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: 718.623.7111
bklynpubliclibrary.org/seniors

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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

- Regular print
- Large print
- DVD
- Video
- Books on CD

AREAS OF INTEREST: Fiction

- Adventure
- African American
- Best Sellers
- Classics
- Crime
- Espionage/Spy
- Hispanic Interest
- Historical Fiction
- Humor
- Jewish Interest
- Mystery
- Occult/Horror
- Romance
- Romantic Suspense

AREAS OF INTEREST: Non-Fiction

- African American
- Animals
- Best Sellers
- Biography
- Cooking
- Current Events
- Health
- History
- Humor
- Jewish Interest
- Music
- Philosophy
- Plays
- 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: ________________________________________________