

# **NORTH COUNTRY LIBRARY SYSTEM OUTREACH SERVICES CERTIFICATION**

**OUTREACH SERVICES USE ONLY**

**NCLS APPROVED** \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_

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

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

<b>NAME</b> _____		
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>
<b>ADDRESS</b> _____		
<b>CITY</b> _____		<b>ZIP CODE</b> _____
<b>COUNTY</b> _____	<b>YEAR OF BIRTH</b> _____	
<b>TELEPHONE</b> _____	<b>EMAIL</b> _____	

√ **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.**

	<u>By mail</u>	<u>Pick up &amp; return to local public library</u>
<b>Audio Books / Cassettes</b>	_____	_____
<b>Audio Books / CD</b>	_____	_____
<b>Large Print Books</b>	_____	_____
<b>Films / VHS</b>	_____	_____
<b>Films / DVD</b>	_____	_____

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**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: [nclsotr@ncls.org](mailto:nclsotr@ncls.org)  
Monday - Friday 8:00 a.m. - 4:30 p.m.**