

APPLICATION FOR HOMEBOUND SERVICE

DATE _____

NAME _____

ADDRESS _____

CITY _____ ZIPCODE _____ PHONE _____

APPLICANT'S SIGNATURE _____

REASON FOR REQUESTING HOMEBOUND SERVICE: _____

Is this temporary? NO ___ YES___ From _____ To _____

Certifying Authority's Signature (For example: physician, social worker, psychologist)

Name/Title:

_____ Phone: _____ Date: _____

__ Please return to Kristina Nash, Outreach Coordinator,
Half Hollow Hills Community Library
55 Vanderbilt Parkway, Dix Hills, NY 11746

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For Library Use Only

Approved _____ Disapproved _____
Date _____ Librarian Initials _____

Changed P2 Type in Patron Record
Date _____ Circulation Staff Initials _____