## **PUBLIC AND MEDIA EVENTS**

OMB No. 0938-0850

Agency Code			

Presenter *	SH	IIP I	Use	r ID	First Name	Last Name	Affiliation	Total Hours Spent on Activity
Primary Presenter								
Second Presenter								
Third Presenter								
Fourth Presenter								
Fifth Presenter								
Sixth Presenter								

<sup>\*</sup> Can Enter Up To 25 Presenters / Staff Contributors Per Event - Record Any Additional Presenters on Back of Form

Activity	v or	<b>Event</b>	
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1	Interactive Presentation to Public. Face to Face In-Person.								
Estim	Estimated Number of Attendees								
Estim	Estimated Persons Provided Enrollment Assistance								

2	Booth or Exhibit. At Heath Fair, Senior Fair, or Special Event.							
Estim	Estimated Number of Direct Interactions with Attendees							
Estim	Estimated Persons Provided Enrollment Assistance							

3	3 Dedicated Enrollment Event Sponsored By SHIP or in Partnership.								
Est N	Est Number Persons Reached at Event Regardless of Enroll Assistance								
Estim	Estimated Number Persons Provided Any Enrollment Assistance								
Estim	Estimated Number Provided Enrollment Assistance with Part D								
Estim	Estimated Number Provided Enrollment Assistance with LIS								
Estim	Estimated Number Provided Enrollment Assistance with MSP								
Estim	Estimated Number Provided Enrollment Assist Other Medicare Program								

4	Radio Show. Live or Taped. Not a Public Service Announce or Ad.							
Estim	ated Number of Listeners Reached							

5	TV or Cable Show. Live or Taped. Not a Public Service Announce or Ad.							
Estim	ated Number of Viewers Reached							

6	Electronic Other Activity. PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat							
	ated Persons Viewing or Listening to PSA, Electronic Ad, Across Entire Campaign, Video Conf, Web Conf, Web Chat							

7	Print Other Activity. Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings							
Estimated Persons Reading Article, Newsletter, Ad or Pieces of								
Targe	ted Mail or Other Printed Across Entire Campaign							

Start Date of Activity		/		/		
End Date of Activity		/		/		

Event or Group Name	
Contact First Name - Optional	
Contact Last Name - Optional	
Contact Phone Number - Optional	-

State Code of Event			
County Code of Event			
ZIP Code of Event			
City of Event			
Street Address of Event			

Topic Focus - Check All That Apply										
1	Medicare Parts A and B									
2	Plan Issues - Non-Renewal, Termination, Employer-COBRA									
3	Long-Term Care									
4	Medigap - Medicare Supplements									
5	Medicare Fraud and Abuse									
6	Medicare Prescription Drug Coverage - PDP / MA-PD									
7	Other Prescription Drug Coverage - Assistance									
8	Medicare Advantage									
9	QMB - SLMB - QI									
10	Other Medicaid									
11	General SHIP Program Information									
12	Medicare Preventive Services									
13	Low-Income Assistance									
14	Dual Eligible with Mental Illness Mental Disability									
15	Volunteer Recruitment									
16	Partnership Recruitment									
17	Other Topics - Describe:									

Targ	arget Audiences - Check All That Apply										
1	Medicare Pre-Enrollees - Age 45-64										
2	Medicare Beneficiaries										
3	Family Members - Caregivers of Medicare Beneficiaries										
4	Low-Income										
5	Hispanic, Latino, or Spanish Origin										
6	White, Non-Hispanic										
7	Black, African American										
8	American Indian or Alaska Native										
9	Asian Indian										
10	Chinese										
11	Filipino										
12	Japanese										
13	Korean										
14	Vietnamese										
15	Native Hawaiian										
16	Guamanian or Chamorro										
17	Samoan										
18	Other Asian										
19	Other Pacific Islander										
20	Some Other Race-Ethnicity										
21	Disabled										
22	Rural										
23	Employer-Related Groups										
24	Mental Health Professionals										
25	Social Work Professionals										
26	Dual-Eligible Groups										
27	Partnership Outreach										
28	Presentations to Groups in Languages Other Than English										
29	Other Audiences - Describe:										

	Nationwide and CMS Special Use Fields										
01	02	03	04	05	06	07	08	09	10		

	State and Local Special Use Fields									
01 02 03 04 05 06 07 08 09 1										10

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0850**. The time required to complete this information collection is estimated to average **5 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.