

SIRS 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*: _____ Primary Phone Number Extension: _____ Secondary Phone Number: _____ Secondary Phone Number Extension: _____ Email Address: _____ | Address: _____ City: _____ Zip _____ Code: _____ |
|---|--|

Team Member Details

| | |
|---------------------------------------|--|
| Start Date*: _____ End Date: _____ | Partner Organization Affiliation*: _____ |
|---------------------------------------|--|

Status (Select only one):

- Active
- Retired

Paid Status (Select only one):

- In-Kind-Paid
- SMP-Paid
- Volunteer

Team Member Demographic Information

Race*
(Multiple Selections Allowed):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific | |

Gender* (Select only one):

- Female
- Male
- Other
- Not Collected

Date of Birth*
(MM/DD/YYYY):

Primary Language
(Select only one):

- | | |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Other |

Secondary Language
(Select only one):

- | | |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Other |

English as a Second Language

- Yes
- No

| Team Member Role Details | |
|---|---|
| Role* (Select only one): | <input type="checkbox"/> SMP Director <input type="checkbox"/> State Level Staff <input type="checkbox"/> Site Manager <input type="checkbox"/> Site Staff <input type="checkbox"/> Team Member <input type="checkbox"/> SIRS Submitter |
| Send Login: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Revoke Login: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Username: | |
| eFile ID: | |
| Send eFile ID: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Revoke eFile ID: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Create 1-800 Medicare Unique ID Number*: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Send 1-800 Medicare Unique ID Number: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Status of 1-800 Medicare Unique ID Number: | <input type="checkbox"/> Active <input type="checkbox"/> Inactive |
| Number of 1-800 Medicare Unique ID: | |
| Attach File 1 | |
| Attach File 2 | |
| Attach File 3 | |
| Attach File 4 | |
| Attach File 5 | |
| Notes | |
| | |

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