

AHPL HOME CONNECTIONS APPLICATION

To qualify for Home Connections Service applicants must live in Auburn Hills.
Return completed application to the Auburn Hills Public Library.

Last Name First Name Date

Phone Number Phone Carrier (AT&T, Verizon, T-Mobile, etc.)

Email Address

Address Apt. or Room #

City Zip Code

Facility Name

CERTIFICATION OF HOMEBOUND STATUS

PERSONS WHO MAY COMPLETE THIS SECTION: physician, social worker, nursing home official, visiting nurse, retirement center administrator, or AHPL supports services staff.

The person listed above is eligible for homebound status due to the following reason(s).
Check all that apply:

- ☐ This individual has a permanent condition that prohibits them from safely visiting the library.
- ☐ This individual has a temporary condition (medical leave due to surgery, etc.) that prohibits them from safely visiting the library for at least 6 weeks. Their expected recovery date is: _____
- ☐ This individual is a temporary or permanent resident of a nursing care facility.
- ☐ This person has a health condition associated with Senior Citizens that makes them unable to safely visit the library (has given up their driving status, etc.)

Certified By:

Name Title

Address

City Zip Code Phone Number

Signature Date

AUTHORIZATION AND UNDERSTANDING

- I understand that I assume financial responsibility for the materials I receive and will pay any applicable charges for lost or damaged materials or I will lose the privilege of services.
- I give the library permission to contact me by phone and/or email regarding my Home Connections library account.

Applicant Signature

Date

SERVICE OPTIONS

Which library service would you like? (Please select one)

☐ **Mail Service** (limit of 10 items per month)

☐ **Monthly** (drop off bag service)

☐ **Flexible check-out**

The person(s) listed below are authorized to pick up books for me.

Name

☐ I give this person permission to discuss my Home Connections library account with library staff.

Name

☐ I give this person permission to discuss my Home Connections library account with library staff.

How do you want materials selected for you?

☐ **Request Only:** I want to make my own selections and call or email the library when I want something sent.

☐ **Readers' Advisory:** I want the library staff to make selections for me based on the subject and author preferences I have marked on the application.

What kind of materials do you want to receive?

☐ I want print books.

☐ I read only Large Print.

☐ I prefer Large Print but will accept regular print to fill my title request.

☐ I can't hold heavy books. Don't send books over _____ pages.

☐ I want paperback books: ☐ Only ☐ Never

☐ I want audio books.

Fiction

☐ Bestsellers

☐ Historical Fiction

☐ Horror

☐ Inspirational

☐ Literature

☐ Mystery

☐ Romance

☐ Science Fiction

☐ Fantasy

☐ War Stories

☐ Western

NonFiction

☐ Bestsellers

☐ Art/Architecture

☐ Biographies

☐ Business

☐ Cooking

☐ True Crime

☐ History

☐ Sports

☐ Science

☐ Travel

☐ War

Tell us your favorite authors and any special interests:

