|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **SIRS TEAM MEMBER FORM** |  |
| **\* Items marked with asterisk (\*) indicate required fields** |  |
| **Team Member Name** |  |  |  |
| First Name**\***: Last Name**\***:  |  | Middle Initial: 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:  |  | Partner Organization Affiliation\*: |
|  |  |  |  |
| **Status (Select only one):** |  | * Active
* Retired
 |  |
| **Paid Status (Select only one):** |  | * In-Kind-Paid
* SMP-Paid
* Volunteer
 |  |
| **Team Member Demographic I** |  | **formation** |  |
| **Race**\***(Multiple Selections Allowed):** |  | * American Indian or Alaskan Native
* Asian
* Black or African American
* Hispanic or Latino
* Native Hawaiian or Other Pacific Islander
 | * White
* Not Collected
 |
| **Gender**\* **(Select only one):** |  | * Female
* Male
* Other
* Not Collected
 |  |
| **Sexual Orientation\*****Which of the following best represents how you think of yourself? [Select ONE]:**  |  | * Lesbian or gay
* Straight, that is, not gay or lesbian
* Bisexual
* I use a different term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know
* Prefer not to answer
 |
| **Gender Identity\*****What is your current gender? [Select ONE]**  |  | * Female
* Male
* Transgender
* I use a different term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know
* Prefer not to answer
 |
| **Gender Identity\*****Do you consider yourself transgender? [Select ONE]** |  | * Yes
* No
* Prefer not to answer
 |
| **Date of Birth**\* **(MM/DD/YYYY):** |  |  |  |
| **Primary Language (Select only one):** |  | * English
* Chinese
* Korean
* Russian
 | * Spanish
* Vietnamese
* Other
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Secondary Language (Select only one):** |  | * English
* Chinese
* Korean
* Russian
 | * Spanish
* Vietnamese
* Other
 |
| **English as a Second Language** |  | * Yes
 | * No
 |

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| **Team Member Role Details** |  |  |
| **Role\* (Select only one):** | * SMP Director
* State Level Staff
* Site Manager
* Site Staff
 | * Team Member
* SIRS Submitter
 |
| **Send Login:** | * Yes
 | * No
 |
| **Revoke Login:** | * Yes
 | * No
 |
| **Username:** |  |  |
| **eFile ID:** |  |  |
| **Send eFile ID:** | * Yes
 | * No
 |
| **Revoke eFile ID:** | * Yes
 | * No
 |
| **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
 |
| **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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