

Brodhead Memorial 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)

Brodhead Memorial Public Library's homebound service as checked below:

_____ Applicant requires continuing homebound service.

_____ Applicant qualifies for temporary homebound service until _____.
(date)

Signature _____

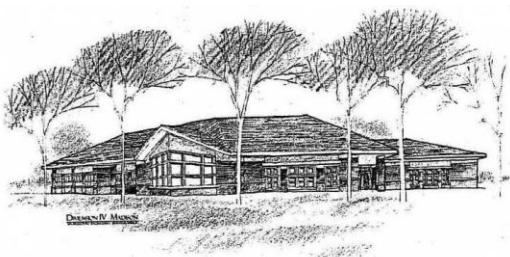
Print name _____

Title and occupation _____

Address _____

Phone _____ E-mail _____

Date _____



Memorial Public Library
1207 25th Street
Brodhead, WI 53520
608.897.4070