

Transportation Provider Enrollment Checklist

Instructions: The following information is required to enroll for transportation reimbursement for travel related to services with EarlySteps. Please complete this form with the family support coordinator, submit to the regional coordinator for review and approval, and send to the Central Finance Office at the address below with the required documents. For disenrollment before or on the child's third birthday, please notify Leona White, provider specialist at Leona.white@la.gov.

Enrollment:

	Information Required	Completed/Attached:
Child Name: Driver Name:		
Mailing Address	Street: City: Zip:	
Current Driver's License	LADL#: Expiration Date:	<input type="checkbox"/> Attached
Driver SSN	Social Security #:	<input type="checkbox"/> Included
Liability Insurance	Company Name:	<input type="checkbox"/> Attached
Authorization Dates:	Start Date: End date (if known) or 3 rd birthdate:	
I hereby agree to indemnify, defend, and hold harmless the Louisiana Department of Health, Office for Citizens with Developmental Disabilities and EarlySteps from any claims or liabilities whatsoever of any nature arising from the operation of a vehicle by me and any acts of negligence or misconduct attributable to me: Driver Signature:		Date:
Regional Coordinator Signature:		Date:

Disenrollment:

I am currently enrolled as an EarlySteps transportation provider and choose to disenroll from the program:	Disenrollment date:
Driver Signature:	Signature Date:

Submit this checklist with the required documentation to:

Louisiana CFO Provider Enrollment
DXC Technology
PO Box 29134
Shawnee Mission, KS 66201-9134