

**Miami-Dade Public Library System**  
**Connections: Library Service for the Homebound**  
2455 NW 183 Street, Miami FL 33056--3641  
Voice: (305) 474-7251 FAX: (305) 757-8401 TDD: (305) 474-7258

**RESOURCE COLLECTION APPLICATION (please print or type)**

FACILITY / ORGANIZATION \_\_\_\_\_

FACILITY ADMINISTRATOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP + 4 \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PERSON(S) RESPONSIBLE FOR RESOURCE COLLECTION MATERIALS:**

1) NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

2) NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

3) NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TYPE OF FACILITY: \_\_\_\_\_ SENIOR CENTER \_\_\_\_\_ NURSING HOME

\_\_\_\_\_ ACLF \_\_\_\_\_ HOSPITAL

OTHER: \_\_\_\_\_

TOTAL NUMBER OF CLIENTS WHO WILL BE SERVED: \_\_\_\_\_

ESTIMATED:           % MALE \_\_\_\_\_           % FEMALE \_\_\_\_\_

AVERAGE AGE:       MALE \_\_\_\_\_           FEMALE \_\_\_\_\_

**WHICH IS THE MOST CONVENIENT BRANCH LIBRARY FOR MATERIALS PICK UP**

**(SEE LIST OF BRANCH LIBRARIES):** \_\_\_\_\_

**As Administrator, I understand that this facility / organization assumes financial responsibility for the materials we borrow, and for making sure the materials are returned to the Miami-Dade Public Library System.**

\_\_\_\_\_  
**ADMINISTRATOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**