



**HOMEBOUND APPLICATION
LIBRARY BY MAIL**

Full Legal Name: _____
First Middle Last

Street Address: _____
Street Apt #

_____ Missouri _____
City State ZIP

Date of Birth (MM/DD/YYYY): _____

Phone Number: (____) _____ Cellphone? YES NO

Email Address: _____

I authorize library staff to check out materials on my behalf and to retain my checkout history. The checkout history will only be used for readers' advisory purposes and to prevent duplicate materials from being sent. This information will be kept confidential.

I declare that I am homebound and unable to go to the Cass County Public Library due to health, mobility, advanced age, visual impairment, blindness, physical disability, or permanent or temporary incapacity.

Signature: _____

MAIL APPLICATION TO:

Cass County Public Library
Library by Mail
400 E. Mechanic St.
Harrisonville, MO 64701

FOR MORE INFORMATION:

Phone: 816-258-2244
Email: homebound@casscolibrary.org
casscolibrary.org/mail



HOMEBOUND CERTIFICATION FORM

LIBRARY BY MAIL

*CERTIFICATION ALLOWS THE LIBRARY TO SHIP MATERIALS FOR FREE.
WITHOUT CERTIFICATION, THE LIBRARY WILL PAY FOR THE POSTAGE.*

TO BE COMPLETED BY A HEALTHCARE PROFESSIONAL OR PROFESSIONAL CAREGIVER (Doctor, Registered Nurse, Therapist, Social Worker, Case Worker, Counselor, Rehabilitation Staff, Professional Hospital Staff, Ophthalmologist/Optomtrist, of Facility Director)

(Please Print)

Full Legal Name of Homebound Applicant: _____

Address of Homebound Applicant: _____

City: _____ State: _____ ZIP: _____

Name of Healthcare Professional/
Professional Caregiver: _____

Title/Occupation: _____

Phone Number: (____) _____

Street Address: _____

City: _____ State: _____ ZIP: _____

I certify that the above-named applicant has requested library service and is unable to go to Cass County Public Library.

Healthcare Provider/Caregiver Signature: _____
A family member is not eligible to sign/certify this application

Date: _____

MAIL APPLICATION TO:

Cass County Public Library
Library by Mail
400 E. Mechanic St.
Harrisonville, MO 64701

FOR MORE INFORMATION:

Phone: 816-258-2244
Email: homebound@casscolibrary.org
casscolibrary.org/mail

Please choose one of the following options:

- I would like library staff to select materials for me based on my interests.
- I would like to order my own materials. (Call 816-258-2244 to request items.)

Check all types of items that you can use:

- Large Print Regular print Paperback CD Audiobook
- DVD Blu-Ray Music CD Playaway

How many items would you like to receive each month? _____

I do NOT want items with Strong Language Sex Violence

My Favorite Authors: _____

I would like to request: _____
