

## REQUEST FOR HOMEBOUND SERVICE

name: \_\_\_\_\_ phone # \_\_\_\_\_

address: \_\_\_\_\_  
\_\_\_\_\_

Please explain the circumstances which prevent your visiting the library in town:

- my own poor health or disability prevents my leaving my house
- responsibility for another family member with poor health or disability requires my constant presence at home
- there is no driver in the household
- other: \_\_\_\_\_  
\_\_\_\_\_

Please tell us of any services which you regularly receive at your house :

- Meals on Wheels
- visits from the Home Health Nurse
- other: \_\_\_\_\_  
\_\_\_\_\_

Thank you for sharing this information with us. If you have any questions, please call your County Library, or Pettigrew Regional Library headquarters at 793-2875.

Please mail this form to:

Homebound Service  
Pettigrew Regional Library  
P.O. Box 906  
Plymouth, NC 27962

When we receive your form, we will call you to discuss options for providing library materials to you on a regular basis.