



## ***Books and More to Your Door***

### **Homebound Delivery Program**

### **Outreach Patron Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Please check all that apply:

- I am a Meals on Wheels recipient
- I am a resident of a senior care facility

If yes, name and address of facility:

\_\_\_\_\_

- I am a participant at an adult day center
- If yes, name and address of facility:

\_\_\_\_\_

- Going to the library is a hardship for me
- If yes, please explain:

\_\_\_\_\_

- I am requesting short-term service due to surgery or major illness

Other contact name (optional): \_\_\_\_\_

Relation to patron: \_\_\_\_\_

Other contact's phone or email: \_\_\_\_\_

*As a Chatham County Library card user, I promise to comply with all rules, to pay promptly all fines and/or damages charged to me, and to give immediate notice to changes in my address.*

*signed* \_\_\_\_\_