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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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