

LIBRARY-BY-MAIL



Library-By-Mail Homebound Application

*** ALL INFORMATION IS REQUIRED FOR THIS FREE SERVICE! ***

Full Legal Name: _____
First Middle Last

Residential Address: _____
Street

City State ZIP County

Date of Birth (MM/DD/YYYY): _____ Male Female

Phone Number: () _____ Best time of day to call: a.m. p.m.

Email Address: _____

Are you applying for temporary homebound status? YES NO

If YES, how long will you need Library-By-Mail? _____

Please read and sign below:

I am applying for the privilege of borrowing library materials from the Mid-Continent Public Library Homebound Services. I give permission for MCPL staff to use my library card number to check out materials on my behalf.

I agree that a record of library materials I check out and my reading interests may be kept, with the understanding that my reading history and interests will be kept confidential.

I declare that I am homebound and unable to go to the Mid-Continent Public Library due to health, mobility, advanced age, visual impairment, blindness, physical disability, permanent or temporary incapacity.

Signature: _____

FAX OR MAIL APPLICATION TO:

Mid-Continent Public Library
Information and Reader Services
Library-By-Mail Services
15616 E. 24 Hwy.
Independence, MO 64050



FOR MORE INFORMATION:

Phone: 816.503.4175
Toll Free FAX: 1.855.787.5527
Email: homebound@mymcpl.org
mymcpl.org



Homebound Certification Form

CERTIFICATION ALLOWS THE LIBRARY TO SHIP MATERIALS FOR FREE. WITHOUT CERTIFICATION, THE LIBRARY WILL PAY FOR THE POSTAGE.

TO BE COMPLETED BY A HEALTHCARE PROFESSIONAL OR PROFESSIONAL CAREGIVER (Doctor, Registered Nurse, Therapist, Social Worker, Case Worker, Counselor, Rehabilitation Staff, Professional Hospital Staff, Ophthalmologist/Optomtrist, or Facility Director)

(Please Print):

Full Legal Name of Homebound Applicant: _____

Address of Homebound Applicant : _____

City: _____ State: _____ ZIP: _____

Name of Healthcare Professional/
Professional Caregiver: _____

Title/Occupation: _____

Phone Number: () _____

Street Address: _____

City: _____ State: _____ ZIP: _____

I certify that the above named applicant has requested library service and is unable to go to the Mid-Continent Public Library.

Healthcare Provider/Caregiver Signature

Date

A family member is not eligible to sign/certify this application.

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LIBRARY-BY-MAIL



Library-By-Mail Ordering Instructions Form

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

- Please do not select items for me. Send only the titles I request.
- Please select items for me from the Reader Interest Form (page 4). I understand I may also request specific titles whenever I wish.

AGE GROUP OF READING MATERIAL *(check one or more)*

- Adult
- Young Adult
- Juvenile

FORMATS *(check all that apply)*

- CD Audiobook
- Music CD
- DVD
- Paperback Only
- Regular Print

Other: _____

*****DO YOU NEED LARGE PRINT MATERIALS?***** YES NO

I am in need of a text magnifier YES NO

I do NOT want books that contain Strong Language Sex Violence

My Favorite Authors: _____

I would like to request: _____

Reader Interest Form

(Please Check Your Favorite Genres)

LIBRARY-BY-MAIL



Adrenaline:

- Action/Adventure
- Espionage/Military
- Sea Adventures
- Survival
- Thrillers
 - Legal
 - Political
 - Suspense

Bestsellers

Christian:

- Adrenaline
- Mystery
- Romance

Classics

Fantasy:

- High/Epic
- Humorous
- Myth/Legends
- Mythical Creatures
- Urban (Modern)

Historical Fiction

*Geographic Location/
Time Period:*

Horror:

- Demons
- Ghosts
- Monsters
- Paranormal
- Slasher/Gore
- Zombie

Mystery:

- Classic
- English Detectives
- Cozy
 - Knitting/Quilt
 - Culinary
 - Pets
- Female Investigators
- Gumshoes/Detective
- Murder Investigation

Romance:

- African-American
- Amish
- Contemporary
- Erotic
- Historical
 - American West
 - Georgian
 - Irish/Scottish
 - Medieval
 - Regency
 - Victorian
- Paranormal
- Romantic Suspense

Science Fiction:

- Aliens
- Alternative History
- Alternative Worlds
- Dystopian/Utopian
- Science Fantasy
- Space Opera
- Steam Punk
- Technology
- Time Travel

Urban Fiction

Westerns:

- Gunfighter/Outlaw

Nonfiction:

- Animals
- Art
- Bestsellers
- Biography
- Cookbooks
- Crafts**

Favorite Craft:

- Health
 - History**
- Favorite Time
Period:*
-

- Humor
 - Military
 - Parapsychology/
Occultism
 - Personal Finance
 - Philosophy
 - Poetry
 - Politics**
- Political Interest:*
-

- Religion**
- Preference:*
-

- Self-Improvement
 - Science**
- Field of Interest:*
-

- True Crime

WHICH READING GENRE FROM THE LIST ABOVE IS YOUR #1 FAVORITE?