Application for Mailbox Library Service

The Middle Country Library provides borrowing privileges via the US Postal Service for residents who have a physical disability that prevents them from visiting the library and are homebound. **Certification by a medical professional is required to obtain this service.**

The information you provide on this application is confidential and will verify your status as Homebound – a US Postal Service requirement – in order for us to mail library materials to you. **Use of a homebound library card by/for persons other than the applicant is prohibited and will result in the loss of special borrowing privileges.** This special homebound library card must be renewed every three years and a new application, signed by a medical professional, must be provided at that time.

If your disability is temporary, your homebound library card will expire on the date indicated by your medical professional on your application. However, your homebound library card can be renewed, pending submission of a new application.

Homebound borrowers will receive regular overdue notices and bills to remind them of outstanding materials, although they will not be required to pay any overdue fines. All library patrons, including homebound borrowers, are expected to return materials in a timely manner. If materials are not returned in a timely manner, homebound services may be discontinued. Materials that are returned in a damaged condition remain the responsibility of the borrower.

Please complete the application on the back of this form. All applications must be certified by a medical professional. If you have any questions, please contact Jim Ward at 585-9393 x273 or Lisa Rau at x286.

Mailbox Library Application

Name: _____
(please print)

Street Address: _____ City: _____

Zip Code: _____ Phone: _____ Date of Birth: _____

Email Address: _____

Please provide the name of a person to contact if you cannot be reached:

Name: _____ Phone: _____

Relationship: _____

Your Signature: _____ Date: _____

Medical Certification:

I CERTIFY THAT:

Name _____ Address _____

is homebound due to a physical disability. This is a (check one)

Permanent Disability _____

Temporary Disability _____ If so, from _____ to _____

□ Licensed Medical Doctor □ Registered Nurse □ Ophthalmologist/Optometrist

□ Professional Staff Member of a Hospital or Health/Social Service Agency

Certified by: _____ Name: _____
(signature) (please print)

Medical Office/Facility/Agency: _____

Address: _____ Phone: _____

Please Return to: Middle Country Public Library
101 Eastwood Blvd.
Centereach, NY 11720
Attn: Lisa Rau
or, fax to (631)585-5035