

**Mahopac Public Library
Certificate of Eligibility for
Homebound Services**

To be completed by a medical doctor or other professional, other than the applicant's immediate family:

I certify that _____ is eligible for
(applicant's name)

Mahopac Public Library's homebound service as checked below:

_____ Applicant requires continuing homebound service.

_____ Applicant qualifies for temporary homebound service, until

(date)

Signature _____

Print name _____

Title and occupation _____

Address _____

Phone _____ E-mail _____

Date _____