



Homebound Patron Service Request

DATE: _____

Name _____

Service to: (check one) Home Care Facility(name) _____

Address _____ City _____

Birth Date _____ Library Card Number _____
(if you have an FCL card)

Phone _____ Email _____

Emergency Contact/Caregiver: _____ Phone _____

Address _____

I am a resident of Floyd County who is unable to use the Library system because:
(Check one)

I have a physical disability or chronic illness.

I am convalescing from surgery or illness.

I have a loss of mobility.

I am a caregiver for a person with one of the above limitations.

*I have a visual impairment yes or no

I give permission for Floyd County Library to keep a record of the library materials sent to me in order to avoid duplication. This information is kept confidential within the library's system.

Signature: _____

I require the following formats: (check all that apply)

Standard Print books

Audio Books

"Playaways"

Large Print books

DVD videos

other: _____

I prefer paperback books I have trouble holding heavy books

Up to 5 (five) items may be sent, if multiple formats checked a combination will be sent.

Please check your favorite reading categories.

FICTION / STORIES

- | | | |
|--|--|--|
| <input type="checkbox"/> Best sellers | <input type="checkbox"/> Indiana experience | <input type="checkbox"/> Christian inspirational |
| <input type="checkbox"/> Mystery (<i>cozy/mild</i>) | <input type="checkbox"/> Romance (<i>mild</i>) | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Mystery (<i>thrillers/police</i>) | <input type="checkbox"/> Romance (<i>wild</i>) | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Classics | <input type="checkbox"/> Occult/Horror |
| <input type="checkbox"/> Science fiction/Fantasy | <input type="checkbox"/> Animal stories | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> Jewish experience | <input type="checkbox"/> Hispanic experience | |
| <input type="checkbox"/> African American experience | <input type="checkbox"/> Other: _____ | |

NONFICTION / INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> Biography : <input type="checkbox"/> historical <input type="checkbox"/> political | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> <input type="checkbox"/> Hollywood | <input type="checkbox"/> Computers |
| <input type="checkbox"/> History (era and places) _____ | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Indiana History | <input type="checkbox"/> Fitness and exercise |
| <input type="checkbox"/> Music | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Poetry | <input type="checkbox"/> Health and medicine |
| <input type="checkbox"/> Psychology and self-help | <input type="checkbox"/> Nature and animals |
| <input type="checkbox"/> Religion _____ | <input type="checkbox"/> Science and technology |
| <input type="checkbox"/> Travel and geography | <input type="checkbox"/> Sports |
| <input type="checkbox"/> True crime | <input type="checkbox"/> Other: _____ |

Please add any comments as well as favorite authors, movies, and music—anything that will help us choose materials of interest. _____

Submit completed form by either:

Email: instalibrary@nafclibrary.org

Fax: 812-949-3532

Mail: 180 W Spring St, New Albany, IN 47150