SHIBA Quick Intake Beneficiary Contact Form

Print clearly. All fields are required. See the other side for instructions.

SHIBA sponsor: _____ County: _____

Volunteer name: _____

Intake date: _____ Site zip: _____

Client zip code: _____

Client age (mark with an "X"): ____Under 65 ____65 or over

Under 65 and receiving Social Security disability? ____Yes ____No ____Not applicable

English is first language? ____Yes ____No

Is income below $1540 for single **or** $2080 for couple? ____Yes ____No

Talked about (mark with an "X" all that apply):

____Medicare Enrollment ____Part D

____Medicare Advantage ____Medicare Supplement

____Employer Plan ____Medicaid

____Medicare Savings Program/MSP ____Extra Help/LIS

____Fraud

Other: _____

_____

Client requests a phone call from SHIBA: ____Yes ____No

If yes, client name: _____

Client phone number: _____

What is a beneficiary contact?

- A beneficiary contact includes all contacts for the purpose of relaying Medicare and SHIP-related information between a counselor or staff and a client.
- Contacts may occur with Medicare beneficiaries, family members, caregivers, or others working on behalf of a client.
- You may conduct client contacts over the telephone, in person (on site), via postal mail, e-mail, fax, or web-based one-on-one chat sessions (where technology permits) or skype-like real time interactions with clients over the web.

Do not fill out Beneficiary Contact forms for:

- Unsuccessful attempts to reach a beneficiary (e.g., leaving messages on an answering machine).
- People reached at public events such as presentations or health fairs, or for general questions asked during or after a presentation. (Any individual contacts/interactions with clients during public events is a contact if one-on-one counseling occurs.)
- Calls when the only purpose is to schedule an appointment with a SHIBA counselor.
- Contacts where the sole purpose is referral to another agency.
- Contacts that are unrelated to the mission of SHIBA or Medicare.