

HOMEBOUND USER APPLICATION

Please complete the form on Page 2 and return along with photocopy of a picture ID, proof of address, and a health care provider's signature certifying that you are homebound.

Acceptable proofs of photo identification include: driver's license, state issued ID or passport. Proof of address may be one of the following:

- Copy of driver's license or state issued ID that shows a physical address. P.O. Box addresses will not be accepted as proof of address. If your ID has a PO Box on it or you are sending a copy of your passport, you must show additional documentation as proof of address.
- Copy of a utility or credit card bill issued in the past 30 days that shows your name and address.
- Copy of a checking or savings account statement issued in the past 30 days. Personal checks cannot be accepted as proof of address.
- Copy of deed, lease or rental agreement showing your name.
- Copy of a property tax bill, statement, or receipt from the past year.
- Copy of first-class mail received from any federal, state or local government agency in the past six months. Personal or junk mail will not be accepted as proof of residency.

Your card is not active until the application form is received by the library. Completed application forms should be mailed or faxed to:

Franklin Twp. Public Library Attn: Head of Circulation 485 DeMott Lane Somerset, NJ 08873 Fax #: 732-873-0746 Attn: Head of Circulation

IMPORTANT INFORMATION:

- Please visit the library website at <u>http://www.franklintwp.org/circulation.php</u> for a full description of library borrowing policies.
- Your library card is required for any in-person or telephone transactions. Please have that number available whenever you call for assistance. If you are sending a caregiver to borrow on your behalf, they must be in procession on your library card; however, as the named cardholder, you are responsible for any items borrowed on your account.
- You will need your library card number and PIN to access our online services. Your default PIN will be the last four digits of your phone number. You can change that after logging into your account online.
- Library privileges must periodically updated. To renew your privileges, you will need to resubmit a Homebound User Application.

Please retain this page for your records.

Date:	Staff Use Only:
	0641300

I understand that NJ Statute 18A:73-43.2 requires that library records, even those belonging to minors, are confidential, and shall be disclosed only in very specific circumstances. I agree to comply with all library policies including prompt payment of fees. I agree to notify the library immediately of any change of address, phone number, or loss of card.

Last Name:		First Name:		
Address:				
Street		Town	Zip	
Phone #	AND/	/OR		
Home			Cell	
Email:				
Library notices should be sent by: Phone Signature of Applicant:	OR	Email		

TO BE CERTIFIED BY A HEALTHCARE PROVIDER:

I certify that ______ meets the definition of homebound as defined by Medicare:

- Leaving the home is not recommended because of a medical condition.
- A medical condition is keeping an individual from leaving home without help (such as using a wheelchair or walker, needing special transportation, or getting help from another person).
- Leaving home takes a considerable and taxing effort.

Healthcare Provider's Name:	Tax ID or NPI #: Phone:		
Address:			
City:	State:	Zip:	
Is condition permanent:	If temporary, expected duration:		
Healthcare Provider's Signature		Date:	