

Application for Homebound/Books by Mail Program

Mastics-Moriches-Shirley Community Library

407 William Floyd Parkway

Shirley, New York 11967-3492

631-399-1511, ext. 247

Name: _____

Address: _____

Telephone Number: _____

Alternate phone number-relative, neighbor: _____

Signature: _____ Date: _____

Library Card Number (we will fill this in for you)

This will give permission for a library staff member, the majority of the time being Chris Neis, to use your Library card number in the computer system to check out Library materials for you.

The following is to be completed by a Certifying Authority (Physician, nurse, social service employee, home aide, librarian or minister). (The Library will complete the below information if you would like)

I certify that the applicant named above is homebound, unable to visit the library due to a temporary or permanent illness or disability. Elderly patrons without transportation are also eligible for this program.

Name: _____ Date: _____

Title & Occupation: _____

Address: _____

Signature: _____

Please fill out this form and return it to the above address, attention: Chris Neis

Any questions, please call Chris Neis at 399-1511, ext. 247.