

**Certificate of Eligibility
for homebound return-postage waiver**

Books – By – Mail, Hastings Branch Library
St. Johns County Public Library System
6195 South Main Street, Suite B
Hastings, FL 32145
904-827-6977
BooksByMail@sjcfl.us

Please Print or Type:

Last Name	First Name	MI	
Street			
	St. Johns	Florida	
City	County	State	Zip code

Are you a current library card holder? Yes No
If Yes, please provide card number: _____

CERTIFICATE OF ELIGIBILITY Date active: _____

Please have your doctor, or *other* qualified medical provider complete this section to qualify for Free Matter or Homebound services.

Reason applicant qualifies for Books-By-Mail Free Matter:
 Legally blind Visual Impairment
 Deaf and blind Physical impairment

Only doctors of medicine or osteopathy can certify Reading Disability.

Certified by: _____	Title: _____
Print or Type Name: _____	
Address: _____	
City: _____	State _____ Zip Code _____

Please circle the format you prefer for Reading Materials:

Regular Print Large Print (LP) Books on CD (CDB) e-Books

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Please select your reading interests:

- | <u>FICTION*</u> | <u>NON-FICTION*</u> | <u>NON-FICTION*</u> |
|---|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Homemaking |
| <input type="checkbox"/> African American | <input type="checkbox"/> Biography | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Business | <input type="checkbox"/> Jewish interests |
| <input type="checkbox"/> Christian fiction | <input type="checkbox"/> Children’s | <input type="checkbox"/> Medical issues |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Christian interest | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Family stories | <input type="checkbox"/> Computers | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Cooking_____ | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Hispanic interest | <input type="checkbox"/> Crafts_____ | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Current events | <input type="checkbox"/> Science |
| <input type="checkbox"/> Humor | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> Islamic | <input type="checkbox"/> Ethnic_____ | <input type="checkbox"/> Social issues |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Exercise/fitness | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Romance | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Science fiction | <input type="checkbox"/> History/US | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> Thriller | <input type="checkbox"/> History/World | <input type="checkbox"/> War |
| <input type="checkbox"/> Westerns | <input type="checkbox"/> History/Ancient | <input type="checkbox"/> Women’s interest |

Movies Request (Blu Ray, DVD):

Note: The information on this application is confidential. This form may be returned with your current information by mailing to the address at the head of this letter, dropped off at any St. Johns County Library branch, or complete this form and email to Books-by-Mail to: BooksByMail@sjcfl.us , or by Fax to: 904-827-6975. For questions call 904-827-6977.