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HOMEBOUND SERVICE APPLICATION

Books by Mail Return Postage Program

This application will qualify Lake County patrons to receive full Books-by-Mail services. This service is available to homebound persons of all ages who live in Lake County. If your disability is temporary, you are welcome to apply for this service as long as you qualify. Please fill out this application, have it signed by a physician, nurse, or social worker and return to your local Lake County Library; or by Email, Fax, or Mail it to the address above.

PERSONAL INFORMATION:		
Last Name:	First Name:	
Address:		
City:	State:	Zip:
Library Card #:	Email:	Phone:

APPLICATION:
<p>I apply for the right to use the Books by Mail service for the homebound. I understand that I must have a library card in good standing from one of the Lake County Library system libraries. I agree to give immediate notice of any change of address or homebound status.</p>
Signature: _____

CERTIFICATE OF ELIGIBILITY: (to be completed by a physician, nurse or social worker)
<p><i>I certify that the applicant is unable to travel to the library due to disability.</i></p>
Signature of care provider: _____
Print name: _____ Title/Occupation: _____
Date: _____ Phone: _____