



# HOMECONNECT SERVICE APPLICATION

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS			APT. NO.
CITY		STATE	ZIP CODE
IS THIS A SENIOR RESIDENCE OR NURSING HOME? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, WHICH ONE?			DATE OF BIRTH ____/____/____
PHONE (    )       -		E-MAIL ADDRESS	
DO YOU HAVE A CURRENT LIBRARY CARD? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, WHAT IS YOUR LIBRARY CARD NUMBER?			

PLEASE PROVIDE THE FOLLOWING EMERGENCY CONTACT INFORMATION:

NAME	RELATIONSHIP
PHONE (    )       -	E-MAIL ADDRESS

PLEASE READ AND SIGN

I apply for the privilege of borrowing library materials from the JCL HomeConnect Service. I understand that a record is kept on file of library materials checked out and my reading interests. I give permission for Library Staff to use my card number to check out materials on my behalf with the understanding that my reading history and interests will be kept confidential. I agree to be responsible for all materials checked out to this card and that I am responsible for replacement costs of lost and damaged materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT READING INTERESTS:**

**Fiction:**

- Adventure
- Bestsellers
- Classics
- Gentle Reads
- Historical
- Humor
- Mystery
- Romance
- Science Fiction/Fantasy
- Westerns

**Nonfiction:**

- Biography
- Bestsellers
- Health
- History
- Poetry
- Religion
- Self-improvement
- Sports
- Travel

**Format:**

- CD audio books
- Music CDs
- DVDs
- Large print books
- Regular print

Favorite Authors: \_\_\_\_\_

Other Subjects: \_\_\_\_\_

**A CONFIRMATION LETTER WILL BE MAILED TO YOU WITH INSTRUCTIONS ON HOW TO REQUEST MATERIALS.**

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**CERTIFICATION OF ELIGIBILITY**

*(TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL, PROFESSIONAL STAFF PERSON, OR LIBRARIAN)*

I certify that the applicant is unable to travel to the library due to:

- Visual impairment    Disability    Lack of transportation    Other \_\_\_\_\_

**Applicant Requires:**

- Large Print    Audio Format    No Format Restrictions

<b>NAME</b>	<b>TITLE/OCCUPATION</b>
<b>ADDRESS</b>	<b>PHONE</b> (   )   -

**RETURN APPLICATION TO:**

Johnson County Library  
HomeConnect Service, Box 2933  
Shawnee Mission, KS 66201-1333  
PHONE: 913-826-4600, ext. 64384

**FAX: 913-826-4390**

**EMAIL:**

**jcl-homeconnect@jocolibrary.org**