



Michigan Medicare/Medicaid Assistance Program  
**COVERSHEET FOR TEAM MEMBER PIN ASSIGNMENT**

**PLEASE TURN IN TO MMAP, INC. 6 WEEKS PRIOR TO INITIAL TRAINING**

COORDINATOR COMPLETES

<b>DATE REQUESTED</b>	<b>TEAM MEMBER SITE</b>
<b>TEAM MEMBER NAME</b>	
<b>Service County (can only put in one)</b>	<b>Service County ZIP</b>
<b>Orientation Training Date</b>	
<b>Expected Initial Training Dates</b>	
<input type="checkbox"/> <b>Volunteer</b>	
<b>COMPENSATION STATUS</b> Check one (required)	<input type="checkbox"/> <b>In-Kind</b> ( <i>Works with an organization that pays their wage but allow the team member to provide MMAP services</i> )
<input type="checkbox"/> <b>MMAP Paid</b> ( <i>receives at least \$1 of MMAP funds in their wage</i> )	

Each Team Member is required to attend a 2 hour MMAP Orientation Training before receiving a PIN. A signature on the "Coversheet for Team Member PIN Assignment" sheet submitted satisfies the attendance documentation. The training sheet(s) along with the completed "Team Member Packet for PIN Assignment" sheet should be included in one envelope to reduce the potential for lost documents, and mailed to MMAP, Inc. or faxed to 517-886-1305 for processing and PIN assignment.

Each request for a Team Member PIN must include a "COVERSHEET FOR TEAM MEMBER PIN ASSIGNMENT" to serve as a checklist for the sender and to confirm the required documents are in the packet.

The documents listed below are required for any new Team Member to receive a PIN number or for any returning Team Member to renew a PIN number. Any requests for an exception must be submitted in writing to MMAP, Inc.

COORDINATOR COMPLETES

**Required Documentation Checklist**

- "Coversheet for Team Member PIN Assignment" sheet with TM signature**
- MMAP Application**
- Team Member Agreement Form**
- Disclosure Authorization and Release of Information Form** (*may be submitted by Coordinator or Team Member, directly to MMAP, Inc. by mail or fax*) (*Copy accepted*)
- Identity Verification**, such as a Driver's License, State ID, or Other Picture ID (*Clear copy Required*)
- I want a generic badge at end of class, and have enclosed a picture**

Team Member Signature \_\_\_\_\_

<input type="checkbox"/> <b>Processor's Initials</b>	<b>Application Date</b> _____
<b>PIN # Assigned</b> _____	



## Purpose:

- Request the creation of a PIN and submit to MMAP, Inc. for processing.
- Serves as a checklist of REQUIRED documentation for the Coordinator sending in the request
- Serves to document any special notes for the PIN assignment

**Completion Instructions:** Completed by the Coordinator and submitted to MMAP Inc. for processing. Retain a copy or the original at the regional/site office for your records.

**Remember:** Anyone exiting the program **must** return their badge, which the Regional Coordinator must return to MMAP, Inc.