FORM 6 Revised 7-04

FIRST STEPS CBIS PROVIDER ENROLLMENT FORM

PROVIDER ID #_____

FS OFFICE USE ONLY

Program Consultant(s)_____

DATE:_____

☐ New ☐ Contract Renewal

☐ Addendum *Indicate (A) Add, (LA) Leaving Agency or (DFS) Discontinuing First Steps Services

SECTION 1: BILLING INFORMATION

1. Business Name			2. Federal Tax ID/Soc. Sec. #
3. Street Address Line 1			
4. Street Address Line 2			
5. City	6. State	7. Zip	8. First Steps Contract Administrator: Name: Email:
9. Telephone		10. Fax	11. Billing Contact Person (If Different from Administrator): Name: Email:
12. Tax Status: (Circle One): A. Individual B. Sole Proprietorship C. Partnership D. Estate/Trust E. Corporation F. Public Service Corporation (PSC) G. Government/Non-Profit			13. District(s) Served:

SECTION 2: SOURCES OF ALTERNATE FUNDING	
SOURCE	AMOUNT

Please indicate any additional sources you currently have to provide services to KEIS eligible children. NOTE: This information will not be used in any way to deny payment of KEIS eligible services. This information is simply to provide KEIS with an understanding of how much funding is adequate to meet the early intervention needs of children in Kentucky.

SECTION 3: SERVICE PROVIDER(S) AND DISCIPLINE(S)

Enter "SE" Beside Name to Identify Active or Retired State Employee

*A/LA DFS	SERVICE PROVIDER(S)	SOCIAL SECURITY #	DISCIPLINE CODE	LICENSE NUMBER	COUNTY(IES) TO BE SERVED	FS OFFICE USE ONLY TRAINING

FOR CONTINUATION OF PROVIDER LISTING USE FORM 6A, SECTION 3

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Date:_____

FORM 6-A Rev. 7-04

FIRST STEPS CBIS PROVIDER ENROLLMENT FORM

Provider Name:_____ PROVIDER ID #:_____

SECTION 3: SERVICE PROVIDER(S) AND DISCIPLINE(S) (Continuation)

*A/LA DFS	SERVICE PROVIDER(S)	SOCIAL SECURITY #	DISCIPLINE CODE	LICENSE NUMBER	COUNTY(IES) TO BE SERVED	FS OFFICE USE ONLY