

Library Home Delivery Assessment Form

The Library Home Delivery Service is available for residents of the City of Melville who are having difficulty accessing library services. This form is designed to assess eligibility for the service using the following criteria.

- Applicant must be a resident of the City of Melville.
- Applicant must prove that access to the library service is difficult.
- If a medical reason is presented then a medical certificate may be required.

All details on this form will remain confidential.

Name : _____

Address : _____

Phone no. : _____

Email: _____

Living arrangements: _____

Are you a City of Melville resident? YES / NO

Why do you require the Library Home Delivery Service?

If transport could be arranged, would you prefer to visit the library? YES / NO

Do you receive assistance from other support services? ie: HACC YES / NO

If yes, then who? _____
(Library can liaise with other agencies to organize regular transport to the library.)

Please note:

Applicants will be reassessed every 12 months to determine any changes in their status.

Thank you for your cooperation completing this form. The library will contact you shortly to determine your eligibility for access to the Library Home Delivery Service.

Office Use Only

Does the applicant meet the criteria for eligibility to the Library Home Delivery Service?
YES / NO

If YES, why?

If NO, why?

Assessor's name: _____

Assessor's signature: _____ Date: _____