



Allen Parish Libraries

"Bringing the World to You"

HOMEBOUND SERVICE APPLICATION

CONTACT INFORMATION			
First Name:		Last Name:	
Date of Birth:			
Address:			
City:	State:	Zip:	Parish:
Home Phone:		Mobile Phone:	
Email Address:			
ID/Driver's License Number:		State of ID/License:	
Library Card Number:			
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Other			
REFERENCE INFORMATION			
Reference Name:			
Reference Phone Number:			
REASON FOR REQUESTING THIS SERVICE			
<input type="checkbox"/> Temporary Disability			
<input type="checkbox"/> Permanent Disability			
<input type="checkbox"/> Other			
PATRONS INTEREST			
Please check the type of materials you prefer: <input type="checkbox"/> Books <input type="checkbox"/> Magazines <input type="checkbox"/> DVDs <input type="checkbox"/> Large Prints <input type="checkbox"/> Books on CDs			
Please list the type of book genres you prefer:			
Please list your favorite authors:			

Please read and sign below:

I am applying for the Allen Parish Libraries Homebound Service; I permit the library staff to check out materials on my card. A record of materials may be kept by staff and information will be kept confidential. I will be responsible for all materials checked out on my library card.

I am homebound and unable to visit the Allen Parish Libraries due to health reasons and/or disability.

SIGNATURE: _____ **DATE:** _____

Contact Person: You may appoint someone to contact the library on your behalf and access your library information.

Name: _____ **Relation:** _____ **Phone:** _____