

**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 10:30 to 5:30 at 610-344-4220. Inquiries via email are also welcome at [avarley@ccls.org](mailto: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](http://www.ccls.org) . Listings of the Outreach Audio/Large Type Book collections are 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).

For further assistance contact:

Ann Varley                      610-344-4220                      450 Exton Square Parkway  
Chester County Library      [avarley@ccls.org](mailto:avarley@ccls.org)                      Exton PA 19341  
Adult Outreach Services

M.O.D. PATRON PROFILE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE# \_\_\_\_\_

E- MAIL ADDRESS \_\_\_\_\_

CHESTER CO. LIBRARY CARD# \_\_\_\_\_

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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

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

\_\_\_ BOOKS ON COMPACT DISC    \_\_\_ PLAYAWAY

\_\_\_ LARGE TYPE BOOKS    \_\_\_ OTHER - PLEASE SPECIFY:

\_\_\_ REGULAR TYPE BOOKS    \_\_\_\_\_

\_\_\_\_\_

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.
	<b>OR</b>
	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?															

MAIL ORDER DELIVERY (M.O.D.) REQUEST LIST FOR: \_\_\_\_\_  
*name*

FORMAT (circle one)

Book-On-CD    Playaway    Regular Type    Large Type    DVD

AUTHOR            TITLE/S

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IF SIGNING UP FOR A NEW LIBRARY CARD, CHOOSE ONE OPTION BELOW

\_\_\_\_\_ Please send my library card

\_\_\_\_\_ Please hold my library card in the Adult Outreach Dept., Chester County Library System

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PLEASE RETURN COMPLETED FORMS TO:

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

**CHESTER COUNTY LIBRARY SYSTEM LIBRARY- ADULT CARD APPLICATION**

**Valid ID Required (name & current address)**

**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 (Holds availability, Courtesy reminders, Overdues, etc) preference:**

E-mail  Print  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)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ID:  Driver's License  Mail/Bill  Other \_\_\_\_\_

*Staff Use Only*

New Card  Update Account Information

Library Card Barcode Number \_\_\_\_\_ .p# \_\_\_\_\_

Staff Initials \_\_\_\_\_ Library \_\_\_\_\_

