

Senior Linkage Line® Client Contact Form

 (Date of visit) (SHIP Volunteer name)

 (Location of visit) (Total time)

Client Information:

First/Last Name*:	DOB*:	Marital Status:
Address:	County:	
City, State, Zip*:	Phone:	

Gender*: Male Female

Ethnicity*:

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black, African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Hispanic/Latino/Spanish Origin | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Some other race/ethnicity | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> White | | |

Medicare part D Plan Comparison/Selection/Enrollment Assistance:

Medicare Part A start date:	Medicare Part B start date:
Current Plan:	Drug List Retrieval #:
New Plan:	Password date:
Online enrollment confirmation #:	Confirmation of online enrollment given to client: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy used:	

Financial Assistance:

- Is client currently receiving Medical Assistance? Yes No
- Does the county help this client pay for their Part B Medicare premium?
 **(Are they on a Medicare Savings program, QI, SLMB, OR QMB?) Yes No
- Does client get extra help with their drugs through the Extra Help Program through Social Security (LIS)? Yes No
- Does client have any other drug insurance such as through the Veterans Association? Yes No

****Please check *Income and Asset Guideline Sheet* to see what programs client may be eligible for. Be sure to ask them what their gross income is, before any deductions are taken out.**

*How did you hear about Senior LinkAge Line®? _____

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Notes*:

Give specifics of interaction with client. Include any contacts made for the client such as call to county, their drug plan, or call to Senior Linkage Line®.

**PLEASE INCLUDE YOUR EXACT TIME SPENT WITH THE CLIENT AT THE END OF YOUR NOTES.
THIS IS VERY IMPORTANT!**

If you met with the client on multiple dates, please list the dates and time spent with each log note.

Example: 11/30/2016 - Called client to set up appointment at Whitney Senior Center Enrollment site on 12/6/2016.
Time Spent: Telephone - 5 minutes. 12/6/16 – Met with client at Whitney Senior Center to compare part D plans.
Completed online enrollment from plan XYZ to plan ABC. Confirmation of online enrollment given to client. Time spent: Face to Face - 1 hour.

*** REQUIRED FIELD**