

**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.**