
Host Organization Information Form

1. Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

2. Type of agency (select the type that best describes your agency):

<input type="checkbox"/> State Unit on Aging	<input type="checkbox"/> Multi-purpose social services organization
<input type="checkbox"/> Municipal Government	<input type="checkbox"/> Recreational Organization
<input type="checkbox"/> Area Agency on Aging	<input type="checkbox"/> Residential Facility
<input type="checkbox"/> State Health Department	<input type="checkbox"/> Senior Center
<input type="checkbox"/> County Health Department	<input type="checkbox"/> Other Community Center
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Tribal Center
<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Workplace
<input type="checkbox"/> Health Care Organization	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Library	

3. Which falls prevention program(s) are you licensed/authorized to offer? **[Note to Grantee: adapt this list to fit local programming]**

<input type="checkbox"/> A Matter of Balance
<input type="checkbox"/> Stepping On
<input type="checkbox"/> Otago
<input type="checkbox"/> Stay Safe, Stay Active
<input type="checkbox"/> Fallscape
<input type="checkbox"/> Tai Chi—list name: _____
<input type="checkbox"/> Other—list name: _____

4. Contact Person's Name and Information:

First and Last Name: _____

Daytime phone number: _____

Email address: _____

Optional:

Title or role with organization: _____

Role with the falls prevention program(s): _____

Date trained in the falls prevention program: _____