SHIBA Group Outreach & Education Form

* Items marked with asterisk (*) indicate required fields			
MIPPA Event*:	Send to SMP:	SIRS eFile ID: (*REQUIRED if sending record to SMP):	
❏ Yes ❏ No	❏ Yes ❏ No		

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*: WA   Event Zip Code*: _____   Event County*: _____

Event Contact Information

First Name:	Phone:
_____	_____
Last Name:	Email:
_____	_____

Intended Audience* (multiple selections allowed):

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

Target Beneficiary Group* (multiple selections allowed):

❏ American Indian or Alaskan Native	❏ Hispanic/Latino	❏ Rural
❏ Asian	❏ Languages Other Than English	❏ N/A
❏ Black or African American	❏ Low Income	❏ Not Collected
❏ Disabled	❏ Native Hawaiian or other Pacific Islander	❏ Other

Topics Discussed* (multiple selections allowed):

❏ Duals Demonstration	❏ Medicare Fraud and Abuse	❏ Other Prescription Drug Coverage
❏ Extra Help/LIS	❏ Medicare Part D	
❏ General SHIP Program Information	❏ Medicare Savings Program	❏ Partnership Recruitment
❏ Long-Term Care Insurance	❏ Medigap or Supplemental Insurance	❏ Preventive Services
❏ Medicaid	❏ Original Medicare (Parts A and B)	❏ Volunteer Recruitment
❏ Medicare Advantage		❏ Other

Special Use Fields

Field 1: _____   Field 2: _____

Field 3: _____   Field 4: _____

Field 5: _____

Notes