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| **GROUP OUTREACH & EDUCATION FORM** |
| **\* Items marked with asterisk (\*) indicate required fields** |
| **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 \*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of Attendees \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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)
 |
| 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 Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Event Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Event Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Intended Audience \* (multiple selections allowed):** |
| * Beneficiaries
* Employer-Related Groups
* Family Members/Caregivers
 | * Limited-English Proficiency
* Medicare Pre-Enrollees
* Partner Organizations
 | * People with Disabilities
* Rural Beneficiaries
* Other
 |
| **Target Beneficiary Group \* (multiple selections allowed):**  |
| * American Indian or Alaskan Native
* Asian
* Black or African American
* Disabled
 | * Hispanic/Latino
* Languages Other Than English
* Low Income
* Native Hawaiian or other Pacific Islander
 | * Rural
* N/A
* Not Collected
* 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
* Volunteer Recruitment
* Other
 |
| ***(Continued on p.2)*** |
| **Special Use Fields** |
| Field 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Field 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Field 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Field 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Field 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notes** |
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