

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 CD and DVDs.

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

bklynlibrary.org/seniors



Services for Older Adults is partially funded by Coordinated Outreach Library Services aid from the New York State Education Department, administered by the State Library's Division of Library Development.

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

☐ DVD

☐ Books on CD

☐ Large print

AREAS OF INTEREST: Fiction

☐ Adventure

☐ Historical Fiction

☐ Science Fiction

☐ African American

☐ Humor

☐ Short Stories

☐ Best Sellers

☐ Jewish Interest

☐ Sports Stories

☐ Classics

☐ Mystery

☐ War Stories

☐ Crime

☐ Occult/Horror

☐ Western

☐ Espionage/Spy

☐ Romance

☐ Hispanic Interest

☐ Romantic Suspense

AREAS OF INTEREST: Non-Fiction

☐ African American

☐ History

☐ Politics

☐ Animals

☐ Humor

☐ Religion/Inspiration

☐ Best Sellers

☐ Jewish Interest

☐ Sport

☐ Biography

☐ Music

☐ True Crime

☐ Cooking

☐ Philosophy

☐ War/Military

☐ Current Events

☐ Plays

☐ Health

☐ 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: _____