CLEVELAND PUBLIC LIBRARY
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HOMEBOUND SERVICES VERIFICATION LETTER

Please attach a note from your doctor verifying your eligibility for homebound services. You may have your doctor fill out the note below for verification.

To be signed by your doctor of medical professional.

I, _____ verify that _____ is under my care and has a medical condition which restricts his/her ability to drive and/or to leave home to attend to routine tasks and errands. I agree that this patron should be eligible for homebound books-by-mail service from the Cleveland Public Library.

Is this medical condition temporary? Y N
Is this medical condition expected to last more than three months? Y N

_____ _____
Signature Date

_____ _____
Signature of medical professional Date

_____
Printed name of medical professional

_____
Name of medical facility

492 New 4/11

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