MEDIA OUTREACH & EDUCATION FORM OMB No. 0985-0040

*** Items marked with asterisk (*) indicate required fields**

MIPPA Event *:	❑ Yes ❑ No		
Send to SMP:	❑ Yes ❑ No	**SIRS eFile ID: (*required if sending record to SMP)**	_____

Event Details *

Session Conducted By *: _____

Partner Organization Affiliation* : _____

Total Time Spent on Event *:

_____Hours _____Minutes

Title of Interaction *: _____

Type of Media * (select only one):

- ❑ Billboard
- ❑ Email
- ❑ Magazine
- ❑ Newsletter
- ❑ Newspaper
- ❑ Radio
- ❑ Social Media
- ❑ Television
- ❑ Website
- ❑ Other

Estimated Number of People Reached: _____

Geographic Coverage (select only one):

- ❑ County or Counties
- ❑ Multi-State
- ❑ National
- ❑ Regional
- ❑ Statewide
- ❑ Zip Code

Start Date of Activity *: _____ End Date of Activity: _____

Event Location *

State of Event * :_____ Zip Code of Event * : _____

County of Event * : _____

Media Contact Information

Media Contact First Name: _____

Media Contact Phone: _____

Media Contact Last Name: _____

Media Contact Email: _____

Intended Audience * (multiple selections allowed):

- ❑ Beneficiaries
- ❑ Employer-Related Groups
- ❑ Family Members/Caregivers
- ❑ Limited-English Proficiency
- ❑ Medicare Pre-Enrollees
- ❑ Partner Organizations
- ❑ People with Disabilities
- ❑ Rural Beneficiaries
- ❑ Other

Target Beneficiary Group * (multiple selections allowed):

- ❑ American Indian or Alaskan Native
- ❑ Asian
- ❑ Black or African American
- ❑ Disabled
- ❑ Hispanic/Latino
- ❑ Languages Other Than English
- ❑ Low Income
- ❑ Native Hawaiian or other Pacific Islander
- ❑ Rural
- ❑ N/A
- ❑ Not Collected

Topics Discussed * (multiple selections allowed):

- ❑ Duals Demonstration
- ❑ Extra Help/LIS
- ❑ General SHIP Program Information
- ❑ Long-Term Care Insurance
- ❑ Medicaid
- ❑ Medicare Advantage
- ❑ Medicare Fraud and Abuse
- ❑ Medicare Part D
- ❑ Medicare Savings Program
- ❑ Medigap or Supplemental Insurance
- ❑ Original Medicare (Parts A and B)
- ❑ Other Prescription Drug Coverage
- ❑ Partnership Recruitment
- ❑ Preventive Services
- ❑ Volunteer Recruitment
- ❑ Other

(Continued on p.2)

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes