

**CHESTER COUNTY LIBRARY
& DISTRICT CENTER
AND HENRIETTA HANKIN BRANCH**



MAIL ORDER DELIVERY

Mail Order Delivery (M.O.D.) service provides a way for Chester County residents, who are experiencing serious health challenges, to receive library materials through the mail. There is no cost for this service. To be eligible for this service you must be homebound due to physical disability, visual impairment, chronic health conditions or other serious health issues or injury.

In this packet you will find:

Mail Order Delivery Information/Guidelines

M.O.D. forms M.O.D. Patron Profile form
 M.O.D. Request form
 CC Library Card Application

To register for M.O.D. services just complete the enclosed forms and return them to the Chester County Library System Outreach Department. You should receive your first M.O.D. mailing within 10 business days of receipt of you completed forms.

Please feel free to contact the Outreach Department directly. Outreach staff is available Monday through Friday from 9:30 to 5:30 at 610-280-2644. Inquiries via email are also welcome at avarley@ccls.org.



Mail Order Delivery (M.O.D.) Guidelines

Mailings:

Each mailing of library materials will be in a CCL canvas mailing bag.

Returning Library Materials

When you are finished with your materials just place them back into the bag and turn the address card around. Place bag in the mail or give to your mailman.

Ongoing Mailings

Once your materials and request card arrive at the library a new selection of materials will be made for you.

Material will generally be checked out for four weeks.

If you prefer to receive library materials only as you request them please indicate this on the MOD Patron Profile form.

Requests

Please fill out the Request Card for MOD if you would like to make a specific request.

Chester Co. Library's catalog is available for browsing on our home page at www.ccls.org . Listings of the Outreach Audio Book & Large Type collections are also available from the Adult Outreach Services Department.

Due to the nature of this service there may be restrictions on special materials or requests (i.e. interlibrary loan, software).

The MOD coordinator is also available by telephone or email to assist you with your requests.

Ann Varley
Chester County Library
Adult Outreach Services

610-280-2644
avarley@ccls.org

450 Exton Square Parkway
Exton PA 19341

M.O.D. PATRON PROFILE

NAME: _____

ADDRESS: _____

TELEPHONE# _____

E- MAIL ADDRESS _____

CHESTER CO. LIBRARY CARD# _____

HOW DID YOU LEARN OF THE M.O.D. SERVICE?

BRIEFLY NOTE WHY YOU ARE IN NEED OF LIBRARY SERVICES THROUGH THE MAIL: _____

___ CHECK HERE IF YOU ARE LEGALLY BLIND OR PHYSICALLY HANDICAPPED

WHICH FORMATS DO YOU WANT? IF CHECKING MORE THAN ONE MARK WHICH IS YOUR FIRST PREFERENCE.

___ BOOKS ON COMPACT DISC

___ LARGE TYPE BOOKS

___ REGULAR TYPE BOOKS

___ PLAYAWAY

___ OTHER PLEASE SPECIFY:

READING INTERESTS: PLEASE PLACE A CHECK MARK NEXT TO THE TYPE OF BOOKS THAT YOU LIKE TO READ. CHECK AS MANY CATEGORIES AS YOU WISH. YOU CAN REQUEST SPECIFIC TITLES/AUTHORS AT ANY TIME. IF YOU DO NOT MAKE SPECIFIC REQUESTS FOR A MAILING, WE WILL CHOOSE BOOKS FOR YOU ACCORDING TO YOUR INTERESTS INDICATED BELOW.

	PLEASE SELECT MATERIALS FOR ME BASED ON MY READING INTERESTS (SEE READING INTEREST CHECKLIST BELOW). ALSO SEND SPECIFIC TITLE REQUESTS.
	OR
	PLEASE SEND ONLY MATERIALS REQUESTED BY ME (SEE REQUEST FORM ON NEXT PAGE).

READING INTERESTS

	FICTION. SPECIFY GENRES BELOW.															
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> ADVENTURE</td> <td style="width: 33%;"><input type="checkbox"/> SCIENCE FICTION</td> <td style="width: 33%;"><input type="checkbox"/> OTHER FICTION-PLEASE DESCRIBE</td> </tr> <tr> <td><input type="checkbox"/> CLASSICS</td> <td><input type="checkbox"/> SUSPENSE/THRILLER</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> HUMOR</td> <td><input type="checkbox"/> WESTERN</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> MYSTERY</td> <td></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> ROMANCE</td> <td></td> <td>_____</td> </tr> </table>	<input type="checkbox"/> ADVENTURE	<input type="checkbox"/> SCIENCE FICTION	<input type="checkbox"/> OTHER FICTION-PLEASE DESCRIBE	<input type="checkbox"/> CLASSICS	<input type="checkbox"/> SUSPENSE/THRILLER	_____	<input type="checkbox"/> HUMOR	<input type="checkbox"/> WESTERN	_____	<input type="checkbox"/> MYSTERY		_____	<input type="checkbox"/> ROMANCE		_____
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<input type="checkbox"/> MYSTERY		_____														
<input type="checkbox"/> ROMANCE		_____														
	NON-FICTION															
	BIOGRAPHY															
	WHAT SUBJECTS?															
	WHO ARE YOUR FAVORITE AUTHORS?															

REQUEST LIST FOR MAIL ORDER DELIVERY (M.O.D.)

PATRON NAME _____

FORMAT (circle one)

Book On CD Playaway Regular Type Large Type DVD

AUTHOR TITLE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

LIST ADDITIONAL REQUESTS BELOW:

CHESTER COUNTY LIBRARY SYSTEM LIBRARY- ADULT CARD APPLICATION

Valid ID Required (name & current address)

MOD APPLICANTS SUBMIT ID ONLY IF REQUESTED BY OUTREACH DEPT STAFF

Cardholder Information

Last Name _____ First Name _____ MI _____

Address _____ Apt _____

City _____ State _____ Zip _____

Municipality _____

Date of Birth ____/____/____ Gender (circle one) Male Female

E-mail _____

Home Phone _____ Mobile / Text & Carrier _____

Paperless library notices (Courtesy reminders, Overdues, etc) preference:

E-mail Text (standard text messaging rates apply)

Optional Contacts

CCLS member libraries or their affiliate partners (library foundations/trusts or Friends of Library) may send users information on our services, programs or requests to support the library. In connection with any library related fundraising, we may use and disclose your contact information to our affiliate partners. However, we will not disclose your borrowing information except as required by law.

I do not wish to receive information concerning CCLS services and fundraising requests from the library or affiliate partners (library foundation/trust or Friends of Library)

Borrower Agreement

I accept full responsibility for the proper care and safe return of materials borrowed and for payment of all charges incurred for this account and I agree to abide by the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy. (Required)

Staff Use Only

ID: Driver's License Mail/Bill Other _____

New Card Update Account Information

Library Card Barcode Number _____ .p# _____

Staff Initials _____ Library _____



CHOOSE ONE OPTION BELOW

_____ Please send my library card

_____ Please hold my library card in the Outreach Dept., Chester County Library System

HOLDS PICK-UP SERVICE

IF YOU HAVE REQUESTED THAT YOUR LIBRARY CARD BE SENT TO YOU, THE FORM BELOW MUST ALSO BE COMPLETED. THIS COMPLETED AND SIGNED FORM WILL AUTHORIZE A SPOUSE, FAMILY MEMBERS AND/OR CAREGIVERS TO PICK BOOKS UP FOR YOU.

HOLDS PICK-UP SERVICE REQUEST

Please allow/do not allow (circle one) the following person(s) to pick-up my reserved items:

PLEASE PRINT _____

By submitting this request I agree to waive confidentiality of titles I have placed on reserve solely for the purpose of allowing the person(s) designated the ability to pick-up these items, without restriction, in my absence.

I further understand that it is my obligation to provide written notice to the Library of any subsequent change should I no longer authorize the person(s) designated to access or otherwise retrieve my reserved items.

Signature _____ Print Name _____ Date _____

PLEASE RETURN COMPLETED FORMS TO:

CHESTER COUNTY LIBRARY
OUTREACH DEPARTMENT
450 EXTON SQUARE PARKWAY
EXTON, PA 19341-2496