

# EZ CCF

OSHIIP Volunteer Name: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Range: \_\_\_\_\_ (ex. 7/1/13 – 7/5/13)

\_\_\_\_\_ TOTAL NUMBER OF CLIENTS

\_\_\_\_\_ AVERAGE TIME SPENT WITH EACH CLIENT

How many of your total clients were: (please enter a number for each)

1. \_\_\_\_\_ Male                      \_\_\_\_\_ Female
2. \_\_\_\_\_ By Phone              \_\_\_\_\_ At a Site              \_\_\_\_\_ At Home              \_\_\_\_\_ E-mail or Mail
3. \_\_\_\_\_ Under 65              \_\_\_\_\_ 65-74              \_\_\_\_\_ 75-84              \_\_\_\_\_ 85 or Older
4. \_\_\_\_\_ African Amer.              \_\_\_\_\_ White              \_\_\_\_\_ Hispanic              \_\_\_\_\_ Other: \_\_\_\_\_
5. \_\_\_\_\_ Income/Assets ABOVE LIS              \_\_\_\_\_ Income/Assets BELOW LIS

I discussed: (Check all that apply)

- \_\_\_\_\_ Medicare Part A and Part B
- \_\_\_\_\_ Medicare Supplemental Insurance
- \_\_\_\_\_ Medicare Part D
- \_\_\_\_\_ Extra Help or LIS
- \_\_\_\_\_ Medicare Advantage Plans
- \_\_\_\_\_ Employer Group Coverage
- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ Medicare Savings Programs (MSP)
- \_\_\_\_\_ Appeals
- \_\_\_\_\_ Long-Term Care
- \_\_\_\_\_ Other \_\_\_\_\_

I enrolled: (Enter # only if applicable)

- \_\_\_\_\_ Medicare Part D
- \_\_\_\_\_ Medicare Advantage
- \_\_\_\_\_ Extra Help or LIS
- \_\_\_\_\_ MSP
- \_\_\_\_\_ Medicare A &/or B

Dollars Saved for Clients: \$ \_\_\_\_\_