**Falls Prevention Program Information Cover Sheet**

OMB Control No. 0985-0039

Exp. Date 03/31/2021

***Instructions to the Leaders/Coaches/Instructors*: Please use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator at the end of the program.**

1. Site Name: City: State:

2. If this is a new program delivery/ implementation site, please also complete 2a and 2b:

a. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip code:\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| O Municipal Government | O Recreational Organization |
| O Area Agency on Aging | O Residential Facility |
| O County Health Department | O Senior Center |
| O Educational Institution | O Other Community Center |
| O Faith-based Organization | O Tribal Center |
| O Health Care Organization | O Workplace |
| O Library | O Other (please specify): |
| O Multi-purpose social services organization |

3. Name of parent/host/sponsoring organization licensed to offer program: \_

4. Leader/Coach/Instructor Names (Please provide your first and last names and provide the daytime phone number or email of the best person to contact about any questions on the forms.)

Name: \_ Phone Email: \_ Name:\_ Phone :\_ Email:\_ \_

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

6. Did you offer a “Session 0/Introductory Session” with this workshop? (a Session 0/Introductory Session is an optional pre-workshop session provided by some agencies? Yes No

□ □

7. Name of Program offered (Mark only one.) [Note to Grantee: adapt this to fit local programming]

|  |  |
| --- | --- |
| O A Matter of Balance | O YMCA Moving for Better Balance program |
| O Stepping On | O Tai Ji Quan: Moving for Better Balance |
| O Stay Active and Independent for Life | O Other—list name: |

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