Check List for New Consumer Start-Up Packet

Please return with each new start-up packet

Please circle if consumer is: Transfer New Reopen

Consumer Name:_____Provider Agency:_____

Please check box for enclosed and completed items

	Provider Agency	Stavros F.I.
Consumer Information Form		
Consumer Agreement		
Form 8821		
SS-4 (Only Consumer or Legal Guardian can sign)		
Form 2678		
PAYROLL CONSENT FORM		
Grievance Procedures		
Surrogate Agreement (If applicable)		

_____ _____

Provider Agency Staff Signature Date

_____ _____

Stavros FI Staff Signature Date

EIN#_____(If consumer already has assigned EIN#)

***When this form is returned from the Stavros FI to the Provider Agency it is only confirmation of the paperwork received. It is not confirmation that the consumer has been set up.**

Updated: 12/15/05