



IOWA SHIIP

SHIIP Volunteer Counseling Client Information Form

Please provide the following information for our records. _____

Client Name _____ Date of Birth _____ M ___ F ___

Spouse Name _____ Date of Birth _____ M ___ F ___

Client Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Other Phone _____ Email Address _____

Representative Information (Son, Daughter, Friend or POA) _____

Representative's Name: _____

Client Address _____

City _____ State _____ Zip Code _____

Beneficiary Demographics _____

Annual Income: Individual--\$17,235/yr (\$1,436.25/mo) or Couple--\$23,295 (\$1,938.75/mo)

Above ___ Below ___

Asset Limits: Individual--\$13,300 or Couple--\$26,580 Above ___ Below ___

On Medicare Due to a Disability (under age 65): YES ___ NO ___

Primary Language: ENGLISH ___ OTHER _____

Ethnicity/Race: Please select one of the following.

- | | |
|---|----------------------------|
| ___ Hispanic, Latino, or Spanish Origin | ___ Korean |
| ___ White, Not if Hispanic Origin | ___ Vietnamese |
| ___ Black, African-American | ___ Native Hawaiian |
| ___ American Indian or Alaska Native | ___ Guamanian or Chamorro |
| ___ Asian Indian | ___ Samoan |
| ___ Chinese | ___ Other Asian |
| ___ Filipino | ___ Other Pacific Islander |
| ___ Japanese | ___ Other _____ |

How did you hear about SHIIP? _____

- | | |
|---|----------------------------------|
| ___ Medicare (e.g. 800#, Publication, Mailing) | ___ Medical Provider |
| ___ Presentations or Fairs | ___ Pharmacy |
| ___ Mailings, Brochures, Posters or Newsletters | ___ Insurance Agency or Provider |
| ___ Agency (e.g. AAA, Social Security Administration) | ___ Prior Contact |
| ___ Friend or Relative | ___ SHIIP Website |
| ___ Media (Newspaper, TV, Radio or Other Ad) | ___ Other _____ |