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| **MEDIA 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 \*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Type of Media \* (select only one): | | | | | | | Estimated Number of People Reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| * Billboard * Email * Magazine * Newsletter * Newspaper | | * Radio * Social Media * Television * Website * Other | | | | | Geographic Coverage (select only one): | | | | | |
| * County or Counties * Multi-State * National | | | | * Regional * Statewide * Zip Code | |
| Start Date of Activity \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | End Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Event Location \*** | | | | | | | | | | | | |
| State of Event **\*** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code of Event **\*** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County of Event **\*** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Media Contact Information** | | | | | | | | | | | | |
| Media Contact First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Media Contact Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Media Contact Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Media 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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