



***Library Services for
At-Home Readers***



What is it?

Library Services for At-Home Readers

(L-STAR) sends books, music, and videos by mail to patrons of the DC Public Library (DCPL) who cannot get to a library building. DCPL staff will use your library card to check out materials on your behalf.

Who is eligible?

Washington, DC residents who are unable to come to the library due to permanent or temporary health, mobility, or disability issues. A medical doctor, nurse, optometrist, licensed social worker, or professional staff of a hospital, health or service agency certifies eligibility.

How do I register?

Complete and return the attached application to:

DC Public Library
Library Express
1990 K Street NW
Washington, DC 20006

Materials are sent in a reusable envelope through the United States Postal Service. The service is FREE to eligible DC residents.

For more information, call 202-727-2142 or e-mail lbph.dcpl@dc.gov



Library Services to At-Home Readers (L-STAR) Application



Return application to:

DC Public Library
Library Express
1990 K Street NW
Washington, DC 20006

Last Name _____

First _____

Institution (if applicable) _____

Address _____ Apt #: _____

Zip Code _____ Primary Phone _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____

The name of a person to contact if you cannot be reached for an extended period of time:

Name _____ Phone _____

Do you have a DC Library Card? Yes No

If yes, my card number is: 211720

Please read and sign below:

- I am applying for the privilege of borrowing library materials from the DC Public Library (DCPL). I give permission to DCPL staff to use my library card number to check out items on my behalf. I agree that a record of the library materials I borrow and my reading interests and history may be kept, and this information will be kept confidential.
- I declare that I am unable to go to a DC Public Library location due to permanent or temporary health, mobility, or disability issues.
- I understand that as a LSTAR reader I will be charged no fines nor late fees. However, I will be responsible for lost or damaged items.

Signature: _____



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CERTIFICATION OF ELIGIBILITY

This section must be completed by one of the following: medical doctor, nurse, optometrist, licensed social worker, or professional staff of a hospital, health or social service agency.
A family member is not eligible to certify this application.

I certify that: _____
(L-STAR Applicant's name)

is homebound and is unable to go to a DC Public Library location due to a permanent or temporary health, mobility, or disability issue.

Is this health, mobility, or disability issue temporary? Yes No

Is this health, mobility, or disability issue expected to last more than six months? Yes No

Certifier's Name _____

Title/Occupation _____

Organization Address: _____

Certifier's Phone _____ E-mail _____

Certifier's Signature _____



Library Services to At-Home Readers

Please Choose one of the following options:

- I want to select my own books. Do not choose for me.
- I want books selected for me based on my reading interests. I understand I may also request specific titles whenever I wish.

TYPES OF MATERIALS

- Regular Print
- Large Print
- DVD
- Music on CD
- Books on CD
- Paperbacks Only

READING INTERESTS: Fiction

- Adventure
- African American/Diaspora
- Bestsellers
- Classics
- Crime
- DC Authors
- Family saga
- Fantasy
- Horror
- Humor
- Latino Interest
- Mystery
- Romance
- Romantic Suspense
- Science Fiction
- Short Stories
- Paranormal
- Westerns

READING INTERESTS: Non-Fiction

- African American/Diaspora
- Animals
- Arts
- Bestsellers
- Biography
- Business/Economics
- Computers/Tech
- Crime
- Environment/Nature
- Gardening
- Health
- History, U.S
- History, world
- Humor
- Inspirational
- Politics/Government
- Psychology/Self-Help
- Science

OTHER INTERESTS

READING LEVEL: Adult Teen Juvenile

LANGUAGE: English Other (specify) _____