



## DENTON PUBLIC LIBRARY

### HOMEBOUND LIBRARY SERVICE POLICY

Approved by Denton Library Board, March 8, 2010  
Last amended, June 19, 2014

**POLICY STATEMENT:** The Homebound Library Service program helps fulfill the library's mission by offering services to residents who are homebound due to illness, disability or age and physically unable to visit the library.

Customers must have a full-service library card and live within Denton County to qualify for this service. Customers must complete an application and have it certified by their physician, nurse, or social worker. Applications will then be reviewed by library staff and the customer notified of the beginning service date.

The Library will mail up to two items at a time to customers, including a return-postage paper in the envelope. The customer is responsible for getting the items returned to the library within a reasonable time frame. Additional materials may be requested and sent after the current items checked out are returned. Customers participating in the program will become ineligible for the service if they do not return library materials.

The Homebound Library Service program may be discontinued at any time for any reason.

**DENTON PUBLIC LIBRARY**  
**HOMEBOUND LIBRARY SERVICE APPLICATION**

Approved by Library Board, March 8, 2010  
Last amended, June 19, 2014

**PURPOSE:** The Homebound Library Service program helps fulfill the library's mission by offering services to customers physically unable to visit the library. Customers must have a full-service library card and reside within Denton County to qualify for this service.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Barcode Number \_\_\_\_\_

**ELIGIBILITY CRITERIA** (please check all that apply):

- Medical \_\_\_\_\_
- Transportation \_\_\_\_\_
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I assume financial responsibility for the materials I receive. I will make sure the materials are returned by placing the items in the labeled envelope supplied by the Denton Public Library and mailing it back at no charge if the envelope supplied is used. I understand that I will become ineligible for this service if I do not return library materials.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CERTIFICATION - To be filled out by physician, nurse, social worker:**

I consider \_\_\_\_\_ physically unable to travel to the library.

Signature \_\_\_\_\_ Phone \_\_\_\_\_

If disability is temporary, please estimate length of time: \_\_\_\_\_