Instructions for Submitting Application:

1. Complete the Patron section of the application form.

2. Have your Approved Provider fill out the bottom half of the application form.

3. Complete the Ordering Instruction Form.

4. Complete the Reader Interest Form.

5. Once the application, ordering instructions, and reader interest forms are complete, mail the forms to the library.

MAIL APPLICATION TO:
Trails Regional Library
Books-by-Mail Services
432 N Holden
Warrensburg, MO 64093
Books By Mail for the Homebound Application
***ALL INFORMATION IS REQUIRED FOR THIS FREE SERVICE!***

To be completed by Patron seeking service:

Full Legal Name: ____________________________
First Last

Residential Address: ____________________________ Street
City State ZIP

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

Phone Number: ____________________________ Best time of day to call: AM PM

Email Address: ____________________________

Please read and sign below:
I am applying for the privilege of borrowing library materials from Trails Regional Library Homebound Services. I give permission for TRL staff to use my library card number to check out materials on my behalf, that a record of library materials I check out and my reading interests may be kept, with the understanding that my reading history & interests will be kept confidential.

I declare that I am homebound and unable to go to Trails Regional Library due to health, mobility, advanced age, visual impairment, blindness, physical disability, permanent or temporary incapacity.

Patron Signature: ____________________________

This section is 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.

Name of certifying authority: ____________________________
First Last

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: ____________________________ A family member is not eligible to 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 x 7110
homebound@trailslibrary.org