

New Glarus 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)

New Glarus 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 _____



New Glarus
Public Library