

The San Francisco Public Library provides the following services for San Francisco residents who have a disability or long-term medical condition that prevents them from visiting the Library.



San Francisco Public Library

Designated Borrower

Allows a Home Library Services patron to authorize a person they trust to select, pick up and return library materials on their behalf. Designated borrowers must have their own picture IDs and the applicant's library card whenever they wish to borrow materials for the applicant.

Library by Mail

Allows a Home Library Services patron who has no one to select or pick up library materials on their behalf to borrow and return them via U.S. mail.

Readers' Advisory

Provides a Home Library Services user with individual assistance by a librarian to help them select books and other library material.

PLEASE NOTE that applicants are responsible for fines if materials borrowed for them are not returned on time. If you have any questions about Home Library Services or this application, please call (415) 437-4835.

San Francisco residents who are unable to read or use standard print materials due to temporary or permanent visual or physical limitation—blindness, low vision, cognitive processing or manual disabilities—also may apply for services by mail from the Talking Books and Braille Center. Call (415) 557-4253 for information.

Home Library Services

For San Francisco residents whose disability prevents them from visiting the Library.

CONFIDENTIAL APPLICATION

Please read and complete this form carefully.

RETURN COMPLETED APPLICATION BY:

Email as an attachment to: ***lbpd@sfpl.org***

Subject line: HLS Application

Or mail to:

Home Library Services/Library by Mail

Talking Books and Braille Center

San Francisco Public Library

100 Larkin Street

San Francisco, CA 94102

Information will be used only to provide SFPL services.

Name: _____

Address: _____

_____ **Apt.** _____

San Francisco, CA Zip Code: _____

Phone: _____

Email: _____ (Optional)

Birth Date: _____ / _____ / _____ Month / Day / Year

Driver's License / California ID #: _____

I have a current SFPL card. 21223 _____

I do not have a current SFPL card. If checked, submit a photocopy of a valid photo ID that is accepted by SFPL.

Please check the one that applies to your condition:

Permanent Disability Chronic Illness Other _____

How does your disability prevent you from using the library?

Designated Borrower Authorization {Optional}

I authorize _____ to check out library materials on my behalf. I will be responsible for making sure that all materials are returned and that appropriate fines are paid. I understand this person must show his or her own ID and my library card each time materials are checked out for me.

Designated Borrower Agreement

I agree to use this SFPL card only to borrow materials for the applicant.

X _____

Signature of Authorized Designated Borrower

IMPORTANT Applicant must sign below:

I will be responsible for ensuring all library items borrowed by me or my authorized designated borrower are returned and appropriate fines paid.

X _____

Signature of Applicant

DATE

Please email electronic applications to: ***lbpd@sfpl.org***