

Homebound Delivery Application

Complete the form to apply for EPL Homebound Delivery Service. Upon receipt, you will be notified of your application status within 5 – 10 business days. If you have any questions, contact the EPL Outreach Department at 440-324-9831 or via email at <u>outreach@elyrialibrary.org</u> with Subject: Homebound Delivery Application.

Name & Basic Information				
Last Name	First Name	Middle Initial		
Address	City	Zip Code		
Address	City	Zip Code		
Phone	Email I don't have a library card.			
Library Card Number	_ 🛛 I am unsure i	I am unsure if I have a library card.		
I am a resident of Elyria or Keystone school district? (check be	ox) 🛛 Yes	□ No		
Provide Information for an Alternate Contact Person				
Last Name	First Name	Relationship to You		
Email Address	Phone Number			
I am requesting Homebound Delivery Service because: (check	k all that apply)			
Leaving my home is not recommended by my docto	or due to a permanei	nt or temporary condition.		
My condition keeps me from leaving home without l transportation, or requiring assistance from another	help; such as a whee			
I am visually impaired.				
In addition, I do not have anyone who is able to regularly p	ick up and drop off l	ibrary materials for me.		
* Please note that a lack of transportation alone is not a	valid reason to requ	est delivery services.		
I will need this service: <i>(check one)</i>				
Permanently D Temporarily (estimated	time frame:)		
After reading and agreeing to your responsibilities as a user of	the service sign for	m below		
Responsibilities of User	the service, sight for			
I agree to assume responsibility for renewing items checked out on items, including library tote bags, paying fines for items borrowed fr materials. I understand the library will maintain a record of the mate	rom other libraries, and	d paying for damaged/lost		

library items and avoiding duplication. I understand the Library has the right to restrict the format and titles requested based on availability and can terminate this service at any time if I no longer meet the requirements as defined above. Service may be terminated by the Library based upon Library need.

Applicant's Signature

Date

Flip page to complete your personal preferences for library materials.



Homebound Delivery Application | Personal Preferences

If you are approved for the service, please help the Library identify and select materials to be delivered.

Request Only: Please send me the exact library materials that I request by title.

□ Reader's Advisory: Please send me your selections based on the information provided below in addition to my title requests.

Requested Formats & Pers	Requested Formats & Personal Equipment							
Which format(s) are you ree	questing? <i>(check all that a</i>	oply)						
Books Audio Bo	ooks 🛛 🗆 DVD Movies	CD's	🗖 Magazir	nes	🗖 Playaways			
I own the following equipment:								
DVD Player DBlu-Ray Player DCD Player DHeadphones DSmart Phone/Table				rt Phone/Tablet				
I can read books in standard print typeface but prefer large print: <i>(check one)</i> I Yes I No					🗆 No			
I can ONLY read books in large print: <i>(check one)</i>				🛛 Yes	🗆 No			
I can't hold heavy books: <i>(check one)</i>			🛛 Yes	🛛 No				
Reading Preferences								
Check your reading prefere	ence: <i>(check one)</i>	□ Fiction	🗆 Non-	Fiction	🗖 Both			
Favorite Genres: <i>(check all that apply)</i>								
☐ Adventure	□ African-American	🗆 Art		🛛 Best S	Sellers			
Biographies	🗖 Christian	Classics		□ Crafts	/Hobbies			
□ Finance/Business	□ History	□ Horror		🗖 Humor				
Inspirational	□ Mysteries	🛛 Nature/Anima	□ Nature/Animals		Politics			
□ Religion	Romance	🗖 Sci-Fi/Fantasy		□ Self-Help				
□ Sports	□ Travel	🗖 True Crime		□ Westerns				
Other:								
List three favorite authors or books:								
1.								
2.								
3.								
I would be interested in learning how to download materials using Libby or hoopla.								
I would be interested in learning about the free streaming service Kanopy. \Box Yes \Box No								
Notification Preferences								
I would like to be notified of my delivery: <i>(check one)</i>								
Preferred Contact Method Number/Email:								
Special Instructions & Comments								
Please provide any special instructions or comments below to best provide for you and keep you and our team safe during this delivery service.								