



Homebound Certification Form

*****CERTIFICATION ALLOWS THE LIBRARY TO SHIP MATERIALS FOR FREE*****

To be completed by a healthcare professional or professional caregiver:

(Doctor, Registered Nurse, Therapist, Social Worker, Case Worker, Counselor, Rehabilitation Staff, Professional Hospital Staff, Ophthalmologist, Optometrist, or Facility Director). Certification must be renewed each year to ensure continued compliance.

Full Legal Name of Homebound Applicant: _____

Address of Homebound Applicant: _____

City _____ State _____ ZIP _____

Phone Number: _____ Best time of day to call: a.m. p.m.

Email Address: _____

Date of Birth (MM/DD/YYYY): _____

Are you applying for temporary homebound status? YES NO

If YES, how long will you need Books-by-Mail? _____

Name of Healthcare Professional/
Professional Caregiver: _____

Title/Occupation: _____

Phone Number: _____

I certify that the above named applicant has requested library service and is unable to go to Trails Regional Library:

Signature: _____ **Date:** _____

A family member is not eligible to sign/certify this application.

MAIL APPLICATION TO:
Trails Regional Library
Books-by-Mail Services
432 N Holden
Warrensburg, MO 64093

FOR MORE INFORMATION:
Phone: 660-747-1699
E-mail: homebound@trailslibrary.org