

## SMP Outreach Event Tracking

**Instructions: This form is for all SMP Public and Media Activities. Use one form per activity, which can include in-person presentations, booths/exhibits, or media or internet activities.**

<p><input type="checkbox"/> <b>Community Outreach/Education Event</b></p> <p>e.g. picnics, booths (Do not include total event estimates; only those individuals who actually approach your table/group or pick up materials.)</p> <p><b># of people reached:</b> _____</p> <p><i>Type of Event (Check One)</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Local/County</td> <td><input type="checkbox"/> Conference Meeting</td> </tr> <tr> <td><input type="checkbox"/> Library Display</td> <td><input type="checkbox"/> Health/Senior Fair</td> </tr> <tr> <td><input type="checkbox"/> Shopping Center Display</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Local/County	<input type="checkbox"/> Conference Meeting	<input type="checkbox"/> Library Display	<input type="checkbox"/> Health/Senior Fair	<input type="checkbox"/> Shopping Center Display	<input type="checkbox"/> Other	<p><b>Media Outreach (Select One)</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Newsletter, by project</td> <td><input type="checkbox"/> Newspaper, Op-Ed</td> </tr> <tr> <td><input type="checkbox"/> Newsletter Articles, written for others</td> <td><input type="checkbox"/> Radio-Interviews</td> </tr> <tr> <td><input type="checkbox"/> Newspaper, media releases</td> <td><input type="checkbox"/> Radio-PSA</td> </tr> <tr> <td><input type="checkbox"/> Website</td> <td><input type="checkbox"/> TV-Interview</td> </tr> <tr> <td></td> <td><input type="checkbox"/> TV-PSA</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (please describe in notes)</td> </tr> </table> <p><b># of people reached:</b> _____</p> <p><i>Primary Topics</i></p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Medicare</td></tr> <tr><td><input type="checkbox"/> Employer Health Plan</td></tr> <tr><td><input type="checkbox"/> Medicaid</td></tr> <tr><td><input type="checkbox"/> Federal Employee Health Benefits</td></tr> <tr><td><input type="checkbox"/> Indian Health Services</td></tr> <tr><td><input type="checkbox"/> Social Security</td></tr> <tr><td><input type="checkbox"/> Medigap</td></tr> <tr><td><input type="checkbox"/> Other Public Plan</td></tr> <tr><td><input type="checkbox"/> Other Private Plan</td></tr> <tr><td><input type="checkbox"/> Medicare Advantage</td></tr> <tr><td><input type="checkbox"/> N/A - Self Pay</td></tr> </table>	<input type="checkbox"/> Newsletter, by project	<input type="checkbox"/> Newspaper, Op-Ed	<input type="checkbox"/> Newsletter Articles, written for others	<input type="checkbox"/> Radio-Interviews	<input type="checkbox"/> Newspaper, media releases	<input type="checkbox"/> Radio-PSA	<input type="checkbox"/> Website	<input type="checkbox"/> TV-Interview		<input type="checkbox"/> TV-PSA		<input type="checkbox"/> Other (please describe in notes)	<input type="checkbox"/> Medicare	<input type="checkbox"/> Employer Health Plan	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Federal Employee Health Benefits	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Social Security	<input type="checkbox"/> Medigap	<input type="checkbox"/> Other Public Plan	<input type="checkbox"/> Other Private Plan	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> N/A - Self Pay																											
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<p><b>Complete the following items for all activities:</b></p> <p>Date (MM/DD/YYYY): _____</p> <p>Time of activity: Start _____ Stop: _____</p> <p>Primary County Targeted by Outreach: _____</p> <p>Coverage (circle one): Local    Regional    Statewide    National</p> <p>Event or Group Name: _____</p> <p>Address: _____</p> <p>City, State, Zip code: _____</p> <p>Time Spent (minutes): _____</p> <p>In Kind Contributions \$ _____</p> <p>Session Conducted by (one/both): Staff    Volunteer</p> <p>Presenters Name: _____</p> <p>Organization: _____</p>	<p><b>Partnership Development</b></p> <p><i>Partner Entity (Select One)</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> AARP</td> <td><input type="checkbox"/> Home Health Care</td> </tr> <tr> <td><input type="checkbox"/> Academic Institutions</td> <td><input type="checkbox"/> Assoc/Org.</td> </tr> <tr> <td><input type="checkbox"/> APS</td> <td><input type="checkbox"/> Local Law Enforcement</td> </tr> <tr> <td><input type="checkbox"/> Atty General's Office</td> <td><input type="checkbox"/> Medicare Fraud Control Unit</td> </tr> <tr> <td><input type="checkbox"/> US District Attorney</td> <td><input type="checkbox"/> Ombudsmen</td> </tr> <tr> <td><input type="checkbox"/> Banking Assoc/Industry</td> <td><input type="checkbox"/> Provider Assoc/Org</td> </tr> <tr> <td><input type="checkbox"/> CMS Contractor</td> <td><input type="checkbox"/> Regional OIG</td> </tr> <tr> <td><input type="checkbox"/> CMS Regional Office</td> <td><input type="checkbox"/> RSVP</td> </tr> <tr> <td><input type="checkbox"/> Ethnic Focused Org</td> <td><input type="checkbox"/> TRIAD</td> </tr> <tr> <td><input type="checkbox"/> Faith Based Org.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (Please describe)</td> <td></td> </tr> </table> <p><i>Funding (Select One):</i> <input type="checkbox"/> Paid    <input type="checkbox"/> Unpaid</p> <p><i>Relationship (One):</i> <input type="checkbox"/> Formal    <input type="checkbox"/> Informal</p> <p><i>Select all of the following "activities" conducted with this partner:</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Share Volunteers</td> <td><input type="checkbox"/> Information Sharing</td> </tr> <tr> <td><input type="checkbox"/> Volunteer Training</td> <td><input type="checkbox"/> Outreach and Education</td> </tr> <tr> <td><input type="checkbox"/> Advisory Board</td> <td><input type="checkbox"/> Networking</td> </tr> </table>	<input type="checkbox"/> AARP	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Academic Institutions	<input type="checkbox"/> Assoc/Org.	<input type="checkbox"/> APS	<input type="checkbox"/> Local Law Enforcement	<input type="checkbox"/> Atty General's Office	<input type="checkbox"/> Medicare Fraud Control Unit	<input type="checkbox"/> US District Attorney	<input type="checkbox"/> Ombudsmen	<input type="checkbox"/> Banking Assoc/Industry	<input type="checkbox"/> Provider Assoc/Org	<input type="checkbox"/> CMS Contractor	<input type="checkbox"/> Regional OIG	<input type="checkbox"/> CMS Regional Office	<input type="checkbox"/> RSVP	<input type="checkbox"/> Ethnic Focused Org	<input type="checkbox"/> TRIAD	<input type="checkbox"/> Faith Based Org.		<input type="checkbox"/> Other (Please describe)		<input type="checkbox"/> Share Volunteers	<input type="checkbox"/> Information Sharing	<input type="checkbox"/> Volunteer Training	<input type="checkbox"/> Outreach and Education	<input type="checkbox"/> Advisory Board	<input type="checkbox"/> Networking																												
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