



# Cadott Community Library

## Homebound Delivery Application

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### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_ Cadott, WI 54727

Health Care Facility: \_\_\_\_\_ If Applicable

Telephone: (    ) \_\_\_\_\_ Alternative Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Alternative Phone: (    ) \_\_\_\_\_

I, \_\_\_\_\_ authorize my emergency contact to receive information about my library account.

Circle One:            Yes            No

### Library Card Information

\_\_\_\_\_ I have a library card and my number is \_\_\_\_\_.

\_\_\_\_\_ I do not have a library card. Please contact me about applying for a library card.

### Reason for Applying

I fall into the following categories:

- |  |   |
|--|---|
| <input type="checkbox"/> I am temporarily confined to the home.      | <input type="checkbox"/> I am permanently confined to the home.         |
| <input type="checkbox"/> I am homebound due to chronic illness.      | <input type="checkbox"/> I am homebound due to an accident.             |
| <input type="checkbox"/> I am homebound due to age.                  | <input type="checkbox"/> I am homebound due to a disability.            |
| <input type="checkbox"/> I am homebound due to unreliable transport. | <input type="checkbox"/> I am homebound due to other mobility problems. |

### Delivery Information:

- I will need a library staff or volunteer to deliver my items.
- I have a friend/family member/volunteer who will pick my items up for me when they are ready.
- Other: \_\_\_\_\_
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## Responsibilities of Homebound Delivery Participant:

Please read and initial each of the following,

\_\_\_\_\_ I reside of the Village of Cadott, inside the Village limits.

\_\_\_\_\_ I understand that materials will be delivered to me once a month and that it is my responsibility to keep track of all checked out materials and have them prepared for pick up.

\_\_\_\_\_ I understand that while there are no late fines, I am responsible for payment of lost or damaged items.

\_\_\_\_\_ I will always have someone to accept my materials upon delivery if I am unable to. Materials will never be left out of doors or exposed.

\_\_\_\_\_ I will notify the library immediately if I have a change of address, or change in need for the program.

\_\_\_\_\_ I understand and agree to the "Homebound Environment Standards Required for Delivery", located on page two of the Cadott Community Library Homebound Delivery Policy.

\_\_\_\_\_ I read and agree to the Homebound Delivery Policy, available on the Library webpage and by request.

\_\_\_\_\_ I declare that at this time I am unable to get to the library to make my own selections or conduct library business.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Homebound Delivery Participant

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Homebound Delivery Participant

If Applicable:

**Certified By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Health Care Facility Activity Director

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### Library Use Only

Date Received: \_\_\_\_\_ Approved / Denied

Received by: \_\_\_\_\_

Delivery Information: \_\_\_\_\_

\_\_\_\_\_

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