

Program Name

Falls Prevention Program Information Cover Sheet

Instructions to the Leaders/Coaches/Instructors: Use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator. Please print clearly.

1. *Host Organization Name: _____
Address: _____
City: _____ State: _____ Zip code: _____

2. **Implementation Site Name: _____
Address: _____
City: _____ State: _____ Zip code: _____

3. Program Leader/Coach/Instructor Names

First Name	Last Name	Phone	Email
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

What describes your status as a Leader/Coach?

Volunteer Paid Staff Student Other

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

- Municipal Government
- Area Agency on Aging
- State Health Department
- County Health Department
- Education Institution
- Faith-based Center
- Health Care facility
- Library
- Recreational Center
- Residential facility
- Senior Center
- Tribal Building
- Other (please specify): _____

5. Program Start Date (mm/dd/yyyy) ____/____/____
Program End Date (mm/dd/yyyy) ____/____/____

6. Did you offer a “session 0” with this program? (Session 0 is an optional pre-program session.)

Yes No Don't know

7. How was the program delivered?

In-person Online Phone Hybrid

8. Please check which language you used when offering this program:
 English Spanish Other: _____
9. What type of program is this? Mark only one. [Note to grantee: adapt this section to include only your local programming]
 A Matter of Balance
 Bingocize
 CAPABLE
 EnhanceFitness
 FallsTalk
 FallScape
 Fit & Strong!
 Home Hazard Removal Program (HARP)
 Healthy Steps for Older Adults (HSOA)
 Healthy Steps in Motion
 Moving for Better Balance (YMCA)
 The Otago Exercise Program
 Stay Active and Independent for Life (SAIL)
 Stepping On
 Tai Chi for Arthritis and Fall Prevention
 Tai Chi Prime
 Tai Ji Quan: Moving for Better Balance
10. What funding source(s) were used in direct support of this program? [Note to grantee: adapt this section to include only funding sources for your program(s)]
 ACL Falls Prevention Grant
 Older Americans Act (Title III-D, Title III-E, etc.)
 Centers for Disease Control and Prevention
 Other Federal Funding
 Medicaid/Medicaid Waiver
 Medicare/Medicare Advantage
 Other Health Care Payer
 Foundation Funding
 Corporate Sponsor
 Don't Know
 Other: _____

*A host organization coordinates the various aspects of evidence-based program delivery, is often responsible for training master trainers and leaders/facilitators and for planning and monitoring the implementation of programs and often (but not always) holds the program license.

**An implementation site is the physical location where the evidence-based program takes place in the community, which may be the same as the host organization, or it may be a different location where the host organization arranges to hold a program.

Paperwork Reduction Act Public Burden Statement: According to the Paperwork Reduction Act of 1995 5 CFR § 1320.8(b)(3), no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0039). Public reporting burden for this collection of information is estimated to average 0.10 hours per response, including time for gathering, maintaining the data needed, completing, and reviewing the collection of information. The obligation to respond to this collection is required to retain benefits under the statutory authority of the Older Americans Act and Patient Protection and Affordable Care Act. The Administration for Community Living (ACL) will use the set of data collection tools to monitor grantees receiving Evidence-Based Falls Prevention Program cooperative agreements. Data will be kept private to the extent allowed by law. There are no assurances of confidentiality. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201-0008, Attention: Office of Nutrition and Health Promotion Programs (ONHPP), and reference the OMB Control Number 0985-0039. Note: Please do not return the completed Evidence-Based Falls Prevention Program cooperative agreements to this address.