# 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

[x] 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.