



Office Use Only	
SIRS	
Date _____	Initials _____
SIRS #:	

Event Form

Outreach, Group Education & Media (*required field)

*Type of Interaction: Outreach/Exhibit Education Media

*Session Conducted or Attended By: _____

If there is a second person involved in this event, then that person records their time on their Monthly Timesheet under "Group Outreach and Education."

*Date of Interaction: _____ End Date: (if applicable) _____

Name of Event: (Outreach and Education: **use name of event**; if Media: use the name of media)

Address: _____ State: Wisconsin

Zip Code: _____ County: _____

*Time Spent in Minutes: _____ (Include time spent picking up and prepping supplies, travel time, and actual event time.)

*Estimated Number of People Reached: _____ (for Outreach & Education or Media)

Notes: _____

For Outreach and Education Events and Media Interactions:

Intended Audience:

Select all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Beneficiaries | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Employer- Related Groups | <input type="checkbox"/> Medicare Pre-Enrollees |
| <input type="checkbox"/> Family Members/Caregivers | <input type="checkbox"/> Partner Organizations |
| <input type="checkbox"/> Health Care Providers | <input type="checkbox"/> Other |

Targeted Beneficiary Group:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Long Term Care Residents |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Homebound | <input type="checkbox"/> Rural |
| <input type="checkbox"/> LGBTQI+ | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited English Proficiency | |

Topic(s) Discussed: *(Complete for all Interactions)*

Select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Conditional Payments | <input type="checkbox"/> Medicare Part A and B |
| <input type="checkbox"/> Consumer Protection | <input type="checkbox"/> Medicare Part D |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Medicare Summary Notice |
| <input type="checkbox"/> Durable Medical Equipment (DME) | <input type="checkbox"/> Medigap or Supplemental Insurance |
| <input type="checkbox"/> Employer Health Plan | <input type="checkbox"/> SMP Program Information |
| <input type="checkbox"/> General Fraud, Errors, and Abuse | <input type="checkbox"/> SMP Volunteer Recruitment |
| <input type="checkbox"/> Genetic/DNA Testing | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Substance Misuse/Fraud/Abuse |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> TRICARE |
| <input type="checkbox"/> Medical Identity Theft | <input type="checkbox"/> Veteran's Health Benefits (VA) |
| <input type="checkbox"/> Medicare Advantage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicare Card | |

FOR MEDIA ONLY:

Type of Media: _____ ***Number of Airings:** _____
(Billboard, Magazine, Newspaper, Newsletter, Radio, TV, Website, Other)

Geographic Coverage: _____ *Zip code, County, Counties, Regional, Statewide, Multi-State, National)*

Specific Location: _____

Basis for Number of people Reached: _____

NOTES:
