

Please complete this form and return to the Reference Desk at any Smithtown Library Building.



HOMEBOUND MAIL SERVICE

Name:				
Address:				
City/State/Zip:				
Phone Number:				
Email:				
Closest Building: Smithtown Commack Kings Park Nesconset (circle one)				
Age: (for library card classific	Adult (adult (adutt (adutt (adutt (adutt (adutt (adutt (adutt (adutt (adutt (ad	0	Juvenile (Birth-5 th Grade)	
Eligibility:				
Disability: (circle one)	Visual	Physical		
Is your disability: (circle one)	Temporary	Permanent		
Nature of Disability:				

I hereby declare that I am eligible to receive the Library's material via the Homebound Mail Service.

Signed:_____ Date: _____

For questions, call the Library at (631) 360-2480 and select the appropriate extension. Smithtown Building, ext. 194 Commack Building, ext. 397 Kings Park Building, ext. 497 Nesconset Building, ext. 212





Smithtown Building: One North Country Road, Smithtown, NY 11787 Commack Building: 3 Indian Head Road, Commack, NY 11725 Kings Park Building: One Church Street, Kings Park, NY 11754 Nesconset Building: 148 Smithtown Boulevard, Nesconset, NY 11767

Name

MATERIAL PREFERENCE CHECKLIST

So that we can provide better service to you, please fill out this section completely.

Books:

Large Print ______Regular Print (Physically Disabled Only)

Please check the type of books or subjects you prefer, or write your reading interests in the space provided.

Adventure Stories	History	
Animals	Humor/Poetry	
Best Sellers	Politics & Government	
Biographies	Religion	
Classic Novels	Romance	
Cooking	Science Fiction	
Detective & Mystery Stories	Short Stories	
Family Saga	Sports	
Gothic Novels	Spy Stories	
Health	Travel	
Historical Fiction	Westerns	

My other reading interests are:

Some of my favorite authors are:

Audio Visual:

Please check if you would like the following types of materials:

____ Audio Books

____ Music CDs

____ DVDs

____ Blu-rays

Please indicate your Music CD preferences

Please indicate your DVD or Blu-ray preferences



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Homebound Mail Service Agreement

This agreement must be signed annually to retain your homebound service. Please sign the agreement and return in the self-addressed stamped envelope.

Agreement:

I hereby declare that I am eligible for Homebound Mail Service in order to receive the Library's materials by mail. By signing this agreement, I acknowledge that I am unable to leave my residence in order to come into the Library due to a temporary or permanent disability and do not have anyone who can pick up and return the Library's materials. I agree to inform the Homebound Librarian if, or when, my disability status ends.

Signed:_____ Date:_____

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