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| **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): | | | | | | | | | | | Paid Status \* (Select only one): | | | | | |
| * Active | * Inactive | | | * Retired | | | | | | | * In-Kind-Paid | | | * SHIP-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 Islander * White * Other * Not Collected | | | | | | | |
| Date of Birth **\***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Gender \* (Select only one): | | * Female | | | | * Male | | | | | | * Other | | | * Not Collected | |
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| **Team Member Demographic Information (continued)** | | | | | | | | | | | | | | | | |
| Primary Language **\***  (Select only one):   * English * Chinese * Korean * Russian * Spanish * Vietnamese * Other | | | | | | | Secondary Language:  (Select only one):   * English * Chinese * Korean * Russian * Spanish * Vietnamese * Other | | | | | | | | | |
| **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 | | | | | | |
| Program **\*** (Multiple selections allowed): | | | | | * SHIP * MIPPA | | | | | * SMP (Enter SIRS eFile ID, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Team Member Unique ID Details** | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |
| **Notes** | | | | | | | | | | | | | | | | |
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