

Books by Mail

Homebound and love to read?

If you have a visual impairment or physical disability that limits your ability to handle standard printed material, and you are homebound, we can bring the Library to you!

Apply for **Books by Mail**, and choose from a wide selection of regular print books, large print books, books on tape and videos.

Just complete the application **on the reverse side** and send it by mail or fax to **Services for Older Adults**. **Be sure to include written confirmation of your medical status.**

Books by Mail is brought to you by Brooklyn Public Library's **Services for Older Adults**.

Services for Older Adults

1743 86th Street

Brooklyn, NY 11214

Tel: 718.236.1760

Fax: 718.234.2680

bklynpubliclibrary.org/seniors



Services for Older Adults is partially funded by Coordinated Outreach Library Services aid from the New York State Education Department, administered by the State Library's Division of Library Development.

Books by Mail Application

If you would like assistance with completing this form, please call **Services for Older Adults** at **718.236.1760**.

Name: _____

Date: _____

Address: _____

Phone: _____

Date of Birth: _____

A doctor's certificate must accompany this application (SEE BELOW).

TYPES OF MATERIALS

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Regular print | <input type="checkbox"/> DVD | <input type="checkbox"/> Books on tape |
| <input type="checkbox"/> Large print | <input type="checkbox"/> Video | <input type="checkbox"/> Books on CD |

AREAS OF INTEREST: Fiction

- | | | |
|--|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> African American | <input type="checkbox"/> Humor | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Best Sellers | <input type="checkbox"/> Jewish Interest | <input type="checkbox"/> Sports Stories |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Mystery | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> Crime | <input type="checkbox"/> Occult/Horror | <input type="checkbox"/> Western |
| <input type="checkbox"/> Espionage/Spy | <input type="checkbox"/> Romance | |
| <input type="checkbox"/> Hispanic Interest | <input type="checkbox"/> Romantic Suspense | |

AREAS OF INTEREST: Non-Fiction

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> History | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Humor | <input type="checkbox"/> Religion/Inspiration |
| <input type="checkbox"/> Best Sellers | <input type="checkbox"/> Jewish Interest | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Music | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Philosophy | <input type="checkbox"/> War/Military |
| <input type="checkbox"/> Current Events | <input type="checkbox"/> Plays | |
| <input type="checkbox"/> Health | <input type="checkbox"/> Poetry | |

LANGUAGE PREFERENCE

List other languages you would like to receive: _____

- Send only requested titles Staff choose titles based on interests
-

DOCTOR'S CERTIFICATE

This section must be completed by one of the following:

- Licensed medical doctor Registered nurse Ophthalmologist or Optometrist
 Professional staff member of a hospital or health/social service agency

I certify that:

Name: _____ Address: _____

is homebound and has difficulty reading because of a visual impairment or a physical disability that limits his/her ability to handle standard printed material.

Certified by (signature): _____ Name (print or type): _____

Address: _____