|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STARS GROUP OUTREACH & EDUCATION FORM** | | | | | | | | | | | |
| **\* Items marked with asterisk (\*) indicate required fields** | | | | | | | | | | | |
| Start Date of Activity \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **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 Event \* (select only one):   * Booth/Exhibit (Health Fair, Senior Fair or Community Event) * Enrollment Event * Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference) | | | | | | | Delivery Method (select only one):   * In-person * Web-based * Hybrid (in-person and web-based) | | | | |
| Number of Attendees \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Event Location \*** | | | | | | | | | | | |
| State of Event **\*** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code of Event **\*** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County of Event **\*** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Event Contact Information** | | | | | | | | | | | |
| Event Contact First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Event Contact Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Event Contact Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Event Contact Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Intended Audience \* (multiple selections allowed):** | | | | | | | | | | | |
| * Beneficiaries * Employer-Related Groups * Family Members/Caregivers | | | * Medicare Pre-Enrollees * Partner Organizations | | | | | * Other | | | |
| **Target Beneficiary Group \* (multiple selections allowed):** | | | | | | | | | | | |
| * American Indian or Alaskan Native * Asian * Black or African American * People with Disabilities * Native Hawaiian or other Pacific Islander | | | | | * Hispanic/Latino * Limited English Proficiency * Low Income * LGBTQI+ | | | | | * Rural * N/A * Other | |
| **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 * Substance Misuse/Fraud/Abuse * Volunteer Recruitment * Other | | |
| ***(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 is estimated to average 4 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits.