# 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)

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### Event Details *

#### Partner Organization Affiliation *

#### Title of Interaction *

#### Start Date of Activity *

#### End Date of Activity *

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### Event Location *

#### State of Event *

#### Zip Code of Event *

#### County of Event *

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### Media Contact Information

#### Media Contact First Name:

#### Media Contact Phone:

#### Media Contact Last Name:

#### Media Contact Email:

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### Intended Audience *

- □ Beneficiaries
- □ Employer-Related Groups
- □ Family Members/Caregivers
- □ Limited-English Proficiency
- □ Medicare Pre-Enrollees
- □ Partner Organizations
- □ People with Disabilities
- □ Rural Beneficiaries
- □ Other

### Target Beneficiary Group *

- □ 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 *

- □ 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

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(Continued on p.2)
### Special Use Fields

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### Notes

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