



## Application for Homebound Individual Service

Reason applicant cannot access a public library facility:

\_\_\_\_\_ Permanent Limitation    \_\_\_\_\_ Temporary Limitation \_\_\_\_\_  
(estimated date of recovery)

Complete the form to apply for FCDL Homebound Delivery Service. Upon receipt, you will be notified of your application status within 5 to 10 business days. If you have any questions, contact FCDL Outreach Department at (740) 653-2745, extension 170 or by email at [mjohns@fcdlibrary.org](mailto:mjohns@fcdlibrary.org).

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Birth Date \_\_\_\_\_

Please give the name and telephone number of someone the Library can contact if you cannot be reached for an extended period:

Name \_\_\_\_\_ Telephone No. (    ) \_\_\_\_\_

The information provided on this application will not be released to other individuals, institutions, or agencies except as provided for in Section 149.43 Ohio Revised Code, The Public Records Act.

### Application Agreement

All homebound applicants understand that in-library use of a library card is prohibited when receiving this service. It is the responsibility of the homebound applicant to:

- ✓ Notify the library of any name, address, or telephone changes.
- ✓ Take reasonable care of library materials and equipment.
- ✓ Pay all fees for lost or damaged materials.

I understand the above responsibilities and agree to follow them.

\_\_\_\_\_  
Signature of the applicant/or the person completing

Date: \_\_\_\_\_