

# PUBLIC AND MEDIA EVENTS

OMB No. 0938-0850

Agency Code

| Presenter *       | SHIP User ID | First Name | Last Name | Affiliation | Total Hours Spent on Activity |
|-------------------|--------------|------------|-----------|-------------|-------------------------------|
| Primary Presenter |              |            |           |             |                               |
| Second Presenter  |              |            |           |             |                               |
| Third Presenter   |              |            |           |             |                               |
| Fourth Presenter  |              |            |           |             |                               |
| Fifth Presenter   |              |            |           |             |                               |
| Sixth Presenter   |              |            |           |             |                               |

\* Can Enter Up To 25 Presenters / Staff Contributors Per Event - Record Any Additional Presenters on Back of Form

|                        |  |  |   |  |  |   |  |  |  |  |
|------------------------|--|--|---|--|--|---|--|--|--|--|
| Start Date of Activity |  |  | / |  |  | / |  |  |  |  |
| End Date of Activity   |  |  | / |  |  | / |  |  |  |  |

|                                 |       |
|---------------------------------|-------|
| Event or Group Name             |       |
| Contact First Name - Optional   |       |
| Contact Last Name - Optional    |       |
| Contact Phone Number - Optional | ( ) - |

## Activity or Event

### 1 Interactive Presentation to Public. Face to Face In-Person.

|  |  |  |  |  |
|--|--|--|--|--|
| Estimated Number of Attendees                    |  |  |  |  |
| Estimated Persons Provided Enrollment Assistance |  |  |  |  |

### 2 Booth or Exhibit. At Heath Fair, Senior Fair, or Special Event.

|  |  |  |  |  |
|--|--|--|--|--|
| Estimated Number of Direct Interactions with Attendees |  |  |  |  |
| Estimated Persons Provided Enrollment Assistance       |  |  |  |  |

### 3 Dedicated Enrollment Event Sponsored By SHIP or in Partnership.

|   |  |  |  |  |
|---|--|--|--|--|
| Est Number Persons Reached at Event Regardless of Enroll Assistance |  |  |  |  |
| Estimated Number Persons Provided Any Enrollment Assistance         |  |  |  |  |
| Estimated Number Provided Enrollment Assistance with Part D         |  |  |  |  |
| Estimated Number Provided Enrollment Assistance with LIS            |  |  |  |  |
| Estimated Number Provided Enrollment Assistance with MSP            |  |  |  |  |
| Estimated Number Provided Enrollment Assist Other Medicare Program  |  |  |  |  |

### 4 Radio Show. Live or Taped. Not a Public Service Announce or Ad.

|                                       |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|
| Estimated Number of Listeners Reached |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|

### 5 TV or Cable Show. Live or Taped. Not a Public Service Announce or Ad.

|                                     |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|
| Estimated Number of Viewers Reached |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|

### 6 Electronic Other Activity. PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Est Persons Viewing or Listening to PSA, Electronic Ad, Crawl |  |  |  |  |  |  |  |
| Across Entire Campaign, Video Conf, Web Conf, Web Chat        |  |  |  |  |  |  |  |

### 7 Print Other Activity. Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Est Persons Reading Article, Newsletter, Ad or Pieces of |  |  |  |  |  |  |  |
| Targeted Mail or Other Printed Across Entire Campaign    |  |  |  |  |  |  |  |

## Topic Focus - Check All That Apply

|    |  |
|----|--|
| 1  | Medicare Parts A and B                                 |
| 2  | Plan Issues - Non-Renewal, Termination, Employer-COBRA |
| 3  | Long-Term Care   |
| 4  | Medigap - Medicare Supplements                         |
| 5  | Medicare Fraud and Abuse                               |
| 6  | Medicare Prescription Drug Coverage - PDP / MA-PD      |
| 7  | Other Prescription Drug Coverage - Assistance          |
| 8  | Medicare Advantage                                     |
| 9  | QMB - SLMB - QI  |
| 10 | Other Medicaid   |
| 11 | General SHIP Program Information                       |
| 12 | Medicare Preventive Services                           |
| 13 | Low-Income Assistance                                  |
| 14 | Dual Eligible with Mental Illness Mental Disability    |
| 15 | Volunteer Recruitment                                  |
| 16 | Partnership Recruitment                                |
| 17 | Other Topics - Describe:                               |

## Target Audiences - Check All That Apply

|    |   |
|----|---|
| 1  | Medicare Pre-Enrollees - Age 45-64                      |
| 2  | Medicare Beneficiaries                                  |
| 3  | Family Members - Caregivers of Medicare Beneficiaries   |
| 4  | Low-Income  |
| 5  | Hispanic, Latino, or Spanish Origin                     |
| 6  | White, Non-Hispanic                                     |
| 7  | Black, African American                                 |
| 8  | American Indian or Alaska Native                        |
| 9  | Asian Indian  |
| 10 | Chinese   |
| 11 | Filipino  |
| 12 | Japanese  |
| 13 | Korean  |
| 14 | Vietnamese  |
| 15 | Native Hawaiian   |
| 16 | Guamanian or Chamorro                                   |
| 17 | Samoan  |
| 18 | Other Asian   |
| 19 | Other Pacific Islander                                  |
| 20 | Some Other Race-Ethnicity                               |
| 21 | Disabled  |
| 22 | Rural   |
| 23 | Employer-Related Groups                                 |
| 24 | Mental Health Professionals                             |
| 25 | Social Work Professionals                               |
| 26 | Dual-Eligible Groups                                    |
| 27 | Partnership Outreach                                    |
| 28 | Presentations to Groups in Languages Other Than English |
| 29 | Other Audiences - Describe:                             |

| Nationwide and CMS Special Use Fields | State and Local Special Use Fields |
|---------------------------------------|------------------------------------|
| 01 02 03 04 05 06 07 08 09 10         | 01 02 03 04 05 06 07 08 09 10      |