

# EZ PAM

Volunteer Name: \_\_\_\_\_ Activity Name: \_\_\_\_\_

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

Address of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Time spent on Activity: \_\_\_\_\_

TOTAL NUMBER OF Persons Reached \_\_\_\_\_

TYPE of ACTIVITY: (check one)

\_\_\_\_ Presentation

\_\_\_\_ Booth/Exhibit

\_\_\_\_ Radio show

\_\_\_\_ TV Show

\_\_\_\_ Electronic Activity (PSA, electronic ad or crawl, Facebook, Twitter, Website)

\_\_\_\_ Print Activity (newsletter, pamphlet, flier, poster, targeted mailing, newspaper)

**TOPICS 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

\_\_\_\_ OSHIIP

\_\_\_\_ Volunteer Recruitment

\_\_\_\_ Partnership Recruitment

\_\_\_\_ Other \_\_\_\_\_

**Target Audience: (Check all that apply)**

\_\_\_\_ Medicare Pre-Enrollees

\_\_\_\_ Medicare Beneficiaries

\_\_\_\_ Family Members/Caregivers

\_\_\_\_ Low-Income

\_\_\_\_ Hispanic, Latino or Spanish Origin

\_\_\_\_ White, Non-Hispanic

\_\_\_\_ Black, African American

\_\_\_\_ Asian

\_\_\_\_ Some Other Race-Ethnicity

\_\_\_\_ Disabled

\_\_\_\_ Rural

\_\_\_\_ Professionals

\_\_\_\_ Partnership Outreach

\_\_\_\_ Presentations to Groups in Languages other than English