TAPPAN FREE LIBRARY
93 MAIN STREET
TAPPAN, NY 10983

HOMEBOUND SERVICES REQUEST QUESTIONNAIRE

NAME: ________________________________

ADDRESS: ________________________________

TELEPHONE NUMBER: ________________________________

DATE OF BIRTH: ________________________________

CONTACT PERSON NAME & PHONE NUMBER (IN THE EVENT YOU CANNOT BE REACHED)

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HOW DID YOU HEAR ABOUT OUR HOMEBOUND PROGRAM?

☐ NEWSPAPER
☐ FRIEND OR FAMILY MEMBER
☐ OUR NEWSLETTER
☐ OUR WEBSITE
☐ OTHER, PLEASE SPECIFY __________________________________________

OUR HOMEBOUND SERVICES WERE DESIGNED FOR PEOPLE WHO CANNOT COME TO THE
LIBRARY. PLEASE EXPLAIN WHY YOU NEED THIS SERVICE AND FOR HOW LONG YOU EXPECT TO
NEED THE SERVICE.

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Please check the types of books you like to read. Check as many categories as you wish.

**FICTION:**
- [ ] Novels
- [ ] Romance
- [ ] Mysteries
- [ ] Science Fiction
- [ ] Historical Fiction
- [ ] Other, please specify

**NONFICTION:**
- [ ] Biographies
- [ ] History
- [ ] Art
- [ ] Sports
- [ ] Science
- [ ] Cooking
- [ ] Religion
- [ ] Philosophy
- [ ] Travel
- [ ] Gardening
- [ ] Animals/Pets
- [ ] Other, please specify

Are there any types of books that you do NOT enjoy reading?

Please list authors that you have enjoyed in the past.

Do you wish to receive materials in:
- [ ] Regular Print
- [ ] Large Print
- [ ] Audio Books
- [ ] Other, please specify

If you have questions, please do not hesitate to contact our Adult Services Department at: **359-3877** or via email at: **TAPPANLIBRARY@TAPPANLIBRARY.ORG**