

# OUTREACH SERVICES APPLICATION

**NORTH COUNTRY LIBRARY SYSTEM**

Outreach Services

22072 County Route 190

Watertown NY 13601

Telephone: (315) 755-0636/ email: nclsotr@ncls.org

**OUTREACH SERVICES USE ONLY**

DATE RECEIVED: \_\_\_\_\_

OTR NO. \_\_\_\_\_

NAME: \_\_\_\_\_  
Last Name First Name Middle Initial

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**√ PLEASE CHECK THE AREAS OF ELIGIBILITY THAT APPLY**

\_\_\_\_\_ Elderly (Over age 62)

\_\_\_\_\_ Hearing Impaired or Deaf

\_\_\_\_\_ Physically Disabled

\_\_\_\_\_ Visually Impaired or Blind

**√ PLEASE CHECK THE ITEM(S) YOU WOULD LIKE TO RECEIVE**

\_\_\_\_\_ Large Print Book

\_\_\_\_\_ Audio Books on CD

Name of contact person if we are unable to reach you:

\_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I HEREBY CERTIFY THAT I AM ELIGIBLE TO RECEIVE OUTREACH SERVICES AS  
OUTLINED ABOVE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_