



missoula public library

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 **including eligibility/certification requirements.**

For eligibility/certification requirements, an **original signature** by a competent authority (refer to page 1 of the application form) **is required** 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.

Slaven Lee, Director

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(PLEASE PRINT OR TYPE)

Patron Name _____
Last First Initial

Physical Address _____

Mailing Address _____

Phone # _____ Birth Date _ / _ / _____

Alternate Contact _____

Confidentiality Statement: All library records are confidential pursuant to Montana Code annotated 22-1-1103

ELIGIBILITY AND CERTIFICATION REQUIREMENT

In cases of Mental or Physical Handicap, you must be certified by a “competent authority”, defined as a doctor of medicine (M.D.) doctor of osteopathy (D.O.), or any of the following: registered nurse, therapist, and professional staff of a hospital, institution, and public or welfare agency.

TO BE COMPLETED BY CERTIFYING AUTHORITY:

I certify that the applicant named below is handicapped and is in need of free Home Delivery service for the reason indicated below:

____Mentally Handicapped Inability to travel to the library due to a mental illness and qualifies for low income assistance in accordance with low income standards for the state of Montana.

____Physical Handicapped Inability to travel to the library due to physical limitations and qualifies for low income assistance in accordance with 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: aspe.hhs.gov - 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: _____ **Phone:** _____

Date: _____

Address: _____

(Street or PO Box)
(City)
(State)
(Zip)

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