

i Kidney Connection: A Patient Peer Mentoring Program Application

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-NEW (Expires XX/XX/XXXX). This is a voluntary information collection. The time required to complete this information collection is estimated to average 15 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. *****CMS Disclosure***** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Julie Moss, Operations Manager, ESRD NCC jmoss@hsag.com.

The Centers for Medicare & Medicaid Services (CMS) collects information from people with Medicare to improve their customer experience. Executive Order 12862 authorizes federal agencies, like CMS, to collect information when it is being used to improve the quality of service and satisfaction that they want people with Medicare to experience. Your response to this application is voluntary. However, should you choose not to respond, it may affect CMS's efforts to ensure people with kidney disease are given the opportunity to participate in a peer mentoring program where a patient peer shares information and supports a newly diagnosed patient with kidney disease. The responses provided in this information collection will be used only for the ESRD Network Peer Mentoring Program to pair peer mentors (patients providing information and experiences) to mentees (patients seeking information and experiences).

Please fill out this form as completely as possible:

Name (First and*
Last)

City and State


ZIP Code


Phone Number*


Is this a smart
phone? ▼

Submit Close

- Monday 1 p.m. - 4 p.m. ET
- Tuesday 1 p.m. - 4 p.m. ET
- Wednesday 1 p.m. - 4 p.m. ET
- Thursday 1 p.m. - 4 p.m. ET
- Friday 1 p.m. - 4 p.m. ET

Select the age range that best matches your age. None 

How long have you been an ESRD/dialysis patient? None 


Current treatment modality: None 


If you are an in-center or home dialysis patient, please tell us the following:


Facility Name:


Facility City and State:

Facility ZIP Code:

I would like to be a: None 

Mentor: I would like to be paired with a: None 

Mentee: I would like to be paired with a: None 

Topic Interest: None 

- Please identify your interests, hobbies, commitments, and activities, and give
- Reading/Podcasts
 - Traveling
 - Movies/Television

[Submit](#) [Close](#)

us any other information you feel will help us pair you with another patient:

- Sports
- Outdoor Activities (hiking, fishing, hunting)
- Gardening
- Arts/Crafts
- Cooking/Baking
- Dance/Band/Music/Choir
- Photography

Other Interest:

Language

Other Language:

Do you have access to the Internet?

Which of the following communication applications are you familiar with?

Usually I am very calm and relaxed in conversations.

Please provide the most accurate response to this statement.

I have no fear of speaking up in ..

Please provide the most accurate response to this statement.

[Submit](#) [Close](#)

Do you have access to the Internet?

None

Which of the following communication applications are you familiar with?

None

Usually I am very calm and relaxed in conversations.

None

Please provide the most accurate response to this statement.

I have no fear of speaking up in conversations.

None

Please provide the most accurate response to this statement.

Usually I am very tense and nervous in conversations.

None

Please provide the most accurate response to this statement.

I am afraid to speak up in conversations.

None

Please provide the most accurate response to this statement.

I feel very nervous when talking with a new person.

None

Please provide the most accurate response to this statement.

Signature*

By checking this box, I agree that I have completed this application to be considered for the ESRD Network Peer Mentoring Program and I understand that information will only be used to pair patient peer mentors and mentees.

Name (optional)

Applicant's Email

Submit

Close