

# 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 \*: \_\_\_\_\_

**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

**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

**Team Member STARS Details**

**Role \*** (Select only one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> SHIP Assistant Director | <input type="checkbox"/> Site Manager    | <input type="checkbox"/> Team Member     |
| <input type="checkbox"/> State Staff             | <input type="checkbox"/> Sub-State Staff | <input type="checkbox"/> STARS Submitter |
| <input type="checkbox"/> Sub-State Manager       | <input type="checkbox"/> Site Staff      |  |

Send Login Credentials:  Yes  No

Revoke Login:  Yes  No

Revoke SHIP eFile ID:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program * (Multiple selections allowed):	<input type="checkbox"/> SHIP <input type="checkbox"/> MIPPA	<input type="checkbox"/> SMP (Enter SIRS eFile ID, if applicable): _____
<b>Team Member Unique ID Details</b>		
Create CMS Unique ID Number *:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Send CMS Unique ID Number:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Status of CMS Unique ID Number * :	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
<b>Notes</b>		

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