Host Organization Information Form

1. Site Name:________________________________________________________________________
   Street Address: _____________________________________________________________________
   City: __________________________ State: _______ Zip code: ___________

2. Type of site (select the type that best describes your site):
   - O State Unit on Aging
   - O Municipal Government
   - O Area Agency on Aging
   - O State Health Department
   - O County Health Department
   - O Educational Institution
   - O Faith-based Organization
   - O Health Care Organization
   - O Library
   - O Multi-purpose social services organization
   - O Recreational Organization
   - O Residential Facility
   - O Senior Center
   - O Other Community Center
   - O Tribal Center
   - O Workplace
   - O Other (please specify): _______________________________________________________

3. Which falls prevention program(s) are you licensed to offer? [Note to Grantee: adapt this to fit local programming]
   - O A Matter of Balance
   - O Stepping On
   - O Stay Active and Independent for Life
   - O YMCA Moving for Better Balance program
   - O Tai Chi: Moving for Better Balance
   - O 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: ___________________________________________________________________