



ROCKVILLE CENTRE PUBLIC LIBRARY

Library

TO YOUR DOOR

Thank you for your interest in ROCKVILLE CENTRE PUBLIC LIBRARY'S **Library To Your Door** book delivery program. This webpage contains answers to frequently asked questions about the program and application forms for enrollment.

To register, **COMPLETE AND RETURN THE FORMS**

- **Library to Your Door Application/Reading Preferences**
- **Certification of Eligibility for Free Postal Matter**

We hope the **Library To Your Door** will provide you with easy access to enjoyable and informative reading and/or listening media.

Library to Your Door

1. **What is the Library To Your Door Program?**

The ROCKVILLE CENTRE PUBLIC LIBRARY designed the **Library To Your Door** delivery program for those unable to visit the Library due to health issues. Books are mailed to persons whose physical needs require them to stay at home.

2. **Who is eligible to receive the Library To Your Door services?**

Persons eligible for a ROCKVILLE CENTRE LIBRARY card who can't visit the Library due to illness or disability.

3. **How does the Library To Your Door program work?**

Complete and submit the following forms in this brochure:

- Library To Your Door Application and Certificate of Eligibility for Free Postal Matter.
- Once enrolled, the Library will send a package of up to three books twice a month based on your indicated preferences and/or special requests.
- Books are returned to the Library in the original envelope.

4. **Who pays for postage?**

Patrons who require large print materials are eligible for free delivery by the US Postal Service. The *Friends of the Rockville Centre Public Library* pays the postage for patrons not eligible for free delivery.

5. **What kinds of materials are available?**

Library To Your Door offers books in regular and large print. Books on CD (audio books) are also available. **The Long Island Talking Book Library** also offers recorded books for patrons who have trouble holding a book or turning pages. Please call 516-766-6258 ext. 18 for an application.

6. **May I get bestsellers?**

Yes, but they may not be available immediately. As a **Library To Your Door** participant, you may be placed on the reserve list.

Questions?

Call Eileen McCarthy @ 516-766-6257 ext. 18 or e-mail: emccarthy@rvcpl.org

The US Postal Service requires a copy of the Certificate of Eligibility for Free Postal Matter to be kept on file. The Library also maintains a record of books previously sent to avoid duplication. All records are kept confidential.

Library to Your Door Application

Name: _____

Address: _____

Phone Number: _____ - _____ Library Card No.: 2 1187 000 _____

I'm a patron unable to use the ROCKVILLE CENTRE PUBLIC LIBRARY because:

I have a physical or visual disability or a chronic illness.

I am recovering from surgery or major illness.

I will notify the Library when I no longer need this service.

Other _____

The ROCKVILLE CENTRE PUBLIC LIBRARY may keep a record of materials sent to me.

Signature _____ Date: _____

Reading Preferences Questionnaire

Please let us know what types of books you enjoy.

Prefer Large Print books: yes ___ no ___ no preference ___

Prefer hardcover ___ paperback ___ audio books ___ no preference ___

Fiction:

Mysteries

Generational Sagas

Historical Fiction

Modern Romances

Historical Romances

Classics

Westerns

Humor

Adventure

Horror

Crime & Police

Espionage/Spy

Science Fiction

Short Stories

Other (specify)

Non-Fiction:

Philosophy

Religion

Computers

Self-help

Politics

True Crime

Nature & Animals

Science & Technology

Cooking

Health & Medicine

Art

Crafts & Hobbies

Music

Poetry & Plays

Travel

History

Biographies

Home Decorating

Gardening

Certification of Eligibility for Free Postal Matter

If you need to use large print books due to a visual or physical disability, you may be eligible to receive books postage free through the postal provisions called, **“Free Matter for Blind or Handicapped Persons.”**

If you think you may qualify for this program, please have your doctor or health care provider complete the form below.

I qualify for, “Free Matter for Blind or Handicapped Persons.”

To be completed by your health care provider:

I certify that _____ *(applicant's name)* _____
is unable to read conventionally printed materials due to a visual or physical disability.

Signature: _____ Title: _____

Provider's Name *(please print)*: _____ Date: _____

Address: _____

OR:

I, _____ *(applicant's name)* _____ do not qualify for, “Free Matter for Blind or Handicapped Persons.” Please note the *Friends of the Rockville Centre Public Library* will pay for postage in this case. Please be aware that a copy of this form will be filed with the ROCKVILLE CENTRE PUBLIC LIBRARY.

Please complete forms and return to:

ROCKVILLE CENTRE PUBLIC LIBRARY
attn: Eileen McCarthy
221 North Village Avenue
Rockville Centre, NY 11570

