



# HOMEBOUND SERVICE QUALIFICATION FORM

This service is provided for those who are homebound and cannot physically go to any of the branch libraries or to the Bookmobile.

NAME Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_  
Email Address: \_\_\_\_\_

Do you have a library card? Yes or No

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

**Which of these prevent you from visiting the library:**

Visual Impairment: \_\_\_\_\_ Disability: \_\_\_\_\_ Illness: \_\_\_\_\_ Other: \_\_\_\_\_

**What format of library material do you prefer? Please mark all that apply.**

Regular Print: \_\_\_\_\_ Large Print: \_\_\_\_\_ Magazines/Periodicals: \_\_\_\_\_  
Books on CD: \_\_\_\_\_ DVD: \_\_\_\_\_ Music CD: \_\_\_\_\_

**Reading Preferences**

Which do you prefer? Fiction or Non-Fiction

Please circle your preferences below:

**FICTION**

- Adventure/Suspense
- Classics
- Fantasy
- Horror
- Mystery:  
*(Circle selection) Detective, Police Procedural, Amateur Sleuth*
- Romance:  
*(Circle Selection) Contemporary, Historical, Gothic, Light, Regency*
- Science Fiction
- Thriller:  
*(Circle Selection) Spy, Psychological, Legal, Medical*
- Western

Other: \_\_\_\_\_

**NON-FICTION**

- Adventure
- Animals
- Arts
- Biography
- Business
- Crafts/Hobbies: \_\_\_\_\_
- History
- Humor
- Philosophy
- Poetry/Plays
- Politics and Current Events
- Religion (Denomination): \_\_\_\_\_
- Sports
- Travel/Geography
- True Crime

This form may be returned to any CCPL location ATTN: John Pelletier, returned via FAX to (937) 328-6908, emailed to [jpelletier@ccploho.org](mailto:jpelletier@ccploho.org) or mailed to:

Bookmobile Department, 201 S. Fountain Avenue, Springfield, OH 45506



## PICK-UP/RETURN SERVICE

### BY HOMEBOUND PATRON'S REPRESENTATIVE

(i.e. AIDE, FAMILY MEMBER, TRUSTED FRIEND, ETC.)

The Bookmobile Department now offers outreach service to **qualified** homebound individuals if they can provide a person to pick up and return materials. (See application form.)

#### What are the rules:

- The patron may request specific items/titles in any format except framed art.
- Selected items will be checked out to patron for 28 days.
- Items ready for pick-up will occur once every two weeks.
- Specific title requests from patron must be provided to the Bookmobile Supervisor no less than **4 business days prior to the scheduled pick-up**. Titles are subject to availability.
- No additional items can be checked out by aide/representative.
- The patron and their representative must have a CCPL card in good standing.

#### How it works:

1. Patron fills out application form to qualify for service.
2. Patron will be interviewed either in person or via phone for preferences, go over the service guidelines, and have a chance to ask questions.
3. Items will be checked out through the Bookmobile at the department's office in the Main Library building at 201 S. Fountain Avenue, Springfield.
4. Items will be sent to the Main Library's Circulation Desk and held for 7 days.
5. Representative of patron need only go to the desk and ask for the items. They will be checked out for 28 days.
6. Patron is allowed **2 missed pick-ups**. On the third instance, service will be discontinued.
7. **REQUIRED**—Patron's reading history will be activated. A list of items checked out on the account will accumulate for 3 years or 3,000 items, whichever occurs first.
8. Bookmobile Office hours of operation are Monday-Friday, 9 a.m. to 4 p.m.
9. All facets of the Homebound Service are handled through the Bookmobile Office.

#### PLEASE NOTE:

Patron assumes all responsibility for the actions of his/her representative and/or the items checked out through the Bookmobile Office. Homebound patron may be billed for lost or damaged items.

**Library staff at the Circulation Desk will not release items to the representative of the patron without their library card present.**

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- 1. Homebound Patron Name: \_\_\_\_\_
- 2. Library Card Number: \_\_\_\_\_
- 3. Homebound Representative: \_\_\_\_\_
- 4. Library Card Number: \_\_\_\_\_
- 5. When do you want this service to begin: \_\_\_\_\_ (Day/Month/Year)
- 6. When do you want this service to end: \_\_\_\_\_ (Day/Month/Year)
- 7. Who are your favorite authors? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8. What are some titles of books you've enjoyed reading? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 9. Please check your format preferences:  
**Books:** Hardcover \_\_\_\_\_ Paperback \_\_\_\_\_ Large Print \_\_\_\_\_  
**Audio Books:** Tape \_\_\_\_\_ CD \_\_\_\_\_ MP3 \_\_\_\_\_  
**Videos:** DVD \_\_\_\_\_ Blu-ray \_\_\_\_\_
- 10. Do you have Internet access? Yes or No

*I understand that I assume financial responsibility for the materials I receive. I will make sure that the materials are returned to the Clark County Public Library or I agree to pay the return postage if I mail the materials back. (Return postage is not required on large print books with Certification of Disability on file in our office.)*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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