

Comsewogue Public Library

170 Terryville Road, Port Jefferson Station, NY 11776
631-928-1212 <http://www.cplib.org>



CPL Connect is a service offered to Comsewogue Public Library cardholders who cannot visit the library regularly due to a temporary or permanent disability. Certification by a medical professional is required to obtain this service. Any information you provide on the application is confidential and will only be used to verify your status as disabled. Patrons are also required to have a valid Comsewogue Library Card. If you do not have a library card, please complete the attached library card application and return it with your CPL Connect application.

You may choose your own titles, or a librarian can select materials for you based on the information you provide to us. Preference forms are included in your application packet and may be returned with your application. You can also call the Adult Services Department to request materials.

Once we receive your application, including your medical certification, we will contact you to arrange your first delivery. You have the option to receive your items via United States Postal Service or someone of your choosing may pick up your items at the library. Please note that it may take at least 48 hours to process some requests.

Certain materials, including, but not limited to, oversized books and museum passes cannot be delivered through the mail. You must pick up these items at the library or you may designate someone to pick these items up for you. Regular library rules, including overdue fines, will apply for the return of museum passes. For other materials (including books, audio books, DVDs, CDs, and magazines) homebound patrons will receive overdue notices to remind them of outstanding materials, but they will not be required to pay the overdue fines associated with these items. Homebound patrons are expected to return items in a timely manner. If materials are not returned in a timely manner, homebound services may be discontinued. Materials that are lost or damaged are the responsibility of the borrower.

We look forward to serving you. If you have any questions please call the Adult Services Department at 631-928-1212 (Press # 3).

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CPL Connect application for homebound services

To participate in CPL Connect, I agree to the following:

1. The Comsewogue Public Library has permission to use my library account information to check out materials to me.
2. The Library has my permission to keep a list of materials that I use through the service. I understand that this list will not be used for any other purpose than to prevent checking out duplicate material.
3. I understand that homebound borrowers are expected to return materials in a timely manner. I understand that I am responsible for any lost or damaged items. Not complying will result in the termination of homebound service.
4. It is my responsibility to inform the library of any changes in address, phone, or service needs.

Please Print:

Name: _____

Address: _____

Phone: _____ Email: _____

CPL library card barcode (on the back of the card) _____

Contact person: (if you cannot be reached) _____

Relationship: _____ Phone: _____

Materials will be (check one): Mailed: _____ Picked up: _____

Name of person who will pick up materials: _____

Phone: _____

Signature of Applicant: _____ Date _____

Medical Certification for CPL Connect
(To be completed by a certifying authority)

Applicant Name: _____ Phone: _____

Address: _____

Please check primary reason applicant is eligible for homebound services through CPL Connect at the Comsewogue Public Library.

Visually Impaired: _____ Physical Disability: _____

Disability is: Permanent: _____ Temporary: _____

If temporary, please indicate estimated number of months: _____

I am a:

Licensed medical doctor _____

Ophthalmologist or Optometrist _____

Chiropractor _____

Registered Nurse _____

Physician's Assistant _____

Therapist _____

I certify that the applicant named above is unable to visit the library due to a permanent or temporary disability.

Certified by (signature): _____

Print Name: _____

Address: _____

Date: _____