



TAPPAN FREE LIBRARY  
93 MAIN STREET  
TAPPAN, NY 10983

**HOMEBOUND SERVICES REQUEST QUESTIONNAIRE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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

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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** COME TO THE LIBRARY. PLEASE EXPLAIN WHY YOU NEED THIS SERVICE AND FOR HOW LONG YOU EXPECT TO NEED THE SERVICE.

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

**FICTION:**

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

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**NONFICTION:**

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

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

PLEASE LIST AUTHORS THAT YOU HAVE ENJOYED IN THE PAST.

DO YOU WISH TO RECEIVE MATERIALS IN:

- REGULAR PRINT
- LARGE PRINT
- AUDIO BOOKS
- OTHER, PLEASE SPECIFY

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IF YOU HAVE QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT OUR ADULT SERVICES DEPARTMENT AT: **359-3877** OR VIA EMAIL AT: **TAPPANLIBRARY@TAPPANLIBRARY.ORG**