

STEPS Provider Checklist Signature Sheet

I understand that our agency must ensure that there is no conflict of interest directing participants to our agency or organization without considering other service providers. Our agency cannot provide services for family members, relatives or friends of employees or allow employee family members or relatives to provide STEPS services for participants.

Agency Contact Signature: _____

Date: _____

STEPS Program Manager (KDHE) Signature: _____

Date: _____