

APPLICATION for **Homebound Outreach Program**

Please Print Clearly (First) (Last) (Middle Initial) Home Address:____ (Street) (City) (State) (ZIP Code) Phone: (_____) Alternate Phone: (_____) Library Card #: 10084 ___ __ Date of Birth: _____(mm/dd/yyyy) Participants in HOP must be 18 or older. Emergency Contact if you cannot be reached: Phone: Name: _____ Relation to you: _____ Is there anyone else in your household and/or nearby family/friends who have the ability No ____ If Yes, please give their to accept delivery on your behalf? Name: _____ Relation to you: _____

Certification:

I understand that the Homebound Outreach Program is a free service provided as a courtesy to Smithton Public Library District patrons. I certify that the information contained in this application is true to the best of my knowledge. I will inform the Library of any change in circumstances or conditions that may impact my ability to participate in the program. I understand that the Library retains the right to suspend or discontinue my participation in this service as determined by factors including but not limited to the condition of materials upon their return, changes in health or circumstances that impact my ability to receive Library service(s), and inability to contact me. I affirm I have read/received a copy of the HOP patron requirements.

Signature	Date



APPLICATION for Homebound Outreach Program

Please Print Clearly

Name):							
	(Last)	(First)		(Middle Initial)				
Prima	ry reason signifying a r Social distancing		ebound delive	y: Scheduling needs				
Circle	your preferred day f	or delivery:	Tuesdays	Wednesdays	Fridays			
Pick y	your preferred metho	d of drop-off	:					
	☐ Front Door - must have house number displayed, must be able to respond to the doorbell or knocking during drop-off times. Signature required.							
	 Other Door - must indicate with some agreed-to marker or color for library records. Ex: side door to kitchen beyond carport, under green awning. Signature required. 							
	☐ Totally contactless - must provide a box/container into which items may be left so that they are unobserved by street traffic. Please consider weather conditions in choosing and placing the box - cardboard will absorb moisture and mold, plastic tubs that are not watertight will collect moisture, etc. Also, please indicate a substitute for signature upon exchange - simple text, phone call, photo emailed to you of items being delivered.							
To be	filled out by staff meml	ber						
Special instructions:		Staff na	me:	Date:_	Date:			