

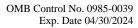




## Falls Prevention Program Information Cover Sheet

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.

	Site Name:					
4	Address:					
(	City:	State:		Zip code:	_	
	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 form					
	First Name Last Name		Phone	Email		
	First Name Last Name		() Phone	Email		
i. '	Would you like to receive program information from the National Falls Prevention Resource Cent					
	☐ Yes ☐ No					
	Program Start Date (mm/dd/yyyy)	/_	/			
	Program End Date (mm/dd/yyyy)//					
	Did you offer a "session 0" with this program? (Session 0 is an optional pre-program session. Not programs offer a Session 0.)					
	☐ Yes ☐ No ☐ Don't kno	W				
	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	g for Better Balance (YMCA)		
	CAPABLE		The Ota	ago Exercise Program		
	EnhanceFitness		Stay Ac	ctive and Independent for Life	e (SAI	
	FallsTalk		Steppin	~		
	FallsScape		Tai Chi	for Arthritis		
	Fit & Strong!		Tai Chi	Prime		
	Healthy Stens for Older Adults	(HSOA)	Tai Ii C	Juan: Moving for Better Balar	nce	









7.	Please check which language you used when offering this program:				
	☐ English ☐ Spanish ☐ Other:				
8.	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:				