

Warren County Memorial Library Request for Homebound Service

Patron's Name: _____

Patron's Card Number: _____

Address: _____

Community Name: _____

Patron's Telephone Number _____

Please select the appropriate circumstance(s) which prevents your visitations to the Warren County Memorial Library.

☐ Short Term (a person who is under the care of a physician care due to surgery, injury or an acute illness for six months or less)

☐ Long-term illness or disability (a person who is under the care of physician due to surgery, injury for more than six months)

☐ Other circumstances not listed: please explain below.

Warren County Memorial Library

Request for Homebound Service

SELECT THE MATERIALS OF INTEREST:

- ☐ BOOKS
- ☐ LARGE PRINT BOOKS
- ☐ MAGAZINES (PERIODICALS)
- ☐ BOOKS ON TAPE
- ☐ VIDEO TAPES
- ☐ DVDS

SUBJECT OF INTEREST

- ☐ FICTION
- ☐ NON-FICTION

SUBJECT AREA

FICTION

- | | |
|--|---|
| <input type="checkbox"/> ADVENTURE STORIES | <input type="checkbox"/> MYSTERY |
| <input type="checkbox"/> ROMANCE | <input type="checkbox"/> HISTORICAL FICTION |
| <input type="checkbox"/> FAMILY STORIES | <input type="checkbox"/> BEST SELLER |
| <input type="checkbox"/> HORROR | <input type="checkbox"/> WESTERN |
| <input type="checkbox"/> CLASSICS | <input type="checkbox"/> SUSPENSE |
| <input type="checkbox"/> HUMOR | <input type="checkbox"/> SHORT STORIES |
| <input type="checkbox"/> SCIENCE FICTION | <input type="checkbox"/> WAR STORIES |
| <input type="checkbox"/> CHRISTIAN FICTION | <input type="checkbox"/> WAR STORIES |

NON-FICTION

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> SCIENCE | <input type="checkbox"/> BIBLE, RELIGION |
| <input type="checkbox"/> HUMOR | <input type="checkbox"/> COOKING |
| <input type="checkbox"/> CRAFT | <input type="checkbox"/> BUSINESS |
| <input type="checkbox"/> CAREER | <input type="checkbox"/> HISTORY |
| <input type="checkbox"/> MUSIC | <input type="checkbox"/> TRAVEL |
| <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> HEALTH |
| <input type="checkbox"/> PSYCHOLOGY | <input type="checkbox"/> SELF-HELP |