TEAM MEMBER FORM					
* 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 * :  End Date (if applicable):	Partner Organization Affiliation * (Indicate primary org. that team member is affiliated with):				
Status * (Select only one):  □ Active □ Inactive □ Retired	Paid Status * (Select only one):  □ In-Kind- □ MIPPA Paid -Paid □ Volunteer				
Team Member Demographic Information					
□Asian □Black or African American □	Native Hawaiian or Other Pacific Islander White Other Not Collected				
Date of Birth *:					
Gender * (Select only one): ☐ Female ☐ Male ☐ Other ☐ Not Collected					

Team Member Demographic Information (continued)				
Primary Language *(Select only one):		Secondary Langu	age: (Select only one):	
□ English		□ English		
□ Chinese		□ Chinese		
□ Korean		□ Korean		
□ Russian		□ Russian		
□ Spanish		□ Spanish		
□ Vietnamese		☐ American Signature	n Language	
☐ American Sign Language		□ Vietnamese		
□ Other		□ Other		
Team Member STARS Details				
Role * (Select only one):				
□ SHIP Assistant Director	□ Site Man	ager	☐ Team Mer	nber
☐ State Staff ☐ Sub-State		e Staff	☐ STARS St	ıbmitter
□ Sub-State Manager	□ Site Staff			
Send Login Credentials:	□ Yes	□No		
Revoke Login:	□ Yes	□No		
Program * (Multiple selections allowed):	□SHIP	□ SHIP □ SMP (Enter SIRS eFile ID, if applicable):		e):
Program (Muniple selections anowed).	□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	=			

## Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0040). Public reporting burden for this collection of information averages 5 minutes per response, including time for gathering, maintaining, completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority from Section 4360(f) of the OBRA.