



# LONGWOOD PUBLIC LIBRARY

800 Middle Country Road • Middle Island, NY 11953

Phone 631.924.6400 • Fax 631.924.7538

[longwoodlibrary.org](http://longwoodlibrary.org)

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## Application for Homebound Services

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Barcode \_\_\_\_\_ Exp. Date \_\_\_\_\_

Eligibility (Please describe the disability):

\_\_\_\_\_  
\_\_\_\_\_

Is this a temporary disability? If "Yes", please indicate length of time.

From: \_\_\_\_\_ To: \_\_\_\_\_

Certifying Authority's Signature (for example: physician, social worker, psychologist, etc.)

\_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

### **For Library Use Only:**

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
**(Librarian)**