

**TEAM MEMBER FORM**

OMB No. 0985-0040

**\* Items marked with asterisk (\*) indicate required fields****Team Member Name**

First Name \*: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name \*: \_\_\_\_\_

Nickname: \_\_\_\_\_

**Team Member Contact Information**

Primary Phone Number \*: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number Extension: \_\_\_\_\_

City: \_\_\_\_\_

Secondary Phone Number : \_\_\_\_\_

Zip Code \*: \_\_\_\_\_

Secondary Phone Number Extension: \_\_\_\_\_

State/Territory \*: \_\_\_\_\_

Email Address: \_\_\_\_\_

County \*: \_\_\_\_\_

**Team Member Details**

Start Date \*: \_\_\_\_\_

Partner Organization Affiliation \*

(Indicate primary org. that team member is affiliated with):

End Date (if applicable): \_\_\_\_\_

Status \* (Select only one):

 Active       Inactive       Retired

Paid Status \* (Select only one):

 In-Kind-Paid       SHIP-Paid       Volunteer**Team Member Demographic Information**

Race \* (Multiple selections allowed):

 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Asian White Black or African American Not Collected Hispanic or Latino

Date of Birth \*: \_\_\_\_\_

Gender \* (Select only one):     Female       Male       Other       Not Collected

## Team Member Demographic Information (continued)

Primary Language \*

(Select only one):

- English
- Chinese
- Korean
- Russian
- Spanish
- Vietnamese
- Other

Secondary Language:

(Select only one):

- English
- Chinese
- Korean
- Russian
- Spanish
- Vietnamese
- Other

## Team Member STARS Details

Role \* (Select only one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> SHIP Assistant Director | <input type="checkbox"/> Site Manager    | <input type="checkbox"/> Team Member     |
| <input type="checkbox"/> State Staff             | <input type="checkbox"/> Sub-State Staff | <input type="checkbox"/> STARS Submitter |
| <input type="checkbox"/> Sub-State Manager       | <input type="checkbox"/> Site Staff      |  |

Send Login Credentials:  Yes  No

Revoke Login:  Yes  No

Program \* (Multiple selections allowed):  SHIP  SMP (Enter SIRS eFile ID, if applicable):  
 MIPPA \_\_\_\_\_

## Team Member Unique ID Details

Create 1-800 Medicare Unique ID Number \*:  Yes  No

Send 1-800 Medicare Unique ID Number:  Yes  No

Status of 1-800-Medicare Unique ID Number \* :  Active  Inactive

## Notes