

GROUP 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 *: _____
Number of Attendees * : _____	Type of Event * (select only one): <input type="checkbox"/> Booth/Exhibit (Health Fair, Senior Fair or Community Event) <input type="checkbox"/> Enrollment Event <input type="checkbox"/> Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference)
Start Date of Activity * : _____ End Date of Activity : _____	

Event Location *

State of Event * : _____ Zip Code of Event * : _____

County of Event * : _____

Event Contact Information

Event Contact First Name: _____	Event Contact Phone: _____
Event Contact Last Name: _____	Event 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"/> Original Medicare (Parts A and B)	<input type="checkbox"/> Other
<input type="checkbox"/> Medicare Advantage		

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes