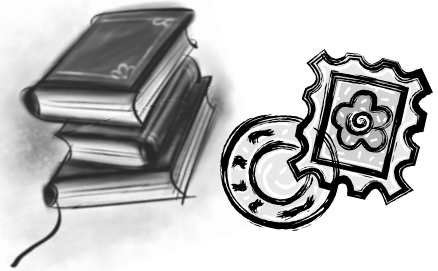


Books by Mail Application



If you would like assistance in filling out this form, call Service to the Aging at 718-236-1760.

Name _____ Date _____

Address _____

Phone _____

A Doctor's certificate must accompany this application (SEE BELOW).

Areas of Interest

- | | | |
|--|---|---|
| <input type="checkbox"/> Regular Print Books | <input type="checkbox"/> Christian Interest | <input type="checkbox"/> Occult/Horror |
| <input type="checkbox"/> Large Print Books | <input type="checkbox"/> Classics | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Paperback Books | <input type="checkbox"/> Computers | <input type="checkbox"/> Poetry & Plays |
| <input type="checkbox"/> Books on Tape | <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Videos | <input type="checkbox"/> Crime | <input type="checkbox"/> Psychology/Mental Health |
| <input type="checkbox"/> DVDs | <input type="checkbox"/> Espionage/Spy | <input type="checkbox"/> Religion/Inspiration |
| <input type="checkbox"/> Closed-Captioned Videos | <input type="checkbox"/> Hispanic Interest | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Descriptive Videos | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Science Fiction/Fantasy |
| <input type="checkbox"/> Music CDs | <input type="checkbox"/> History | <input type="checkbox"/> Westerns |
- Categories (Books & Videos)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Jewish Interest | <input type="checkbox"/> Other Languages (please specify): _____ |
| <input type="checkbox"/> African-American Interest | <input type="checkbox"/> Music | _____ |
| <input type="checkbox"/> Art | <input type="checkbox"/> Mystery | _____ |
| <input type="checkbox"/> Biography | | |

Doctor's Certificate

Date _____

The following 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 has a physical disability that limits his/her ability to handle standard printed material.

Certified by (signature): _____ Print or type name: _____

Address: _____

**Brooklyn
Public
Library**

**Service to the Aging
1743 86th Street
Brooklyn, NY 11214
Phone: 718-236-1760**

Fax: 718-234-2680

TTY: 718-232-6849

Books



by Mail

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 fill out the application (**turn page over**) and send it by mail or fax to **Service to the Aging**. Be sure to include written confirmation of your medical status.



Illustration by Margareta Lawler, Senior Assistant, Service to the Aging

Books by Mail is brought to you by Brooklyn Public Library's **Service to the Aging**.