

MIAMI-DADE PUBLIC LIBRARY SYSTEM
CONNECTIONS: LIBRARY SERVICE FOR THE HOMEBOUND
2455 NW 183 St., Miami, FL 33056-3641
Voice: (305) 474-7251 TDD & Fax: (305) 474-7258

BOOKS-BY-MAIL

PURPOSE: Books-By-Mail represents a library without walls, a special service to patrons of all ages who cannot get to a library building. The elderly, the homebound, those without adequate means of transportation, and people with disabilities living in the taxing district all qualify.

HOW TO APPLY FOR SERVICE: Eligible individuals may receive this service by completing and returning a Books-By-Mail Application.

HOW IT WORKS: Registered patrons may phone or mail in requests by title, subject or type of material, and/or ask us to select for them. Connections' staff consults the patron's confidential record and selects items to be mailed to them in convenient nylon bags. Materials include: regular and large print books; foreign language books; audio and video cassettes; books-on-tape and compact discs.

To return materials, patrons simply remove and reverse the address label on the bag, apply the return postage in the space provided (the same amount used to send the item), seal the bag with a "securi-tie" and mail the bag the same way they mail letters. Materials brought directly to the Main Library or a system branch do not need return postage.

Patrons who can ONLY read large print due to a visual impairment, and who file the CERTIFICATION OF DISABILITY form with our office, can qualify to have their postage costs covered by a special Federal subsidy.

Books-By-Mail patrons may renew materials by phone. If materials are returned late our patrons receive an overdue notice, but no fines are charged. Patrons should call the office if they receive an overdue notice.

Please call 305-474-7251, Monday through Friday, 8:30 a.m. to 5:00 p.m., if you have any questions about this service.

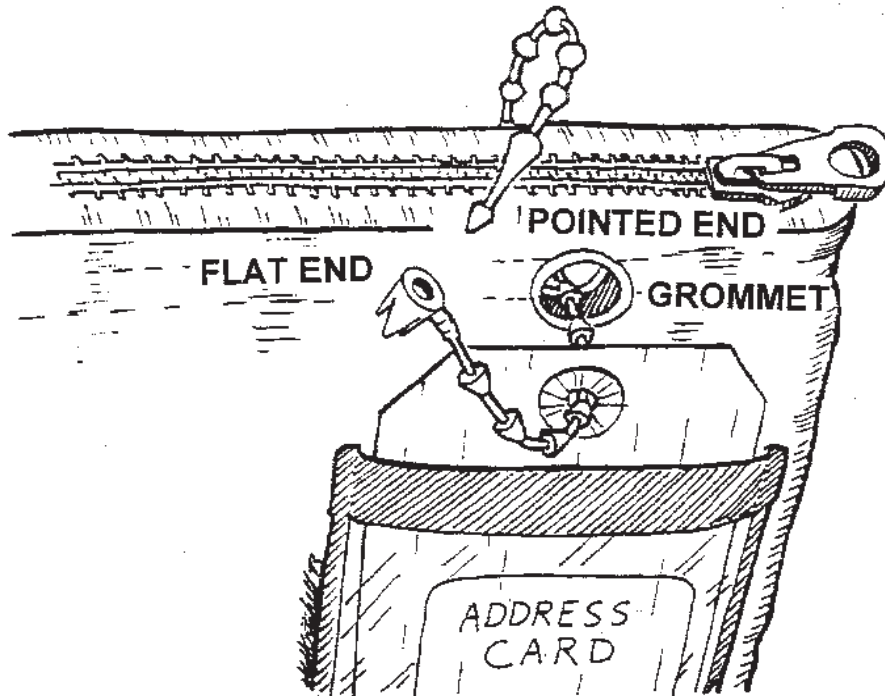
INSTRUCTIONS FOR USING “SECURI-TIES”

OPENING BAGS:

Mail bags are sealed with a plastic “securi-tie.” In order to unzip the bag, you must cut the “securi-tie.”

SEALING BAGS:

- STEP 1:** Put materials inside bag, zip bag closed and make sure that the address label shows the library’s address, i.e. TO: CONNECTIONS, etc.
- STEP 2:** Thread the POINTED END of the “securi-tie” through the grommets or reinforced holes on both sides of the mail bag AND through the hole in the address label.
- STEP 3:** Push the POINTED END of the “securi-tie” through the flat side of the FLAT END of the “securi-tie” and pull until snug. Now the bag cannot be opened and the Connections address label is securely attached.



Call 305-474-7251 if you have any questions.

Thank you for your cooperation!

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BOOKS-BY-MAIL APPLICATION

NAME _____ PHONE _____

ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP+4 _____

DATE OF BIRTH: ___ / ___ / ___ SEX: MALE FEMALE

ELIGIBILITY CRITERIA: Check one (1):

- NO TRANSPORTATION CHRONIC ILLNESS
 PHYSICAL DISABILITY VISUAL IMPAIRMENT
 CAREGIVER CONVALESCING: HOW LONG? _____
 OTHER, PLEASE EXPLAIN: _____

LANGUAGE: English Spanish French Other? (Specify) _____

FREQUENCY OF SHIPMENTS: Check one (1) Weekly Bi-Weekly Monthly

FORMAT INSTRUCTIONS:

- | | | | |
|--------------------------------------|------------------------------|-----------------|-----------------------------|
| Send books | <input type="checkbox"/> YES | How many? _____ | <input type="checkbox"/> NO |
| Send audio books – Cassette | <input type="checkbox"/> YES | How many? _____ | <input type="checkbox"/> NO |
| Send audio books – Compact Disc (CD) | <input type="checkbox"/> YES | How many? _____ | <input type="checkbox"/> NO |
| Send videodiscs (DVD) | <input type="checkbox"/> YES | How many? _____ | <input type="checkbox"/> NO |
| Send videocassettes (VHS) | <input type="checkbox"/> YES | How many? _____ | <input type="checkbox"/> NO |
| Send music – Compact Discs (CD) | <input type="checkbox"/> YES | How many? _____ | <input type="checkbox"/> NO |

SPECIAL INSTRUCTIONS: Check and complete ALL that apply to you.

- I read only Large Print. Enclosed is my Certification of Disability.
 I prefer Large Print but will accept regular print to fill my title requests.
 I can't hold heavy books. Don't send books over _____ pages.
 I want paperback editions: only never.
 I am also a registered Talking Books reader.
 I have a computer with modem. Tell me how to connect to the library.
 I have an E-mail address. It is _____ .

By including my e-mail address, I give permission for the Library and/or the Friends of the Miami-Dade Public Library, Inc. to use this e-mail address to keep me up-to-date on Library events and services.

SERVICE PLAN: Check one (1)

- Request Only: Send only the library materials that I request by title.
- Readers' Advisory: Send your selections for me AND my title requests.

PROFILE: Check your favorites below ONLY if you want us to select for you.

- | | |
|---|---|
| <input type="checkbox"/> Mystery, Private Detective | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Mystery, Amateur Sleuth | <input type="checkbox"/> Religion (Denomination): _____ |
| <input type="checkbox"/> Mystery, Police Procedural | <input type="checkbox"/> Psychology and Mental Health |
| <input type="checkbox"/> Thriller, Political/Spy | <input type="checkbox"/> Politics and Current Events |
| <input type="checkbox"/> Thriller, Psychological | <input type="checkbox"/> Personal Finance and Business |
| <input type="checkbox"/> Thriller, Legal | <input type="checkbox"/> True crime |
| <input type="checkbox"/> Thriller, Medical | <input type="checkbox"/> Nature and Animals (Pets) |
| <input type="checkbox"/> Adventure/Suspense | <input type="checkbox"/> Science and Technology |
| <input type="checkbox"/> Romance, Contemporary | <input type="checkbox"/> Computer Topics: _____ |
| <input type="checkbox"/> Romance, Historical | <input type="checkbox"/> Health Topics: _____ |
| <input type="checkbox"/> Romance, Suspense (Gothic) | <input type="checkbox"/> Art: _____ |
| <input type="checkbox"/> Romance, Light | <input type="checkbox"/> Crafts/Hobbies: _____ |
| <input type="checkbox"/> Romance, Regency (1811-20) | <input type="checkbox"/> Music: _____ |
| <input type="checkbox"/> Romance, Medical | <input type="checkbox"/> Sports: _____ |
| <input type="checkbox"/> Family Saga, Contemporary | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Family Saga, Historical | <input type="checkbox"/> Poetry and Plays |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Travel and Geogaphy |
| <input type="checkbox"/> Literary/Award Winners | <input type="checkbox"/> History: _____ |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Biography, Political |
| <input type="checkbox"/> Westerns | <input type="checkbox"/> Biography, Theatrical |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Biography, Historical |
| <input type="checkbox"/> Occult/Horror | <input type="checkbox"/> Biography, Sports |

OTHER INTERESTS/FAVORITE AUTHORS: _____

I understand that I assume financial responsibility for the materials I receive. I will make sure the materials are returned to a Miami-Dade Public Library System branch library or bookmobile OR I agree to pay the return postage when I mail the materials back. (Return postage is not required on large print books for patrons with Certification of Disability on file in our office.)

SIGNATURE _____ DATE _____

**CERTIFICATION OF DISABILITY
FOR FREE MATTER POSTAL SUBSIDY
INSTRUCTIONS TO CERTIFIERS**

To be eligible for Free Matter for the Blind and Visually Impaired postage free status, the applicant must meet one of the following criteria:

- (1) Legally Blind:** Blind persons whose visual acuity is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
- (2) Visually Impaired:** Persons whose visual disability with correction and regardless of optical measurement is certified as preventing the reading of standard print material.

PERSONS WHO MAY COMPLETE THIS FORM: Doctors; ophthalmologists; optometrists; nurses; social workers; counselors; teachers; librarians; professional staff of hospitals, institutions and public or welfare agencies; or other qualified persons.

Return the completed CERTIFICATION OF DISABILITY form to Connections by refolding it with the library address below showing on the outside.

CN-1008 English Certification 03/08

FOLD HERE

FROM: _____

**FREE MATTER FOR BLIND
OR HANDICAPPED**

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**CERTIFICATION OF DISABILITY
FOR FREE MATTER POSTAL SUBSIDY
LARGE PRINT BOOKS-BY-MAIL SERVICE**

FOR:

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

CERTIFICATION OF DISABILITY: The person listed above is eligible for postage free status due to the following reason:

- Criteria #1. This individual is legally blind.
- Criteria #2. This individual is visually impaired.

CERTIFIED BY:

NAME

ADDRESS

CITY/STATE/ZIP

PHONE

DATE

SIGNATURE