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 Trudy DiMichele at x234.
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: Trudy DiMichele
or, fax to (631)585-5035