# Host Organization Information Form

1. Site Information:

Site Name: Click or tap here to enter text.  
Site Street Address: Click or tap here to enter text.  
City: Click or tap here to enter text. State: Click or tap here to enter text.  
Zip code: Click or tap here to enter text.

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

State Unit on Aging

Municipal Government

Area Agency on Aging

State Health Department

County Health Department

Educational Institution

Faith-based Organization

Health Care Organization

Library

Multi-purpose social services organization

Recreational Organization

Residential Facility

Senior Center

Other Community Center

Tribal Center

Workplace

Other (please specify): Click or tap here to enter text.

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

A Matter of Balance

Stepping On

Stay Active and Independent for Life

YMCA Moving for Better Balance program

Tai Ji Quan: Moving for Better Balance

Other—list name: Click or tap here to enter text.

1. Contact Person’s Name and Information:

First and Last Name: Click or tap here to enter text.

Daytime phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

*Optional:*

Title or role with organization: Click or tap here to enter text.

Role with the falls prevention program(s): Click or tap here to enter text.

Date trained in the falls prevention program: Click or tap here to enter text.