**Program Name**

***Falls Prevention Program Information Cover Sheet***

***Instructions to the Leaders/Coaches/Instructors*: Please provide the requested details about this program. Please print clearly. Use this as a cover sheet for the completed data collection forms to return to the Survey Coordinator.**

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name Phone Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name Phone Email

1. Would you like to receive program information from the National Falls Prevention Resource Center?

□ Yes □ No

1. Program Start Date (mm/dd/yyyy) \_\_ \_\_/\_\_ \_\_/ \_\_ \_\_ \_\_ \_\_

Program End Date (mm/dd/yyyy) \_\_ \_\_/\_\_ \_\_/ \_\_ \_\_ \_\_ \_\_

1. Did you offer a “session 0” with this program? (Session 0 is an optional pre-program session. Not all programs offer a Session 0.)

□ Yes □ No □ Don’t know

1. What type of program is this? Mark only one. [Note to grantee: adapt this section to fit local programming]

|  |  |  |  |
| --- | --- | --- | --- |
|  | A Matter of Balance |  | Healthy Steps in Motion  |
|  | Bingocize |  | Moving for Better Balance (YMCA) |
|  | CAPABLE |  | The Otago Exercise Program |
|  | EnhanceFitness |  | Stay Active and Independent for Life (SAIL) |
|  | FallsTalk |  | Stepping On |
|  | FallsScape |  | Tai Chi for Arthritis |
|  | Fit & Strong! |  | Tai Chi Prime |
|  | Healthy Steps for Older Adults (HSOA) |  | Tai Ji Quan: Moving for Better Balance |

Page 1 of 2

1. Please check which language you used when offering this program:

□ English □ Spanish □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What funding source(s) were used in direct support of this program? Check all that apply.

|  |  |
| --- | --- |
|  | ACL Falls Prevention Grant |
|  | Older Americans Act (Title III-D, Title III-E, etc.) |
|  | Centers for Disease Control and Prevention |
|  | Other Federal Funding |
|  | Medicaid/Medicaid Waiver |
|  | Medicare/Medicare Advantage |
|  | Other Health Care Payer |
|  | Foundation Funding |
|  | Corporate Sponsor |
|  | Don’t Know |
|  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Page 2 of 2

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0039). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority of the Older Americans Act and Patient Protection and Affordable Care Act.