

STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) RESOURCE REPORT

Name of Grantee Agency Reporting	State	6-month Report Period ____/____/____ to ____/____/____ month/year month/year
Person Completing Report	Title	Telephone number

Section 1 - # of Active counselors and hours	State Staff	AAA Field Staff:	Total	Section 2 - # of AAA counselors/volunteers & hours	Total
a. # volunteer BC's				a. # volunteers BC's	
b. # SHIP paid BC's				b. # Ship paid BC's	
c. # in-kind pd. BC's				c. # in-kind BC's	
Total # BC's				Total # BC's	
d. Volunteer BC hours				d. Volunteer BC hours	
e. SHIP paid BC hours				e. Ship paid BC hours	
f. in-kind pd. BC hours				f. in-kind pd. BC hours	
Section 3 - # of other Paid Staff and Hours	State Staff	AAA Field Staff	Total	Section 4- Counselor Training	Total
a. # Ship pd. Other staff				a. # Initial Training(s) for New SHIP BC's	
b. # in-kind other staff				b. # New SHIP BC's attending Initial Training	
c. SHIP-pd. Other staff hours				c. Total # BC hours in Initial training	
d. in-kind pd. other staff hours				d. # updated training(s) for SHIP BC's	
				e. # active SHIP BC's attending Training(s)	
				f. Total # Counselor hours in update traing(s)	

Section 5 – Number of Active Counselors with the following characteristics (Optional)

a. Years of SHIP Service		c. Ethnicity/Race		d. Ethnicity/Race	
Less than 1 year	—	Disabled	—	American Indian or Alaska Native	—
1 yr. up to 3 years	—	Not disabled	—	Asian	—
3 yrs. up to 5 years	—	Missing	—	Black/African American	—
Over 5 years	—			Hispanic/Latino	—
Missing	—			Native Hawaiian or other Pacific Islander	—
				White	—
				Other	—
				Missing	—
b. Age		d. Gender			
Less than 65 years old	—	Female	—		
65 years or older	—	Male	—		
Missing	—	Missing	—		

Section 6 – WEB-SITE VISITORS (if applicable) Total # of visitors during 2 quarters comprising the 6-month report period:

First Quarter _____ Second Quarter _____

Section 7 – THREE CASE SUMMARIES (SEE ATTACHMENT)

Section 8 – ACTIVITIES, LESSONS LEARNED, SIGNIFICANT EVENTS

This section should be tied into initiatives addressed in each SHIP grant application. This should include activities targeting the undeserved.

I state that to the best of my knowledge, this information is true.

Signature: _____ Date: _____