

MEDIA OUTREACH & EDUCATION FORM

OMB No. 0985-0040

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

MIPPA Event *:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Send to SMP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SIRS eFile ID: (*required if sending record to SMP)

Event Details *

Session Conducted By *: _____	Partner Organization Affiliation* : _____
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Total Time Spent on Event *: _____ Hours _____ Minutes	Title of Interaction *: _____
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Type of Media * (select only one): <input type="checkbox"/> Billboard <input type="checkbox"/> Radio <input type="checkbox"/> Email <input type="checkbox"/> Social Media <input type="checkbox"/> Magazine <input type="checkbox"/> Television <input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other	Estimated Number of People Reached: _____ Geographic Coverage (select only one): <input type="checkbox"/> County or Counties <input type="checkbox"/> Regional <input type="checkbox"/> Multi-State <input type="checkbox"/> Statewide <input type="checkbox"/> National <input type="checkbox"/> Zip Code
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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):

<input type="checkbox"/> Beneficiaries	<input type="checkbox"/> Limited-English Proficiency	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> Employer-Related Groups	<input type="checkbox"/> Medicare Pre-Enrollees	<input type="checkbox"/> Rural Beneficiaries
<input type="checkbox"/> Family Members/Caregivers	<input type="checkbox"/> Partner Organizations	<input type="checkbox"/> Other

Target Beneficiary Group * (multiple selections allowed):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Rural
<input type="checkbox"/> Asian	<input type="checkbox"/> Languages Other Than English	<input type="checkbox"/> N/A
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Low Income	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Disabled	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

Topics Discussed * (multiple selections allowed):

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

(Continued on p.2)

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes