



Public & Media Activity Form

Statewide Health Insurance Benefits Advisors **HelpLine** • State of Washington • Office of the Insurance Commissioner

INSTRUCTIONS: Use one form per activity, even if it is a recurring activity. Fill in both sides of form.

FOR OFFICE USE ONLY:

Event Authority - SHIBA ID Number: _____ OR Name of person approving event: _____

Event Assigned to - SHIBA ID Number: _____ OR Name of person assigned to: _____

Assigned sponsor/partner: _____ Assigned county: _____

1. Event Information

Open to Public: Yes <input type="checkbox"/> No <input type="checkbox"/>		Estimated # of Participants:	Actual # of Participants:	Estimated # Enrolled in Programs:
Event Name:		Time of Activity (for first day): start: _____ end: _____		
Date(s): _____ through _____ month / day / year month / day / year				
Total Length of Activity (all dates): _____ hrs.				
Event Site:			County:	
Event Address:		City:	State:	ZIP:

2. Event Host Information

Organization Name:		Contact Phone: ()		
Contact Name (Last):	Contact Name (First):	Contact Email:		
Business Address:	City:	State:	ZIP:	

3. Activity (check only one type of activity)

- | | |
|--|--|
| <input type="checkbox"/> COMMUNITY EDUCATION (<i>Health coverage, etc.</i>) OR | <input type="checkbox"/> OUTREACH ACTIVITIES (<i>Promote SHIBA HelpLine, etc.</i>) |
| <input type="checkbox"/> A. Public Presentation (speaking engagement)
<input type="checkbox"/> B. Public Workshop (group counseling)
<input type="checkbox"/> C. Partner training
<input type="checkbox"/> D. Media (newspaper/newsletter – article or interview)
<input type="checkbox"/> E. Media (radio – not a PSA or ad)
<input type="checkbox"/> F. Media (TV/cable show – not a PSA or ad)
<input type="checkbox"/> G. Targeted informational mailings
<input type="checkbox"/> H. Enrollment event
<input type="checkbox"/> I. Drop-in counseling:
<input type="checkbox"/> J. Other (please describe): _____ | <input type="checkbox"/> A. Public Presentation (speaking engagement)
<input type="checkbox"/> B. Outreach Meeting (w/community organization)
<input type="checkbox"/> C. Networking meeting(w/other partners)
<input type="checkbox"/> D. Media (newspaper/newsletter – article or interview)
<input type="checkbox"/> E. Media (radio – not a PSA or ad)
<input type="checkbox"/> F. Media (TV/cable show – not a PSA or ad)
<input type="checkbox"/> F. Media (public service announcement or paid ad)
<input type="checkbox"/> G. Booth/Exhibit at Health or Senior Fair/etc.
<input type="checkbox"/> H. Targeted informational mailings
<input type="checkbox"/> I. Website (web postings, online conference, chatroom, etc.)
<input type="checkbox"/> J. Other (please describe): _____ |

4. Activity Language (check all that apply, if other than English or in combination with English)

- ☐ Spanish ☐ Korean ☐ Cantonese ☐ Mandarin ☐ Vietnamese ☐ Tagalog ☐ Russian
☐ Cambodian ☐ ASL ☐ Other: _____

Interpreter needed: Yes ☐ No ☐

5. Topic Focus (check all that apply)

SHIBA HelpLine

- ☐ Programs and services
☐ Sponsorship
☐ Partnership
☐ Volunteerism
☐ Other: _____

Medicare

- ☐ Parts A and/or B
☐ Medicare Health Plans (Part C)
☐ Medicare Rx drug coverage (Part D)
☐ Medigap / Supplement
☐ Medicare Savings Programs (QMB, SLMB, Q1)
☐ Washington State Health Insurance Pool (WSHIP) Plan 2
☐ Retiree / Employer plans
☐ Non-renewal situation
☐ Other: _____

Insurance/Coverage (Non-Medicare)

- ☐ Basic Health
☐ Children's Health Insurance Program (CHIP)
☐ COBRA
☐ Dental
☐ Discount/Association plans
☐ Employer/Union/FEHBP Plans
☐ Health Savings Accounts (HSA)
☐ Individual commercial plans
☐ Long-Term Care
☐ Medicaid
☐ Military/TRI-CARE
☐ Prescription Assistance Program
☐ Veterans' coverage
☐ WSHIP Plans 1 and 3
☐ Fraud and abuse
☐ Other: _____

6. Target Audience (check all that apply)

Client Type

- ☐ Medicare beneficiaries and/or pre-enrollees
☐ Non-Medicare beneficiaries and/or pre-enrollees
☐ Family members/caregivers of Medicare beneficiaries
☐ Non-Medicare family members/caregivers
☐ Professionals (social services providers)
☐ Other (please describe): _____

Demographics

- ☐ American Indian or Alaska Native
☐ Black or African-American
☐ Hispanic or Latino
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ White, not of Hispanic origin
☐ Disabled
☐ Rural
☐ Low income

7. Presenter Information

SHIBA ID#

Name(s) of presenter(s) (Last, First)

Organization Name

