

-CERTIFICATION-

**ST. CLAIR COUNTY LIBRARY SYSTEM
HOME CONNECTIONS LIBRARY SERVICE FOR THE HOMEBOUND
210 McMorrان Blvd., Port Huron, MI 48060**

To qualify for Home Connections Services: Applicants must pay property tax in St. Clair County, reside in St. Clair County, be a K-12 student at any school in St. Clair County, or be a resident of the City of Memphis.

APPLICANT NAME

FACILITY NAME

ADDRESS APT. OR ROOM #

CITY/ STATE/ ZIP () _____
PHONE

PERSONS WHO MAY COMPLETE THIS PAGE: physician, social worker, nursing home official, visiting nurse, retirement center administrator, librarian or library branch lead.

Only qualified individuals may complete this form for certification.

CERTIFICATION OF Homebound Status: The person listed above is eligible for homebound status due to the following reason(s). Check all that apply:

- This individual has a permanent condition that prohibits them from safely visiting the library.
- This individual has a temporary condition (medical leave due to surgery, etc.) that prohibits them from safely visiting the library for at least 6 weeks. Their expected recovery date is: _____/_____/_____.
- This individual is a temporary or permanent resident of a nursing care facility.
- This person has a health condition associated with Senior Citizens that makes them unable to safely visit the library (has given up their driving status, etc.).

CERTIFIED BY:

NAME TITLE

ADDRESS

CITY/ STATE/ ZIP () _____
PHONE

SIGNATURE _____/_____/_____
DATE

ST. CLAIR COUNTY LIBRARY SYSTEM
HOME CONNECTIONS LIBRARY SERVICE FOR THE HOMEBOUND
210 McMorrان Blvd. Port Huron, MI 48060
Phone: (810) 982-3600 or 800-272-8570
Email: LBPStaff@stclaircounty.org

APPLICANT NAME

FACILITY NAME

ADDRESS

APT. OR ROOM #

CITY/ STATE/ ZIP

() _____
PHONE

_____/_____/_____
DATE OF BIRTH

SEX: MALE FEMALE

I understand that I assume financial responsibility for the materials I receive and will pay any applicable charges for lost or damaged materials or I will lose the privilege of services.

APPLICANT SIGNATURE

_____/_____/_____
DATE

I give the library permission to contact me by e-mail regarding to my Home Connections library account.
(email address) _____ @ _____

Please contact me regarding the Library for the Blind and Physically Handicapped (LBPH) services that may be available to me.

Which library service would you like? Check one (1)

Mail service (Limit of 10 items per month). **Every other week**

Monthly

Flexible check-out. The person(s) listed below are authorized to pick up books for me (Limit 20 items per month).

Name _____

Address _____

Name _____

Address _____

How do you want materials selected for you? Check one (1)

Request Only: I want to make my own selections and call or email the library when I want something sent.

Readers' Advisory: I want the library staff to make selections for me based on the subject and author preferences I have marked on the application.

What kind of materials and how many items do you want to receive?

- I want print books. How many? ____
- I read only Large Print.
- I prefer Large Print but will accept regular print to fill my title requests.
- I can't hold heavy books. Don't send books over _____ pages.
- I want paperback books: Only Never
- I want audio books – Compact Disc (CD). How many? ____

Check your favorite subjects if you want us to select materials for you.

Fiction

- Adventure (Bestsellers, Sea Stories, Spy Stories, Specify _____)
- Animals (Farm, Nature, Animal Care _____)
- Best sellers (less than 2 years old, more than 2 years old)
- Family (Modern, Traditional)
- Historical Fiction: (Country _____), (Era _____)
- Horror (Ghosts, The Unexplained, Vampires, Werewolves)
- Inspirational (Christian Fiction, Religious, Overcoming Obstacles)
- Literature (Classics, Modern, Folklore/Mythology)
- Modern Fiction (Light, Medical, Spicy)
- Mystery (Bestsellers, Historical, Legal Thriller, Detective)
- Romance (Bestsellers, Historical, Modern, Traditional)
- Science Fiction (Bestsellers, Fantasy)
- War Stories Foreign (Country _____), U.S. (War _____)
- Westerns

Non-Fiction

- Adventure
- Art/Architecture
- Bestsellers
- Biographies (Bestsellers, Celebrity, Historical, Political)
- Business
- Careers
- Computers

- Cooking
- True Crime Stories
- Ethnic (Specify _____)
- Health (Specify _____)
- History: Foreign (Country _____), U.S. (Era _____)
- Humor: (Jokes, Satire, Stories)
- Sports (Specify _____)
- Inspirational
- Religion (Specify _____)
- Music (Specify Style _____)
- Science (Specify _____)
- Travel: U.S., Foreign (Country _____)
- War (Specify _____)
- Other _____

**Tell us your favorite authors and any special interests so
we may serve you better . . .**

If you have any questions please call us at: **(810) 982-3600 or 800-272-8570**
 Completed Applications may be emailed to: LBPHStaff@stclaircounty.org
 You may also return this application to any St. Clair County Library System
 branch library or return it by mail to:

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**ST CLAIR COUNTY
 LIBRARY SYSTEM**

Library for the Blind and Physically Handicapped
 Serving St. Clair, Huron, Sanilac and Tuscola Counties