

COVE
Update Form

Name _____

Address _____

City _____

Zip _____

Phone _____

Cell Phone _____

Email address _____

Preferred mode of contact:

___ mail ___ phone call ___ email

Gender: ___ Male ___ Female

Date of Birth: _____

or Age Range: 0-5 6-12 13-17 18-34 35-54 55-59 60-65 65+

Race/Ethnicity: (check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Latino or Hispanic ___ yes ___ no

Needs:

Support Groups

- Low Vision Support Group Lunch Meeting
- Diabetes Support Group

Training

- Daily Living Skills
- Assistive Technology
- Other: _____

