OMB Control No. 0985-0039

Exp. Date 03/31/2021

**Host Organization Information Form**

1. Site Name: \_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_ State: Zip code:\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| O State Unit on Aging | O Multi-purpose social services organization |
| O Municipal Government |
| O Area Agency on Aging | O Recreational Organization |
| O State Health Department | 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): |

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 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: |

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0985-0039. The time required to complete this information collection is estimated to average 3 minutes per response. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Administration for Community Living, 330 C St SW, Washington, DC 20201, Attention: PRA Reports Clearance Officer.