SAN DIEGO PUBLIC LIBRARY
APPLICATION FOR HOMEBOUND SERVICES

Please Print or type:

Name_________________________________________ Date________________

Address______________________________________________________________

City_________________________________________ ZipCode________________

Telephone____________________ Branch Library________________________________

Library card number________________________________

The San Diego Public Library’s Homebound Service provides library materials to patrons who are unable to visit the library due to physical illness or disabilities, and who do not have family or friends that are able to provide this service. Library-by-Mail provides services to those homebound patrons with visual impairment significant enough that they are unable to read standard size print.

Indicate why you are requesting homebound services:

☐ physical illness or disability

☐ other immobility

☐ Check box is you have significant visual impairment and are requesting Library-by-Mail services.

I do not have others to provide the requested service. I have been informed of, understand, and agree to the rules and procedures for homebound library services. I declare the above information is true and correct.

Signature_________________________________________ Print Name____________________________

**************************************************************************************

To be completed by certifying authority (Doctor, Nurse, Librarian, Social Worker). I certify the applicant has the physical illness, disability, or other immobility rendering the applicant immobile for purposes of the homebound service. And, if applicable, significant visual impairment.

__________________________ ______________________________
Print name of certifying authority Signature of Certifying Authority

Title/Occupation ________________________________________________________________

Address (Street) _______________________________________________________________

City/State: ____________________________ Zip code: ____________________________
SAN DIEGO PUBLIC LIBRARY
HOMEBOUND SERVICES - PATRON PROFILE

Name_________________                          Date Service Started____________________

Address___________________________________________________________________________

City________________________________________ Zip Code_______________________________

Telephone_________________________ Branch Library _________________________________

How many items would you like to receive each month? _________________________________

List any favorite authors you might have:
______________________________________________________________________________

Are there any books you have particularly enjoyed recently?
______________________________________________________________________________

Here are some popular fiction and non-fiction categories. Please check as many as you like.

____Romance                   ____Adventure                   ____Humor
____Suspense                  ____General Fiction             ____Inspirational
____Romantic Suspense        ____Best Sellers                ____Science Fiction
____Mystery                   ____Biographies                ____Poetry
____Historical Novels        ____Travel                      ____Animals/Nature
____Westerns                  ____Cookbooks                  ____Sports
____History (non-fiction)     ____ LGBT

Other special interests:______________________________________________________________

Please check if applicable:

____ Interested in audiobooks.
____ Interested in music on compact disc.
____ Interested in DVD

Most items are checked out to you for 30 days. You can call in title requests at any time. You
are responsible for all items checked out to you.

I understand that I am responsible for all items checked out to me

Signature_________________________  Print Name______________________________