



St. Charles City-County

Library

Library to You Application

Thank you for your interest in the Library to You Program provided by the St. Charles City-County Library. Please fill out the form and someone from our team will contact you to finalize details.

Section 1: Applicant contact information (PLEASE PRINT):

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate: ____/____/____

Section 2: Applicant emergency contact information:

Please provide name and phone number of emergency contact:

Name: _____

Phone: _____

Section 3 : Do you have a St. Charles City-County Library card?

_____ Yes

_____ No *If no, this form will serve as your library card application as well as your Books to You application.*

Section 4: Reason for requesting Library to You service?

Disability or chronic illness

Full-time caregiver of a homebound person

Temporary illness or injury

Other: _____

Section 5: Which service are you interested in?

By Mail (complete Section 6: certification of visual impairment or disability below)

Volunteer Delivery Service (skip to Section 7)

Section 6: Eligibility and Certification for "By Mail" Delivery

Please select the primary disability preventing you from reading standard sized print:

Blindness: Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field is no greater than 20 degrees.

Visual Impairment: Inability to read standard sized printed materials without special lens or devices other than regular glasses.

Physical Disability: Inability to read or use standard sized printed materials as a result of physical limitations, e.g. paralysis, lack of arms or hands, extreme weakness

TO BE COMPLETED BY CERTIFYING AUTHORITY

(see definitions of "certifying authority" below)

I certify the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated on the previous page.

Please print or type:

Certifier's Name: _____

Title/Occupation: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Definition of "Certifying Authority": Certifying authorities include doctors of medicine or osteopathy, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions, and public agencies (e.g. social workers, counselors, or rehabilitation teachers). *In the absence of these, certification may be made by professional librarians or by any other person whose competence under specific circumstances is acceptable to the Library of Congress.*

A family member is **not** eligible to sign the application as a certifying authority.

Section 8: What types of materials are you interested in receiving? (check all that apply)

- ___ Fiction Books
- ___ Non-Fiction Books
- ___ Large Print Books
- ___ Audiobooks on CD

- ___ Music CDs
- ___ Children's/Teen Material
- ___ Magazines
- ___ DVDS

What fiction genres are you interested in?

- | | |
|------------------------|---------------------|
| ___ Christian Fiction | ___ Mystery |
| ___ Fantasy | ___ Romance |
| ___ General Fiction | ___ Science Fiction |
| ___ Historical Fiction | ___ Westerns |
| ___ Horror | ___ Other: _____ |

What nonfiction are you interested in reading?

- | | |
|-----------------------------|----------------------|
| ___ Biography/Memoir | ___ Self Improvement |
| ___ Cooking/Food | ___ Travel |
| ___ Crafting/Do It Yourself | ___ True Crime |
| ___ History | ___ Other: _____ |
| ___ Inspirational | _____ |
| ___ Science/Natural History | |

List some titles or authors that you enjoy. What did you like about them? _____

List some titles or authors that you did NOT enjoy. What didn't you like about them? _____

Which of the following, if any, do you NOT want in your materials?

____ Graphic Violence ____ Explicit Sex ____ Strong Language

Is there anything else you would like us to know about your reading preferences? _____

If you have chosen to have CDs or DVDs sent to you, please list some types of music and/or movies you enjoy._____

Section 8: AGREEMENT AND SIGNATURE

I hereby certify that the information on the above application is true and complete.

Applicant
Signature _____ Date: ____ / ____ / ____

Once completed please mail or fax form to:
St. Charles City-County Library
Attn: Kristen, Sherry **Outreach Services Manager**
77 Boone Hills Dr.
St. Peters, MO 63376
Fax: 636-441-3132