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|  |  | **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 |

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| **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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