

## **BOOKS ON WHEELS HOMEBOUND DELIVERY**

This form is for q	ualifying and	enrolling in	Cottage Grove	Public Library'	s homebound	services.
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		oound Delivery through C Grove city limits		olic Library: e of Cottage Gro	ove city limits	
At least one	of these m m disability		Long-term disability			
🗌 Illness wh	iich confine	es individual to their home	е 🗌 75 уе	ars or older		
Name			Phone			
Street Addre	SS					
City, State, Z	ip	Email				
Choose the b	oest days a	nd times to call you:				
Morning	Monday	Tuesday	Wednesday	Thursday	Friday	
[9am-12pm]						
Afternoon [1pm-5pm]						
Do you resid	e in a resid	ential care facility or an a	partment comple	ex? 🗌 Yes	🗌 No	
If "yes", facil	ity name					
Name of per	son helpin	g fill out this form				
Should librar	y staff con	tact the person helping to	o fill out this form	about applican	t's reading	
preferences	and needs	? 🗌 No 👘 🗌 Yes, ph	one number			



## HOMEBOUND DELIVERY

By selecting this checkbox I understand and agree to the following statements: If I lose or damage an item I am responsible for the replacement cost. I understand I will be notified of overdue items on my account and will return them promptly. My library account and personal information will be kept on file at the Library. Staff will access my account and use functions such as 'My Reading History' to manage my selections. I may become ineligible for the program if circumstances change or I am unable to abide by the guidelines set forth.

PREFERENCE INVENTORY
I want to select my own books I want the library to select books for me Both
If the library selects books for me, I want the following number of books (max 15):
I'm primary looking for (select all that apply):
I need/want the following formats:
My preferred genres are:
Mystery True Crime Historical Other

Is there anything else we should know about your reading needs and preferences? (e.g. strong dislikes, favorite authors, least favorite authors, etc.)