

# **Books by Mail**

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## **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 tape and videos.

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:** 718.234.2680

**[bklynlibrary.org/seniors](http://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

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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).

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## TYPES OF MATERIALS

- |  |                                |  |
|--|--------------------------------|--|
| <input type="checkbox"/> Regular print | <input type="checkbox"/> DVD   | <input type="checkbox"/> Books on tape |
| <input type="checkbox"/> Large print   | <input type="checkbox"/> Video | <input type="checkbox"/> Books on CD   |

## AREAS OF INTEREST: Fiction

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adventure         | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> African American  | <input type="checkbox"/> Humor              | <input type="checkbox"/> Short Stories   |
| <input type="checkbox"/> Best Sellers      | <input type="checkbox"/> Jewish Interest    | <input type="checkbox"/> Sports Stories  |
| <input type="checkbox"/> Classics          | <input type="checkbox"/> Mystery            | <input type="checkbox"/> War Stories     |
| <input type="checkbox"/> Crime             | <input type="checkbox"/> Occult/Horror      | <input type="checkbox"/> Western         |
| <input type="checkbox"/> Espionage/Spy     | <input type="checkbox"/> Romance            |  |
| <input type="checkbox"/> Hispanic Interest | <input type="checkbox"/> Romantic Suspense  |  |

## AREAS OF INTEREST: Non-Fiction

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> History         | <input type="checkbox"/> Politics             |
| <input type="checkbox"/> Animals          | <input type="checkbox"/> Humor           | <input type="checkbox"/> Religion/Inspiration |
| <input type="checkbox"/> Best Sellers     | <input type="checkbox"/> Jewish Interest | <input type="checkbox"/> Sport                |
| <input type="checkbox"/> Biography        | <input type="checkbox"/> Music           | <input type="checkbox"/> True Crime           |
| <input type="checkbox"/> Cooking          | <input type="checkbox"/> Philosophy      | <input type="checkbox"/> War/Military         |
| <input type="checkbox"/> Current Events   | <input type="checkbox"/> Plays           |   |
| <input type="checkbox"/> Health           | <input type="checkbox"/> 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: \_\_\_\_\_