



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/Optometrlist, 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.

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

