



Once we receive your request one of our Adult Services Librarians will contact you to discuss your reading interests and explain how the Homebound Books by Mail program works. If you have any questions, please call us at 845-359-3877

HOMEBOUND SERVICES REQUEST QUESTIONNAIRE

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

CONTACT PERSON NAME & PHONE NUMBER (IN THE EVENT YOU CANNOT BE REACHED)

HOW DID YOU HEAR ABOUT OUR HOMEBOUND PROGRAM?

- NEWSPAPER
- FRIEND OR FAMILY MEMBER
- OUR NEWSLETTER
- OUR WEBSITE
- OTHER, PLEASE SPECIFY _____

OUR HOMEBOUND SERVICES WERE DESIGNED FOR PEOPLE WHO **CANNOT** PHYSICALLY COME INTO THE LIBRARY. PLEASE EXPLAIN WHY YOU NEED THIS SERVICE AND FOR HOW LONG YOU EXPECT TO NEED THE SERVICE.

PLEASE CHECK THE TYPES OF BOOKS YOU LIKE TO READ. CHECK AS MANY CATEGORIES AS YOU WISH.

FICTION:

- NOVELS
- MYSTERIES
- HISTORICAL FICTION
- ROMANCE
- SCIENCE FICTION
- OTHER, PLEASE SPECIFY

NONFICTION:

- BIOGRAPHIES
- SCIENCE
- TRAVEL
- HISTORY
- COOKING
- GARDENING
- ART
- RELIGION
- ANIMALS/PETS
- SPORTS
- PHILOSOPHY
- OTHER, PLEASE SPECIFY

ARE THERE ANY TYPES OF BOOKS THAT YOU DO **NOT** ENJOY READING?

PLEASE LIST A FEW AUTHORS YOU HAVE ENJOYED IN THE PAST.

PLEASE CIRCLE YOUR PREFERRED TEXT SIZE:

REGULAR PRINT

LARGE PRINT

EITHER

IF YOU HAVE QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT OUR ADULT SERVICES DEPARTMENT AT **845-359-3877** OR VIA EMAIL AT TAPL@RCLS.ORG
(PLEASE NOTE DVDS AND HIGH DEMAND MATERIALS ARE EXCLUDED FROM THIS PROGRAM)

YOU CAN MAIL THIS FORM BACK TO US AT 93 MAIN STREET, TAPPAN, NY 10983