

Application for Homebound Delivery

Part 1: To be completed by the Applicant

I am unable to visit the library or have someone bring me to the library. I would like books delivered to my home. I understand that an average of 6 items would be delivered to my door during the first week of each month.

Applicant's name: _____

Address: _____

Telephone: _____

Applicant's Signature: _____

Date: _____

Part 2: To be completed by a healthcare professional (physician, nurse, social worker, etc):

I consider (print patient's name) _____ to be physically unable to visit the library.

Print name of healthcare professional: _____

Signature of healthcare professional: _____

Title of healthcare professional: _____

Name of healthcare organization: _____

Telephone: _____

Nature and expected duration of patient's disability:

Mail completed form to:

Wethersfield Library

515 Silas Deane Highway, Wethersfield CT 06109

Attn: Homebound Services