

DMPL Homebound Delivery

Application for Services

*Must be a Des Moines resident

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email _____

Library Card Number
(if applicable) _____

Birth Date _____

Eligibility

Indicate the primary disability preventing you from coming to the library to get materials. **Check only one box.** Eligibility must be substantiated by certifying authority.

Blindness/Visual Impairment

Physical disability

Tell us more about what you like!

Book Formats

- CD Audiobooks
- Graphic Novels
- Regular Print Books
- Large Print Books

List some of your favorite authors or series

Book Selection

- Select books for me
- Do not select books for me

Do you have any special requests?

Book Genres

Fiction

- Children's
- Classics
- Fantasy
- Historical Fiction
- Humor
- Inspirational Fiction
- Manga
- Mysteries
- Poetry
- Romance
- Science Fiction
- Short Stories
- Urban Fiction
- Westerns
- Young Adult

Nonfiction

- Biographies
- Business
- Computers
- Cookbooks
- Crafts
- Gardening
- Health & Fitness
- History
- House & Home
- Memoir
- Religion
- Self-help
- Travel
- True Crime

DVDs

DVDs

- | | |
|--|--|
| <input type="checkbox"/> Select Movies for me | <input type="checkbox"/> Select TV Shows for me |
| <input type="checkbox"/> Do not select Movies for me | <input type="checkbox"/> Do not select TV Shows for me |

Do you have any special requests or what type of movies and shows do you like/dislike? NOTE: Movies in the "NEW" collection are not eligible for checkout.

Music

Music

- | |
|--|
| <input type="checkbox"/> Select music for me |
| <input type="checkbox"/> Do not select movies for me |

Do you have any special requests?

Music

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Blues | <input type="checkbox"/> Pop |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Rap |
| <input type="checkbox"/> Country | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Opera | <input type="checkbox"/> Show Tunes |

Applicant Agreement

I AGREE TO:

- Return all items on time
- Follow the policies of the library
- Report loss or theft of materials promptly
- Report change of name or address promptly

Signature: _____ Date: _____

Return Application To:

Des Moines Public Library
Information Services
DMPL by Mail
1000 Grand Avenue
Des Moines, IA 50309