

NEBRASKA SHIP GROUP MEDIA OUTREACH AND EDUCATION FORM

Section 1 - Presenter / Contributor Information

Name(s) of Presenter(s) (attach additional page if space below is not sufficient to list all participants):

Total Time Spent on Activity
Across all Dates:

Hours: _____

Minutes: _____

Section 2 - Outreach and Education Event

Was your activity an Outreach Event or a Media Event?

Outreach Event

Name: _____

Event Type:

- ☐ **Booth or Exhibit** (Health Fair or Senior Fair)
- ☐ **Enrollment Event** (Part D/MA Enrollment Event)
- ☐ **Interactive Presentation to Public**

Number of Attendees: _____

Media Event

Name: _____

Media Type:

- ☐ **Billboard** ☐ **Newspaper** ☐ **Website**
- ☐ **Email** ☐ **Radio** ☐ **Other**
- ☐ **Magazine** ☐ **Social Media**
- ☐ **Newsletter** ☐ **Television**

Estimated Number of People Reached: _____

What Geographic area did the event cover?

☐ **Zip Code**

☐ **County/Countries**

☐ **Regional**

☐ **Statewide**

☐ **National**

Start Date of Activity:

____/____/____
month / day / year

End Date of Activity:

____/____/____
month / day / year

Zip Code of Event Location:

County of Event Location:

Event Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Section 3 - Intended Audience (select all that apply)

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

Section 4 - Target Beneficiary Group (select all that apply)

- ☐ American Indian or Alaska Native ☐ Hispanic or Latino ☐ Not Collected
- ☐ Asian ☐ Language Other Than English ☐ Other
- ☐ Black or African American ☐ Low Income
- ☐ Disabled ☐ Rural

Section 5 - Topics Discussed (select all that apply)

- ☐ Extra Help / LIS ☐ **Medicare Fraud and Abuse** ☐ Other Prescription Drug Coverage
- ☐ General SHIP Information ☐ Medicare Part D ☐ Partnership Recruitment
- ☐ Long-Term Care Insurance ☐ Medicare Savings Programs ☐ Preventive Services
- ☐ Medicaid ☐ Medigap/Medicare Supplement ☐ Volunteer Recruitment
- ☐ Medicare Advantage ☐ Medicare Parts A and B ☐ Other