

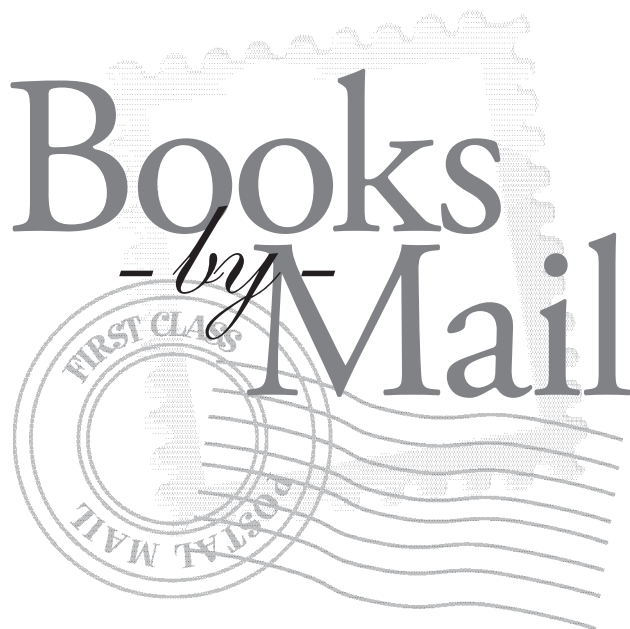
# Miami-Dade Public Library System

## CONNECTIONS

### Library Service for the Homebound

2455 NW 183<sup>rd</sup> Street  
Miami, FL 33056-3641

Tel: 305.474.7251  
Fax: 305.474.3032  
TDD: 305.474.7258



**Connections: Library Service for the Homebound**, provides books-by-mail service to patrons of the Miami-Dade Public Library System who cannot get to a library building.

### Who is eligible?

Patrons of all ages who live within the taxing district of the Miami-Dade Public Library System and who are physically unable to come to the library. Those without adequate means of transportation, the elderly, the homebound, the chronically ill, and the physically disabled may qualify.

### How do I register?

Complete and return the attached Books-By-Mail application and return to us. Call 305-474-7251, Monday through Friday, 8:30 a.m. to 5 p.m. if you have any questions.

Registered patrons may phone or mail in requests by title, subject or type of material, and/or ask us to select for them. Materials include regular and large print books; foreign language books; DVD's and video tapes; audio book cassettes and compact discs. Materials are mailed in convenient, reusable nylon bags.

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 materials), and return the bag by mail. Bags brought directly to the Main Library, a library branch or bookmobile do not need return postage.

### Who qualifies for free postage?

Patrons who can ONLY read large print books due to a visual impairment and who file the Certification of Disability form with our office, may qualify for the Free Matter for the Blind or Handicapped postal subsidy.

### May I Renew Materials?

Books-by-Mail patrons may renew materials by phone or on the internet through the library's homepage at [www.mdpls.org](http://www.mdpls.org).

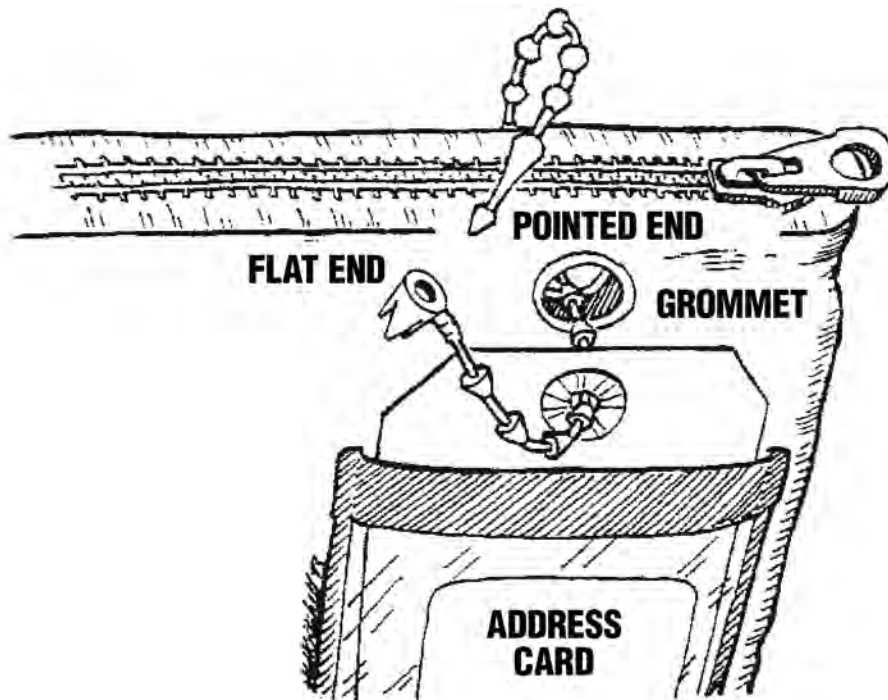
# INSTRUCTIONS FOR USING “SECURI-TIES”

## 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!*

**MIAMI-DADE PUBLIC LIBRARY SYSTEM**  
**CONNECTIONS: LIBRARY SERVICE FOR THE HOMEBOUND**  
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Tel: (305) 474-7251 Fax: (305) 474-3032 TDD (305) 474-7258

**BOOKS-BY-MAIL APPLICATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX:  MALE  FEMALE

**ELIGIBILITY CRITERIA – Check one (1)**

- |   |   |
|---|---|
| <input type="checkbox"/> NO TRANSPORTATION            | <input type="checkbox"/> CHRONIC ILLNESS                |
| <input type="checkbox"/> PHYSICAL DISABILITY          | <input type="checkbox"/> VISUAL IMPAIRMENT              |
| <input type="checkbox"/> CAREGIVER                    | <input type="checkbox"/> CONVALESCING / HOW LONG? _____ |
| <input type="checkbox"/> OTHER, PLEASE EXPLAIN: _____ |   |

**LANGUAGE**  English  Spanish  French  Other? (Specify) \_\_\_\_\_

**SHIPMENT FREQUENCY – 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 Geography           |
| <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 ELIGIBILITY  
FOR FREE MATTER POSTAL SUBSIDY**

**INSTRUCTIONS TO CERTIFIERS**

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

**Legal Blindness** 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.

**Visual Disability** 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 ELIGIBILITY form to Connections by refolding it with the library address below showing on the outside.

FOLD HERE

CN-1008 EN 11/11

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FREE MATTER FOR THE BLIND  
OR HANDICAPPED**

**MIAMI-DADE PUBLIC LIBRARY SYSTEM  
CONNECTIONS: LIBRARY SERVICE FOR THE HOMEBOUND  
2455 NW 183 Street  
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**CERTIFICATION OF ELIGIBILITY  
FOR FREE MATTER POSTAL SUBSIDY  
LARGE PRINT BOOKS-BY-MAIL SERVICE**

**FOR:**

---

NAME

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ADDRESS

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CITY / STATE / ZIP

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PHONE

**CERTIFICATION OF ELIGIBILITY:** 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:**

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NAME / TITLE

---

ADDRESS

---

CITY / STATE / ZIP

---

PHONE

---

DATE

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SIGNATURE