**Falls Prevention Program Information Cover Sheet**

OMB Control No. 0985-0039

Exp. Date 01/31/2018

***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” with this workshop? (Session 0 is an optional pre-workshop session provided by some agencies.) Yes No

□ □

7. What type of program is this? (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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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 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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 Street SW, Washington DC 20201, Attention: PRA Reports Clearance Officer