

## GROUP OUTREACH & EDUCATION FORM OMB No. 0985-0040

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

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

### Event Details \*

<b>Session Conducted By *:</b> _____	<b>Partner Organization Affiliation* :</b> _____
<b>Total Time Spent on Event *:</b> _____ Hours          _____ Minutes	<b>Title of Interaction *:</b> _____
<b>Number of Attendees *:</b> _____	<b>Type of Event * (select only one):</b> <input type="checkbox"/> Booth/Exhibit (Health Fair, Senior Fair or Community Event) <input type="checkbox"/> Enrollment Event <input type="checkbox"/> Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference)
<b>Start Date of Activity *:</b> _____ <b>End Date of Activity:</b> _____	

### Event Location \*

**State of Event \*:** \_\_\_\_\_          **Zip Code of Event \*:** \_\_\_\_\_  
**County of Event \*:** \_\_\_\_\_

### Event Contact Information

<b>Event Contact First Name:</b> _____	<b>Event Contact Phone:</b> _____
<b>Event Contact Last Name:</b> _____	<b>Event Contact Email:</b> _____

### 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		

**Special Use Fields**

Field 1: \_\_\_\_\_

Field 2: \_\_\_\_\_

Field 3: \_\_\_\_\_

Field 4: \_\_\_\_\_

Field 5: \_\_\_\_\_

**Notes**