

Library Card Number: \_\_\_\_\_

## GREAT NECK LIBRARY APPLICATION FOR HOMEBOUND LIBRARY CARD

**Please Print. This form must be filled out by both the applicant and health care professional.**

**Return or mail completed form to:**

**ATTN: Circulation Department, Great Neck Library • 159 Bayview Avenue • Great Neck, NY 11023**

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

Phone: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**All residents over the age of 18 will be enrolled automatically as members of the Great Neck Library Association.**

**Please check one:**  I have no one available to pick up library materials and would like to have the library make special delivery arrangements. (Your library card will be kept on file at the library. A library representative will contact you.)

I will arrange to have library materials picked up for me

I would prefer:

\_\_\_\_\_ to hold my card personally

OR

\_\_\_\_\_ my library card be kept on file at the library

**The following persons are authorized to borrow materials with my library card:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**DOCTOR'S CERTIFICATION: The above individual is physically unable to come to the library. He/she is (check one):**

permanently homebound

homebound until \_\_\_\_\_ (specify approximate date)

\_\_\_\_\_  
**Doctor's Signature**

\_\_\_\_\_  
**Date**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residents of the Great Neck Union Free School District who are physically unable to come to the Main Library or any of its branches to borrow materials may be granted a homebound library card with special borrowing privileges.

Homebound borrowers will receive regular overdue notices and bills to remind them of outstanding materials, although they will not be required to pay any overdue fines. Overdue books will be subject to recall if needed by other borrowers. Lost books must be paid for, and any special borrowing privileges will be revoked if more than \$15.00 in bills are accumulated.

Homebound borrowers may have a friend or relative pick up and return materials for them, and their card may be kept on file at the library if this person varies. If no one is available to help obtain materials, the library will make special arrangements to have them delivered. Please note this request on the application form. A doctor's certification is required to obtain special borrowing privileges for the homebound.

Use of a homebound library card for persons other than the applicant is prohibited and will result in loss of special borrowing privileges.

This application is subject to approval by library administration.

### OFFICE USE ONLY

Eligibility

ID

Fines: \_\_\_\_\_ Bills: \_\_\_\_\_ by \_\_\_\_\_

SPECIAL BORROWING PRIVILEGES

APPROVED BY \_\_\_\_\_

PCODE1 \_\_\_\_\_ PTYPE \_\_\_\_\_

PCODE2 \_\_\_\_\_ PZ \_\_\_\_\_

PCODE3 \_\_\_\_\_ STATUS \_\_\_\_\_