

TEXAS STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP) CLIENT CONTACT FORM () 5/01

Counselor Name: _____	Agency: _____	Type of Client/Assistance Requested by: (Check all that apply: <input type="checkbox"/> Beneficiary (self) <input type="checkbox"/> Caregiver (family, other) <input type="checkbox"/> Couple <input type="checkbox"/> Agency
Zip Code of Counseling Location: _____		

Check here for a quick telephone call (less that 10 minutes)

Date of Initial Contact: ____/____/____	Type of Contact: <input type="checkbox"/> Telephone <input type="checkbox"/> In-person (home) <input type="checkbox"/> In-person (site) <input type="checkbox"/> e-mail/fax/postal	Time Spent: _____ hours _____ minutes Total units _____
Total # of contacts with Client: _____		

Status of Client Contact(s): Open Closed

Section 1 – Beneficiary Information	Client/Representative Name: _____	Zip Code: _____	Beneficiary Phone: () _____
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Section 2 - Beneficiary Demographics
Is this his/her first contact with a SHIP since April 1, 2001? Yes (complete this section) No (skip to Section 3)

DOB: ____-____-____	Gender:	Disabled:	Income:	Ethnicity/Race:
<input type="checkbox"/> Under 65 <input type="checkbox"/> Not <input type="checkbox"/> 65-74 Collected <input type="checkbox"/> 75-84 <input type="checkbox"/> 85-older	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Collected	<input type="checkbox"/> Less than/equal to SLMB <input type="checkbox"/> Greater than SLMB <input type="checkbox"/> Not Collected	<input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian, other Pacific Isl. <input type="checkbox"/> African Amer. <input type="checkbox"/> Not Collected <input type="checkbox"/> Other _____

Section 3 – Topics Discussed (Check all that apply)

Medicare: <input type="checkbox"/> Enrollment, benefits, eligibility <input type="checkbox"/> Claims/billing <input type="checkbox"/> Appeal/quality care <input type="checkbox"/> Medical Surrogate Decisions <input type="checkbox"/> Fraud/Scams <input type="checkbox"/> Acute hosp/facility <input type="checkbox"/> Other _____	Medigap/Sups/Select: <input type="checkbox"/> Enrollment, eligible, comparisons <input type="checkbox"/> Change coverage <input type="checkbox"/> Claims/appeal	M+C Plans: <input type="checkbox"/> Enroll/disenroll eligibility, compare <input type="checkbox"/> Plan change/non renewal <input type="checkbox"/> Claims/appeals	Medicaid: <input type="checkbox"/> Medicare Savings Program <input type="checkbox"/> Nurse Home Medicaid <input type="checkbox"/> Regular Medicaid <input type="checkbox"/> Appeal <input type="checkbox"/> Other _____	LTC/Other Ins: <input type="checkbox"/> LTC Ins <input type="checkbox"/> COBRA <input type="checkbox"/> Other Health Policy <input type="checkbox"/> Ind/group health <input type="checkbox"/> Non health policy <input type="checkbox"/> Other retirement plan policy _____
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Social Security: <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps- or general assistance <input type="checkbox"/> Disability <input type="checkbox"/> Benefit/eligibility <input type="checkbox"/> Appeal	N/C Health: <input type="checkbox"/> Medications <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Dentures <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Assist. Device	Individual Rights: <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Disable discrimination/other _____	Veterans Issues: <input type="checkbox"/> Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Service record issues <input type="checkbox"/> Nursing Home eligibility (VA)	ADLs: <input type="checkbox"/> Medical Transport. <input type="checkbox"/> Community Care for the Aged and Disabled <input type="checkbox"/> Other community services _____
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Consumer: <input type="checkbox"/> Collections <input type="checkbox"/> Fraud/Scams <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Financial counsel. <input type="checkbox"/> Bill reduction	Other Issues: <input type="checkbox"/> Money Management. <input type="checkbox"/> Federal, state, local county, city, rail-road, teacher, or cooperate retirement plans (circle one) <input type="checkbox"/> Guardianship <input type="checkbox"/> Probate matters <input type="checkbox"/> Other Surrogate issues	Housing : <input type="checkbox"/> Dispute/landlord/tenant <input type="checkbox"/> Alternative housing <input type="checkbox"/> Repair/modification <input type="checkbox"/> Utilities/weatherization <input type="checkbox"/> Eviction/relocation <input type="checkbox"/> Property tax <input type="checkbox"/> Rent Subsidy
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