



# SHIP Profile

**1. Program Name:**  
(the name of this state's SHIP Program)

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**2. Program Director:**  
(the name of the director for this state's SHIP Program)

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**3. Address:**  
(the street address of this state's SHIP office)

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**4. Email:**  
(the primary email address to reach this state's SHIP office)

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**5. Phone:**  
(the primary phone number to reach this state's SHIP office)

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**6. Fax:**  
(the primary fax number to reach this state's SHIP office)

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**7. Web Site:**  
(the Web site URL for this state's SHIP office)

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**8. Available Languages:**  
(the different languages that counselors may speak in this state's state and local SHIP offices; however, there is no guarantee that such languages are always available statewide)

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**9. State Oversight Agency:**  
(the state agency that oversees this state's SHIP office)

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**10. Number of Paid Staff:**  
(the number of paid staff this state's SHIP employs statewide)

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**11. Number of Volunteers:**  
(the number of SHIP volunteers statewide)

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**12. Number of Coordinators:**  
(the number of staff statewide who coordinate SHIP activities and staff)

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**13. Number of Certified Counselors:**  
(the number of persons statewide who are certified to counsel Medicare beneficiaries)

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**14. Number of Eligible Beneficiaries:**  
(the number of persons in this state who were Medicare-eligible in 2012)

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**15. Number of Beneficiary Contacts:**  
(the number of contacts this SHIP made with beneficiaries statewide in 2012)

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**16. Local Agencies:**  
(a listing of the local SHIP offices in this state)

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