

# Mail-It Application Form

The Mail-It program loans library materials by mail to people with special needs who cannot visit a local library regularly. At this time, we can only serve people who use large print books or audiobooks.

This free program is open to qualified residents in Cayuga, Cortland, Seneca, Tioga and Tompkins Counties in NY.

*Applicants will be notified by mail about whether they qualify.  
If you have questions, please contact us for more information:*

Finger Lakes Library System Outreach Department  
Local: (607) 273-4074, x 247 or Toll-free: 1-800-909-3557, x 247  
mailit@flls.org • www.flls.org/outreach

## 1. Your Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email (if applicable): \_\_\_\_\_

## 2. Please select your reason(s) for needing specialized library service at home (check all that apply), and provide a detailed explanation:

- |   |  |
|---|--|
| <input type="checkbox"/> Visual impairment/low vision         | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Recovery from illness or surgery     | <input type="checkbox"/> Age 65 or older     |
| <input type="checkbox"/> Chronic disease or medical condition |  |

*Please provide a detailed description of your situation (required):*

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**3. Mail-It packages are mailed directly to your home. Will a friend, family member or caregiver be assisting you to use this service?**

*Some examples of assistance might include:*

- ◆ Bringing the mailed packages to you from your mailbox;
- ◆ Packing and setting your return packages out with your mail;
- ◆ Communicating with FLLS for you (book requests and other communications can be made by phone, mail, or email).

Yes     No

***If you answered yes, please provide the contact information for the person who will be assisting you:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if applicable): \_\_\_\_\_

**4. Borrower's Agreement:**

- 1) I certify that I am eligible to receive Mail-It services due to my inability to use my local library for the reason(s) stated on the preceding page.
- 2) I agree to be responsible for all materials borrowed through my Finger Lakes Library System (FLLS) account and to pay all fees associated with it.
- 3) I will notify FLLS if the contact information for myself or my emergency contact changes or if the service is no longer needed.

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

**5. How did you hear about Mail-It? (check all that apply):**

- website     local library     brochure     current Mail-It patron  
 friend or family member     other: \_\_\_\_\_

Please mail this completed application to:  
**Finger Lakes Library System, Mail-It Department**  
119 E. Green St., Ithaca, NY 14850