

SI SIRS MEDIA OUTREACH AND EDUCATION FORM

Type of Interaction *: Media Outreach & Education	
Session Conducted By*: _____ Date of Interaction (MM/DD/YYYY)*: _____ End Date (if applicable): _____ Date of Initial Creation: <i>Auto-Populated</i> Zip code*: _____ State*: _____ County: _____	Title of Interaction: _____ Time Spent in Minutes*: _____ Reference Number: <i>Auto-Populated</i> Organization: <i>Auto-Populated</i>

Notes:

ACL/SMP Consumer Alert*:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Media:	<input type="checkbox"/> Billboard <input type="checkbox"/> Email <input type="checkbox"/> Magazine <input type="checkbox"/> Newsletter	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Social Media <input type="checkbox"/> Television <input type="checkbox"/> Website <input type="checkbox"/> Other
Geographic Coverage:	<input type="checkbox"/> County or Counties <input type="checkbox"/> Multi-State	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Statewide <input type="checkbox"/> Zip Code
Specific Coverage Location:		
Intended Audience:	<input type="checkbox"/> Beneficiaries <input type="checkbox"/> Family Members/ Caregivers <input type="checkbox"/> General Audience	<input type="checkbox"/> Health Care Providers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Partner Organizations <input type="checkbox"/> Other

Topic(s) Discussed:

<input type="checkbox"/> Conditional Payments <input type="checkbox"/> Consumer Protection <input type="checkbox"/> Durable Medical Equipment (DME) <input type="checkbox"/> Employer Health Plan <input type="checkbox"/> General Fraud Errors, and Abuse <input type="checkbox"/> Genetic/DNA Testing <input type="checkbox"/> Home Health Care <input type="checkbox"/> Hospice <input type="checkbox"/> Medicaid <input type="checkbox"/> Medical Identity Theft <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicare Part A and B	<input type="checkbox"/> Medicare Part D <input type="checkbox"/> Medicare Summary Notice <input type="checkbox"/> Medigap or Supplemental Insurance <input type="checkbox"/> Medicare Card <input type="checkbox"/> Substance Misuse/Fraud /Abuse <input type="checkbox"/> SMP Program Information <input type="checkbox"/> SMP Volunteer Recruitment <input type="checkbox"/> Social Security <input type="checkbox"/> TRICARE <input type="checkbox"/> Veteran’s Health Benefit <input type="checkbox"/> Other
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Other Topics Discussed Details:

Estimated Number of People Reached*:

Basis of Estimate of Number of People Reached:

In-Kind Match (xxxx.xx):

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.