

MISSOULA PUBLIC LIBRARY APPLICATION FOR FREE HOME DELIVERY SERVICE

455 E Main Street, Missoula MT 59802 Phone: 406-721-2665

Home Page: www.missoulapubliclibrary.org

Dear Future Home Delivery Patron:

Attached is an application form for free home delivery service from the Missoula Public Library. This application form must be filled out completely <u>including</u> <u>eligibility/certification requirements.</u>

For eligibility/certification requirements, an <u>original signature</u> by a competent authority (refer to page 1 of the application form) <u>is required</u> in order to receive this service free of charge. Applications with incomplete certifications will be returned to you for completion.

When we receive your completed application it will be processed and you will receive a phone call or postcard indicating you have been accepted for the program or that we will need more information before accepting you for the program.

Upon approval library materials will be mailed to you from the library and it will be your responsibility to return the materials to the library in the stamped envelope provided. If for any reason you do not need the postage paid envelope, please contact the library at 406-721-2665 so the envelope will not be included in the package.

This free service is sponsored by the Missoula Public Library in conjunction with the Missoula Public Library Foundation and Friends of the Missoula Public Library.

If you have any questions, please call us: 406-721-2665. The library staff looks forward to serving you.

Honore D. Bray, Director

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(PLEASE PRINT OR TYPE) Patron Name				
Las	st	First	Initial	
Physical Address				
Mailing Address				
Phone #	_ Birth Date/_	_/		
Alternate Contact				
Confidentiality Statement: A annotated 22-1-1103	all library records	are confidential pursu	uant to Montana Code	
ELIGIBILITY AND CERTII In cases of Mental or Physica authority", defined as a docto the following: registered nur and public or welfare agency	ll Handicap, you nor of medicine (M. se, therapist, and p	nust be certified by a D.) doctor of osteopa	othy (D.O.), or any of	
TO BE COMPLETED BY C I certify that the appli Home Delivery service for th	cant named below	is handicapped and i	is in need of free	
Mentally Handicapped	qualifies for low	to the library due to income assistance in lards for the state of M	accordance with	
Physical Handicapped Inability to travel to the library due to physical limit and qualifies for low income assistance in accordary low income standards for the state of Montana.				

Use the table on page 2 for poverty guidelines on determining low income status.

2009 Federal Poverty Guidelines

Number in Household	100%	125%	150%	175%	200%		
1	\$10,830	\$13,538	\$16,245	\$18,935	\$21,660		
2	\$14,570	\$18,213	\$21,885	\$25,498	\$29,140		
3	\$18,310	\$22,888	\$27,465	\$32,043	\$36,620		
4	\$22,050	\$27,563	\$33,075	\$38,588	\$44,100		
5	\$25,790	\$32,238	\$38,685	\$45,133	\$51,580		
6	\$29,530	\$36,913	\$44,295	\$51,678	\$59,060		
7	\$33,270	\$41,588	\$49,905	\$58,223	\$66,540		
8	\$37,010	\$46,263	\$55,515	\$64,768	\$74,020		
For each additional person, add	\$3,740	\$4,675	\$5,610	\$6,545	\$7,840		

Source: <u>aspe.hhs.gov</u> - The poverty guidelines reflected here display 150% of the federal poverty guidelines, some program eligibility is lower than the 150% threshold. Please contact District 7 HRDC for specific program guidelines for eligibility

**TO BE SIGNED AND COMPLETED BY CERTIFYING AUTHORITY:

Signature of Certifying Authority			Please Print Name	
Title: Date:		Phone: 	:	
Address:_				
	(Street or PO Box)	(City)	(State)	(Zip)

**Note: An original signature by the certifying authority is required for certification. <u>Faxes of copies</u> of the certification are <u>NOT Acceptable</u>.