



# Kidney Connection: A Patient Peer Mentoring Program Application

The Centers for Medicare & Medicaid Services (CMS) collects information from people with Medicare to improve their customer experience. Executive Order 12862 authorizes federal agencies, like CMS, to collect information when it is being used to improve the quality of service and satisfaction that they want people with Medicare to experience.

Your response to this application is voluntary. However, should you choose not to respond, it may affect CMS's efforts to ensure people with kidney disease are given the opportunity to participate in a peer mentoring program where a patient peer shares information and supports a newly diagnosed patient with kidney disease. The responses provided in this information collection will be used only for the Kidney Connection Patient Peer Mentoring Program to pair peer mentors (patients providing information and experiences) to mentees (patients seeking information and experiences).

Thank you for your interest in the Kidney Connection Patient Peer Mentoring Program. Please answer all the questions on this form and submit your completed application to Yessi Cubillo (Network 3) 609-490-0835.

The information that you provide on this application will help pair you with your peer and will only be used for the Peer Mentoring Program. If you have questions about the application, please call Yessi Cubillo at 609-490-0310 Ext. 2431.

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this a smart phone? (Yes/No) \_\_\_\_\_

### How do you prefer to be contacted about the Kidney Connection Patient Peer Mentoring Program?

(Circle one.)    Email    Phone    No Preference

### What is the best day and time to reach you about the Kidney Connection Patient Peer Mentoring Program?

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning:</b> 8 a.m.–12 noon ET					
<b>Afternoon:</b> 1 p.m.–4 p.m. ET					

### Tell Us About Yourself

Select the age range that best matches your age. (Circle one age range.)

18–24 years    25–34 years    35–44 years    45–54 years    55–64 years    65+ years

### How long have you been an ESRD/dialysis patient? (Circle one answer.)

Less than 1 year    1–3 years    3–5 years    5+ years

### Current treatment modality: (Circle one modality.)

In-center hemodialysis    Home (hemodialysis or peritoneal dialysis)    Transplant

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**If you are an in-center or home dialysis patient, please tell us the following:**

Facility Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP Code: \_\_\_\_\_

**I would like to be a:** (Circle one.)      Mentor      Mentee

**Mentor: I would like to be paired with a:** (Circle one.)      Male mentee      Female mentee      No preference

**Mentee: I would like to be paired with a:** (Circle one.)      Male mentor      Female mentor      No preference

**Topic Interest:** (Circle one.)      New to dialysis      Home dialysis      Transplant      ESRD Overview

**Please identify your interests, hobbies, commitments, and activities, and give us any other information you feel will help us pair you with another patient:** (Circle as many that apply.)

Reading/Podcasts      Traveling      Movies/Television      Sports      Outdoor Activities (hiking, fishing, hunting)

Gardening      Arts/Crafts      Cooking/Baking      Dance/Band/Music/Choir      Photography

Other: \_\_\_\_\_

**Preferred Language:** (Circle one.)

English      Spanish      Chinese      French      Other: \_\_\_\_\_

**Do you have access to the Internet?** (Yes/No) \_\_\_\_\_

**Which of the following communication applications are you familiar with?** (Circle all that apply.)

Zoom      Google Voice

**Please Answer Each Statement With the One Best Response**

Statements	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Usually I am very calm and relaxed in conversations.					
I have no fear of speaking up in conversations.					
Usually I am very tense and nervous in conversations.					
I feel very relaxed when talking to a new person.					
I am afraid to speak up in conversations.					
I feel very nervous when talking with a new person.					

I agree that I have completed this application to be considered for the Kidney Connection Patient Peer Mentoring Program and I understand that information will only be used to pair patient peer mentors and mentees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing the Patient Peer Mentoring Program application. Please ask your facility to help you fax your application to 609-490-0835.

