



APPLICATION FOR HAMMOND, LOUISIANA
Sample of Information Needed about Injury Prevention Programs

Agency / Company Name

Contact Person

Department or Position

Address, City, State, Zip

Phone Number

Email

Name of Injury-Prevention Program

Type of Program

- | | | |
|--|--|--|
| <input type="checkbox"/> Falls | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Motor Vehicle (Traffic) |
| <input type="checkbox"/> Motor Vehicle (Non-Traffic) | <input type="checkbox"/> Fire/Flames/Smoke | <input type="checkbox"/> Overexertion |
| <input type="checkbox"/> Cut/Pierce | <input type="checkbox"/> Choking | <input type="checkbox"/> Struck By/Against |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Violence | <input type="checkbox"/> Other (specify) |

Target Population

Gender: Male Female

Age: Children 0 – 14 Youth 15 – 24 Adults 25 – 64 Older Adults 65+

Special Needs: Persons with Disabilities Other (specify)

Race/Ethnicity: Asian Black Hispanic/Latino Native American/Alaska Native
 Native Hawaiian/Pacific Islander White

Total Population Served by Program

Number of Injuries by Type of Program and Target Population / Rate

Number of Deaths by Type of Program and Target Population / Rate

Summary of Program (Narrative)

Method and Frequency Program is Evaluated for Effectiveness (Narrative)

Direct questions to Beth Inbau or Claude Maher at the National Safety Council, South Louisiana Chapter, 504-888-7618, 800-N-SAFETY, email claudio@metrosafety.org web www.metrosafety.org.