

Victoria Public Library
Application for Homebound Books-By-Mail Program

Thank you for your interest in the Homebound Books-By-Mail Program. Please complete the entire form and have it certified by a certifying authority where indicated. If you have any questions about how to complete the form, please contact the Homebound Services Department at 485-3302.

Applicant's Name: _____

Street: _____ City: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Emergency contact name: _____ Telephone: _____

Do you have a library card with the Victoria Public Library? _____ Yes _____ No

If Yes, what is your library card number? _____

If No, you must apply for a library card before Homebound Books-By-Mail services can begin. An application for a library card will be mailed to you. Your application for the Homebound Books-By-Mail Program will be retained until you return your library card application.

I agree to pay for lost and/or damaged items and fines, if any.

Signature: _____ Date: _____

Eligibility requirements: Recipients of Homebound Books-By-Mail services must be residents of Victoria County and meet one or more of the following eligibility requirements. A certifying authority includes a licensed medical doctor, registered nurse, social worker, minister, or professional staff member of a hospital, institution or agency.

Check all that apply:

_____ Short term illness or disability (recovery period lasting at least six weeks)

_____ Long term illness or disability (condition lasting longer than six weeks)

_____ Senior citizen non-driver

To be completed by certifying authority:

Please describe nature and duration of qualifying condition: _____

Name of Certifying Authority: _____ Title & Occupation: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Signature: _____ Date: _____