



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: _____