



Town of Stow Council on Aging
380 Great Road Stow, Massachusetts 01775
(978) 897-1880 FAX (978) 897-4754

_____ New _____ Updated

The Stow Council on Aging is developing a computerized recording system. We would appreciate your cooperation in updating your information so that we may serve you more readily and efficiently. Please complete the following form as thoroughly as possible and return it to the COA office as soon as possible.

Thank you.

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ City/Town: _____ Zip code: _____
 Tel #: Home: () _____ Cell: () _____ Date of Birth: _____
 Email: _____ Gender: Male Female

Emergency Contacts: (Not living with you)

Name _____ Relationship: _____
 Tel #: Home () _____ Cell: () _____ Work () _____
 Name _____ Relationship: _____
 Tel #: Home () _____ Cell: () _____ Work () _____

Ethnicity: African American Hispanic Pacific Islander
 Asian American Native American Un-Classified
 Caucasian Cape Verdian

Mobility: Elderly ambulatory (60+) **Ambulatory Aids:** Cane Escort Required
 Elderly non-ambulatory Crutches Hearing Impaired
 Non-elderly ambulatory Walker Sight Impaired
 Non-Elderly non-ambulatory Oxygen Wheel Chair
 Other _____

Medical Information: Primary Care Physician: _____
 Address: _____
 City/Town: _____
 Tel. # () _____

Permission to Use Photos: Accept Decline Initials: _____

Comments: _____