



## Home Delivery Application

(please print)

Name \_\_\_\_\_

Address \_\_\_\_\_ Salina, KS 67401

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Circle the material type(s) you prefer:

- Regular print books
- Large print books
- Audiobooks
- Nonfiction DVD

Circle how many items you would like to receive each month:

1    2    3    4    5    6    7    8

Circle the genres you prefer (circle all that apply):

- Fiction, general
- Mysteries, hardboiled

- Mysteries, cozy
- Christian Fiction
- Romances
- Westerns
- Fantasy/Science Fiction
- Nonfiction Subjects: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

### **Healthcare Professional's Verification of Homebound Status**

To ensure that each patron enrolled in the Home Delivery program receive the service they need, we require that a health professional verify that patron's homebound status.

Please have your doctor, home care nurse, or other health professional fill out this form.

A homebound patron is a resident of Salina who is physically unable to visit the library due to a personal limitation, such as advanced age, illness or physical disability. Limitations may be of a permanent or temporary nature.

This service is not designed for people who are able bodied but don't have a ride to the library.

I, \_\_\_\_\_

Verify that \_\_\_\_\_

Is homebound and is in need of the Salina Public Library's Home Delivery service.

Signed \_\_\_\_\_

Date \_\_\_\_\_