

Evaluation Form

The Centers for Medicare & Medicaid Services is very interested in your suggestions and comments related to this outreach kit.

Please use this evaluation form to give us your general feedback. We are particularly interested in your comments regarding the overall usefulness and appearance of the following materials: videos and TV public service announcements (PSAs), “Train the Trainer” presentation and talking points, glossary, screening tool for professionals, model application, resource guide, posters, brochures, beneficiary presentation and talking points, screening tool for beneficiaries, direct mail letter, newsletter articles, fact sheets and radio public service announcements. Please e-mail or fax your comments to the address below.

Please tell us how you and others in your organization have been using the Outreach Kit:

Which parts have been useful?

Which parts have not been useful?

How can we improve these materials?

Evaluation Form *continued*

What do you think of the kit that contains these materials?

Other Comments:

Personal Information (optional):

Name: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ E-mail: _____

Thanks.

Please fax or e-mail this form back to:

Debby Higgins

Health Insurance Specialist

Centers for Medicare & Medicaid Services

(410) 786-8004

E-mail: dhiggins@cms.hhs.gov