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# Host Organization Information Form

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1. Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

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

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

<input type="checkbox"/> A Matter of Balance	<input type="checkbox"/> YMCA Moving for Better Balance program
<input type="checkbox"/> Stepping On	<input type="checkbox"/> Tai Ji Quan: Moving for Better Balance
<input type="checkbox"/> Stay Active and Independent for Life	<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: \_\_\_\_\_