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| **STARS 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 **\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Territory **\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County **\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Team Member Details** |
| Start Date **\*** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Partner Organization Affiliation \* (Indicate primary org. that team member is affiliated with): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Status **\*** (Select only one):* Active
* Inactive
* Retired
 | Paid Status \* (Select all that apply):* SHIP In-Kind-Paid
* SHIP Volunteer
* SHIP-Paid
* MIPPA In-Kind-Paid
* MIPPA Volunteer
* MIPPA-Paid
 |
| **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 Islander
* White
* Other
* Not Collected
 |
| Date of Birth **\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Team Member Demographic Information (continued)** |
| Primary Language **\***(Select only one):* English
* American Sign Language
* Chinese
* Korean
* Russian
* Spanish
* Vietnamese
* Other
 | Secondary Language:(Select only one):* English
* American Sign Language
* Chinese
* Korean
* Russian
* Spanish
* Vietnamese
* Other
 |
| 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
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| 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
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| **Team Member STARS Details** |
| Role **\*** (Select only one): |
| * SHIP Assistant Director
* State Staff
* Sub-State Manager
 | * Site Manager
* Sub-State Staff
* Site Staff
 | * Team Member
* STARS Submitter
 |
| Send Login Credentials: | * Yes
 | * No
 |
| Revoke Login: | * Yes
 | * No
 |
| Revoke SHIP eFile ID: | * Yes
 | * No
 |
| Program **\*** (Multiple selections allowed): | * SHIP
* MIPPA
 | * SMP (Enter SIRS eFile ID, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Team Member Unique ID Details** |
| Create CMS Unique ID Number **\*:** | * Yes
 | * No
 |
| Send CMS Unique ID Number:  | * Yes
 | * No
 |
| Status of CMS Unique ID Number **\*** : | * Active
 | * Inactive
 |
| **Notes** |
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Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0040). Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits.