

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*: _____ Address: _____

Primary Phone Number Extension: _____ City: _____

Team Member Details

Start 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):

- American Indian or Alaskan Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific
 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

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

Primary Language (Select only one):

- English
 Chinese
 Korean
 Russian
 Spanish
 Vietnamese
 Other

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		

Public Burden Statement:

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