

LIBRARY BY MAIL

APPLICATION



Thank you for your interest in Library by Mail services for eligible residents living in the Fayetteville-Manlius service area. Please complete this form and have a medical provider complete a certification form (included). If you have questions please call Michelle Calupca, Outreach Services Librarian at (315) 682-6400 or outreach@manliuslibrary.org

PERSONAL INFORMATION

Full Name :

Date Of Birth : Phone :
D D M M Y Y

Full Address :
Town/City :

E-Mail :

Do you have an OCPL Library Card? Yes No If no, we will mail you an application

If yes, Library Card #

Eligibility Requirements:

Must be a resident in the Fayetteville-Manlius service area. Recipients must meet one or more of the following requirements:

- Short or Long-term disability
- Senior Citizen non-driver (over 65 years)
- Pregnancy (high-risk or third trimester) or new parent (up-to 6 months after childbirth)
- Parent of children with homebound disability

Please select from the following options:

Send only items I request Choose items based on preferences below (Check all that Apply):

What types of material would you like delivered?

Regular Print Books Large Print Books CD Audio Books DVDs Magazines

What type of books/movies do you enjoy (check all that apply):

Fiction:

- Adventure Fantasy Historical Fiction Horror Humor
- Mysteries Romance Science Fiction Short Stories Suspense
- War Westerns Classic Literature Other

What type of books/movies do you enjoy (check all that apply):

Non-Fiction:

- Animals
- Art/Photo
- Biography/Memoir
- Business
- Cooking
- Current Events
- Health
- Humor
- Poetry
- Religion
- Science
- Travel
- US History
- War
- World History
- Other or specify what kind of "health" or "war" or "Travel" etc.

.....
.....

List favorite authors, movies or other preferences that will help us select materials:

.....
.....

To aid in materials selection, a record of items checked out through Library by Mail can be kept on the patron's account. If you would like to opt in check here

Please read the rules and guidelines for Library by Mail services and sign below:

1. Library by Mail patrons must be an OCPL library card holder and live within the Fayetteville-Manlius School District.
2. Library by Mail patrons may not have more than two (2) items out at a time.
3. Materials available by mail include books, audiobooks, magazines, DVDs, Blu-rays and CDs with a 21 day loan period.
4. Requested materials are subject to availability.
5. Materials will be selected by librarians based on the patron's reading interest.
6. Librarians can also provide instructions to access e-audiobooks, e-books, movies and music via Hoopla and Libby.
7. Items are due back three (3) weeks from check-out date.
8. Items will be returned with the postage paid index card in the Library by Mail mailer provided.
9. Manlius Library reserves the right to discontinue the service if borrowed items are excessively late, damaged and/or not returned in the condition they arrived in.
10. Eligibility will be recertified annually with a health care or social service provider, or as needed for short-term disabilities.
11. A Librarian will contact patron within 5 business days to notify of approval and send welcome packet.

By Signing this form I agree to follow the guidelines of Manlius Library's Library by Mail service. I understand that I am responsible for any materials borrowed with my library card.

Applicants Name (Printed) : _____

Signature of Applicant: _____ **Date:** _____

For More Information :
(315) 682-6400
outreach@manliuslibrary.org
Manliuslibrary.org



LIBRARY BY MAIL

CERTIFICATE OF ELIGIBILITY



To be completed by a physician, nurse, or social worker

PATIENT INFORMATION

First Name :

Date Of Birth : Phone :
D D M M Y Y

Full Address :

I certify that _____ is physically unable to travel to the library due to one of
Applicant's Name

the following:

- Short or Long-term disability
- Senior Citizen non-driver (over 65 years)
- Pregnancy (high-risk or third trimester) or new parent (up-to 6 months after childbirth)
- Parent of children with homebound disability

Certifier's Name : Certifier's Affiliation :

Certifier's Title : Certifier's Phone # :

Certifier's Full Address :

Certifier's Signature: _____ Date: _____

If disability is temporary, please estimate length: _____