

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