The North Country Library System’s Outreach Services provides specialized library materials to patrons who are unable to utilize a local public library.

NAME ___________________________________________________________
LAST NAME                FIRST NAME               MIDDLE INITIAL
ADDRESS ________________________________________________________
CITY __________________________________ ZIP CODE _______________
COUNTY _______________________    YEAR OF BIRTH _______________
TELEPHONE _____________________ EMAIL _______________________

√ PLEASE CHECK THE AREAS OF ELIGIBILITY THAT APPLY.

_____ Elderly (over age 62)       _____ Hearing Impaired or Deaf
_____ Physically Disabled         _____ Visually Impaired or Blind

_____ I am registered with the NY State Talking Books and Braille Library.

_____ I would like to receive an application form for the NY State Talking Book and Braille Library.

I am a resident of one of the following:

_____ Nursing Home       _____ Senior Citizen Housing
_____ Adult Home         _____ Extended Care Facility
_____ Hospital           _____ Other
Patrons requesting audio books and/or large print books through Outreach Services certify that they have difficulty or are unable to read standard print material (10-12 point font) and require a special format to meet their reading needs.

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

<table>
<thead>
<tr>
<th>Item</th>
<th>By mail</th>
<th>Pick up &amp; return to local public library</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio Books / Cassettes</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Audio Books / CD</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Large Print Books</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Films / VHS</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Films / DVD</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

How did you learn about Outreach Services?

______________________________________________________________________

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________________

For additional information or assistance, please contact:

Outreach Services, North Country Library System
22072 County Route 190, PO Box 99
Watertown, NY 13601
Telephone: (315) 782-5540 / email: nclsort@ncls.org
Monday - Friday 8:00 a.m. - 4:30 p.m.