# MEDIA OUTREACH & EDUCATION FORM

* Items marked with asterisk (*) indicate required fields

<table>
<thead>
<tr>
<th>MIPPA Event *:</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send to SMP:</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>SIRS eFile ID:</td>
<td>(required if sending record to SMP)</td>
<td></td>
</tr>
</tbody>
</table>

## Event Details *

- **Session Conducted By**: 
  ______________________________________________________
- **Partner Organization Affiliation** :
  ______________________________________________________
- **Total Time Spent on Event *:**
  ____________________________________________ Hours  _____________ Minutes
- **Title of Interaction *:**
  ______________________________________________________
- **Type of Media * (select only one):**
  - □ Billboard
  - □ Email
  - □ Magazine
  - □ Newsletter
  - □ Newspaper
  - □ Radio
  - □ Social Media
  - □ Television
  - □ Website
  - □ Website
  - □ Other
- **Estimated Number of People Reached:**
  ______________________________

## Geographic Coverage (select only one):

- □ County or Counties
- □ Multi-State
- □ National
- □ Regional
- □ Statewide
- □ Zip Code

## Event Location *

- **Start Date of Activity *:** ___________________  
- **End Date of Activity:** ___________________

- **State of Event *:** ___________________  
- **Zip Code of Event *:** ___________________

- **County of Event *:** ___________________  

## Media Contact Information

- **Media Contact First Name:** ___________________  
- **Media Contact Phone:** ___________________
- **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)
| Field 1 | ________________________________ |
| Field 2 | ________________________________ |
| Field 3 | ________________________________ |
| Field 4 | ________________________________ |
| Field 5 | ________________________________ |

| Notes |