

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: _____
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Team Member Details

Start Date*: _____ End Date: _____	Partner Organization Affiliation*: _____
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Status (Select only one):	<input type="checkbox"/> Active <input type="checkbox"/> Retired
Paid Status (Select only one):	<input type="checkbox"/> In-Kind-Paid <input type="checkbox"/> SMP-Paid <input type="checkbox"/> Volunteer

Team Member Demographic Information

Race* (Multiple Selections Allowed):	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific <input type="checkbox"/> White <input type="checkbox"/> Not Collected
Gender* (Select only one):	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Not Collected
Date of Birth* (MM/DD/YYYY):	_____
Primary Language (Select only one):	<input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other
Secondary Language (Select only one):	<input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other
English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> 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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