



## Homebound Express Library Program Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to get information about your library account: \_\_\_\_\_ Yes (please initial) \_\_\_\_\_ No

### Library Card Information

\_\_\_\_\_ I have a library card. My card number is: \_\_\_\_\_

\_\_\_\_\_ I don't have a library card. Please contact me about opening a library account.

### Certification

I would like to use the Homebound Library Program

\_\_\_\_\_ Temporarily: projected end date \_\_\_\_\_ \_\_\_\_\_ Permanently

I am unable to easily come to the library because of (please check one):

\_\_\_\_\_ Age-related issues \_\_\_\_\_ Illness or Disability \_\_\_\_\_ Other: \_\_\_\_\_

**A DOCTOR'S OR SOCIAL WORKER'S NOTE IS REQUIRED TO PARTICIPATE IN THE HOMEBOUND PROGRAM. Please submit a note written by a doctor or social worker on their letterhead at the same time as your application. This note must attest in writing that the applicant is either temporarily or permanently unable to travel to the library. Medical details are not necessary.**

I hereby attest that all information put forth in this application is true to the best of my knowledge.

I understand that I am responsible for all materials delivered to me through the Homebound Library Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_