

## H.O.M.Express Homebound Delivery Service Application

### Contact Information

Name	
Street Address	
City, State Zip	
Home Phone	
E-Mail Address	
Date of Birth (optional)	
Gender (circle one)	Male          Female
How did you hear about this service?	

### Eligibility Criteria

Please check the reason for your application.

- |   |   |
|---|---|
| <input type="checkbox"/> Physical Disability            | <input type="checkbox"/> Chronic Illness        |
| <input type="checkbox"/> No Transportation              | <input type="checkbox"/> Caregiver              |
| <input type="checkbox"/> Convalescing (How long?) _____ | <input type="checkbox"/> Other (Please Explain) |

If you have a certificate of disability, please enclose a copy for our records. This certificate is not necessary for participation in our program, but entitles you to free postal privileges if qualified under E040 postal regulations.

### Frequency of Deliveries

Please check how often you would like to receive a delivery.

- I would like to receive a regular monthly delivery.
- I would like to receive less frequent deliveries upon my request.

How many books/items would you like to receive per visit? \_\_\_\_\_ (write in a number)

### Format Preferences

Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> I can only read Large Print books.   | <input type="checkbox"/> I can't hold heavy books.  |
| <input type="checkbox"/> I prefer Large Print books, but will accept regular print books if Large Print is not available.                       | <input type="checkbox"/> I prefer paperbacks, but will accept hardback if paperbacks are not available. |
| <input type="checkbox"/> I have a computer with an internet connection. Please send me information about how to connect to the library catalog. | <input type="checkbox"/> I would like audio books when available.                                       |
| <input type="checkbox"/> Other instructions. (Please specify)   | <input type="checkbox"/> I have a cassette player.  |
|   | <input type="checkbox"/> I have a CD player.  |

### Delivery Instructions

- |  |  |
|--|--|
| <input type="checkbox"/> Please ask the volunteer to call me on the day of the delivery. | <input type="checkbox"/> Knock loudly. I am hard of hearing. |
| <input type="checkbox"/> Be aware. There is a dog in or near my home.                    | <input type="checkbox"/> I am slow to answer the door.       |
| <input type="checkbox"/> Leave my bag with the concierge.                                | <input type="checkbox"/> Other (please specify)              |

### Agreement and Signature

I understand that I assume full financial responsibility for the materials I receive. If any materials are lost or damaged, I agree to pay the library the cost of replacing them.

Name (printed)	
Signature	
Date	

**Questions? Contact Jennifer Kuhns at 610-446-3082 x517.  
1601 Darby Road / Havertown, PA 19083 / [www.HaverfordLibrary.org](http://www.HaverfordLibrary.org)**



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	New Age	Soundtracks

List Your Favorite Authors or Musicians