

MEDIA OUTREACH & EDUCATION FORM

*** 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*: _____	
Total Time Spent on Event *: _____ Hours _____ Minutes		Title of Interaction *: _____	
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	
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	<input type="checkbox"/> Other	
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"/> Opioids | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicare Advantage | <input type="checkbox"/> Original Medicare (Parts A and B) | |

(Continued on p.2)

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0040). Public reporting burden for this collection of information averages 4 minutes per response, including time for gathering, maintaining, completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority from Section 4360(f) of the OBRA.