

Homebound Services Policy

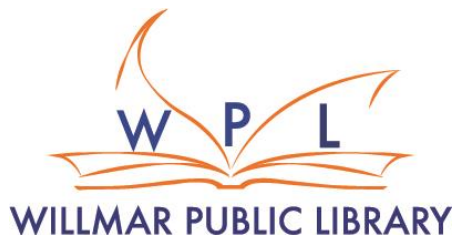
The Willmar Public Library offers materials delivery service to patrons who are valid library cardholders, are unable to come to the Library for a minimum of 30 days due to a temporary or permanent disabling condition, and reside within the city limits of Willmar MN. Eligible patrons may complete a Homebound Delivery Service application form and submit it to the Willmar Public Library for approval.

Upon approval, delivery will be scheduled at the mutual convenience of staff and patron, generally once per month. Materials will be delivered to the door, and no inside deliveries will be made. All library materials are available for home delivery except items with active holds. All library policies, including fees and limits, apply to those receiving homebound services; however, overdue fines will not be assessed when overdues occur because of the delivery schedule or because of events beyond the control of homebound services clients.

Materials will be checked out on the card of the person receiving the service. The library card will be held on file at the Library for the entire duration of individual's participation in the program. The Homebound Services Coordinator will maintain a record of all items checked out by a homebound patron for purposes of selecting materials for that person. Staff assisting the coordinator may also have access to this record.

Homebound delivery service will terminate when the eligibility requirements are no longer met or at the request of the patron, patron's parent or legal guardian, or an individual with power of attorney to act on behalf of the patron.

Willmar Public Library Homebound Services Application



Applicant Information

Name: _____

Address: _____

Phone: _____

Email: _____

I have a library card. My number is: _____

I don't have a library card yet. Please contact me about getting one.

Alternate Contact Person

Name/Relationship: _____

Phone: _____

Authorized to get information about account? Yes No

Eligibility Criteria

Short term illness

Physical or mental disability

Long term illness

Other _____

I have read and understand the Homebound Services Policy. I understand that I am responsible for all materials delivered to me through the homebound program.

Signature of participant

Date

*Please fill out your reading interests on the back of this form.

Reading Interests

Check all that apply

Favorite Genres

Fiction

- Literary Fiction
- Romance
- Mystery
- Science Fiction
- Westerns
- Historical Fiction
- Inspirational/Religious
- Other _____

Nonfiction

- Biographies
- History
- Travel
- Self Help
- Cook books
- Other _____

Favorite Authors/Books _____

Authors/Books you don't like _____

Preferred Formats

- | | |
|--|---|
| <input type="checkbox"/> Large print | <input type="checkbox"/> DVDs |
| <input type="checkbox"/> Regular Print | <input type="checkbox"/> VHS |
| <input type="checkbox"/> Paperback | <input type="checkbox"/> Audiobooks on CD |
| <input type="checkbox"/> eBooks | <input type="checkbox"/> Audiobooks on Cassette |
| <input type="checkbox"/> Magazines | |