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# Host Organization Information Form

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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: \_\_\_\_\_