JOHNS N COUNTY LIBRA	RY HomeConnect	t Service Application		
First	Middle	Last		
Preferred Name (optional)		I would like the Library to use my preferred name.		
Date of Birth (MM/DD/YYYY)	Name of Facility	y, if any		
Mailing Address		Apt		
City	State	Zip		
Email Address	Pł	none		
Library Card Number				
If you do not have a library ca	ard, we will issue one and r	mail it to you.		
Secondary Contact (Authoriz	ze to discuss this account)			
Name	Relationship			
Phone	Email			
Select format for requested books:	☐ Large Print preferred	☐ Audiobook CD preferred		
Standard Print	☐ Large Print required	Audiobook CD required		
HomeConnect Service. I give pout materials on my behalf. I a may be kept, with the underst confidential. I agree to be respreplacement costs of any lost unable to come to the library.	rowing library materials fro permission for library staff t agree that a record of my in tanding that my check out h ponsible for all materials ch or damaged materials. I de	om the Johnson County Library to use my card number to check terests and check out history nistory and interests will be kept necked out to this card, and for clare that I am homebound and		
Signature	Da	te		



HomeConnect Certification

To be completed by a medical professional, social service worker, professional caregiver, or library staff

Applicant Information						
First	Middle	Middle		Last		
Preferred Name (optional)		☐ I would like the Library to		o use my preferred name.		
Address				Apt		
City			State	Zip		
Certified Professional Informat	ion					
Name			Affiliation	Affiliation		
Phone		Email				
Mailing Address		'				
City			State	Zip		
ooes the applicant require Large location certify that the applicant is unab	le to travel to the Johnso	n County Library due to		☐ Yes ☐ No		
ignature		Date				
Please complet	e application a	nd certification	on and return	n by mail or fax.		
Johnson County Li PO Box 2933 Shawnee Mission, I	-	nnect Service	Fax: (913)	826-4500		
	d a letter to conons? You can re		-	•		