

# West Haven Library Bookmobile

300 Elm Street, West Haven, CT 06516

Attn: Alison Forget, Bookmobile

203-937-4233

## Application for Homebound Service

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address [if different]: \_\_\_\_\_

Phone numbers [check preferred]:  Home: \_\_\_\_\_  Cell: \_\_\_\_\_

Do you regularly use Internet and email at home? If yes, may we contact you by email?

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Eligibility requirement:** You must be a West Haven resident and library cardholder.

**Library barcode:** \_\_\_\_\_

**Disability requirements** (check one):

- Disability that permanently prevents you from coming to the library [Physician's note required]
- Disability that temporarily that prevents you from coming to the library.  
[Physician's note required, including length of time anticipated homebound]
- Senior [age 80+]

**Emergency Contact:** Person to contact if you cannot be reached for an extended period.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

*I wish to enroll in the West Haven Library's homebound residential service. I understand that I am financially responsible for lost or damaged items. I give the Library permission to notify my emergency contact if I am unable to be reached regarding delivery and return of library materials.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL OR ALTERNATE OPTION: Appoint a Library Item Pick-up Designee:** You may assign a person(s) of your choice to use your library card for you if you are unable to come to the library. The designee may check out and deliver/return library materials to you. **Please see Appointed Item Library Item Pick-Up Designee form.**