

## Application for free library service: Individuals

**Mail application to:** State Library of Louisiana, Talking Books and Braille Library, 701 N. 4th St., Baton Rouge, Louisiana 70802. Fax application to: 225.342.6817. For further Information call: 800.543.4702 or 225.342.0035

Please print or type:

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Female  Male

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Please name a relative, friend or other person we can contact if you cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

- By law, preference in lending books and equipment is given to veterans. Please check here if you have been honorably discharged from the Armed Forces of the United States.

Please check the primary disability preventing you from reading standard print:

- Blindness** - Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field is no greater than 20 degrees.
- Visual impairment** - Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material .
- Physical disability** - Inability to read or use standard printed material as a result of physical limitations, e.g., paralysis, extreme weakness in arms, hands, etc.
- Reading disability** - Disability must be physically based (an organic dysfunction) and of sufficient severity to prevent reading standard printed material in a normal manner. **Application must be signed by a doctor of medicine or osteopathy.**

## Books, equipment and other services

Please check the boxes for any items or services you wish to receive:

### Materials:

I would like to receive the following materials (please check all that apply):

- Audio books     Audio magazines
- Braille books     Braille magazines
- Large print books - 14 point type
- Illustrated children's Big Books

Tell us how you would like to read your books and/or magazines:

- I would like to receive audio books and magazines on cartridge through the mail. Please mail me my books and magazines. Note: delivery of materials may take up to 10 days.
- I would like immediate access to download audio or Braille books and magazines using the BARD Mobile app on my mobile device. (smart phone, tablet or Kindle Fire)

### Equipment and accessories:

Please loan me a free talking-book player:

- Standard player (simple navigation)
- Advanced player (extra navigation features)
- High volume player and headphones (solely for use by readers with profound hearing loss; ask for a separate application)
- Pillow speakers - For readers confined to bed.

## Confidentiality

The information obtained on this application is required to establish eligibility for free library services. This application is a library record and as such, its information is considered to be confidential.

### Services:

- Download service (BARD)** - Must have a computer with high-speed internet and an email address. Downloaded books are saved to a blank cartridge or flash drive, then played on the talking-book player. Must have a refreshable Braille device if downloading digital Braille books.
- NFB Newsline service** - Have newspapers and popular magazines read to you over the telephone.
- Online catalog service** - Register for a login to view your request list and reading preferences, do searches, order books. Access the entire collection of audio, large print and Braille books.

### Music materials:

- Music instruction and/or music appreciation material on digital cartridge
- Music magazines, scores and /or music appreciation in Braille
- Music scores in large print

Note: The program cannot provide recorded music for recreational listening.

## Reading preferences

Select the type of book service you desire (**check all that apply**).

**I want to select my own books.** I will send the library requests from catalogs, *Talking Book Topics*, *Braille Book Review*, or other sources.

**I would like the library to select books for me.** My reading interests are:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adventure                | <input type="checkbox"/> Government and Politics | <input type="checkbox"/> Psychology          |
| <input type="checkbox"/> African-American         | <input type="checkbox"/> Gothic novels           | <input type="checkbox"/> Religion            |
| <input type="checkbox"/> Animal stories           | <input type="checkbox"/> Historical fiction      | <input type="checkbox"/> Romance             |
| <input type="checkbox"/> Bestsellers, fiction     | <input type="checkbox"/> History, United States  | <input type="checkbox"/> Romance, historical |
| <input type="checkbox"/> Bestsellers, non-fiction | <input type="checkbox"/> History, world          | <input type="checkbox"/> Romantic suspense   |
| <input type="checkbox"/> Biographies              | <input type="checkbox"/> Horror                  | <input type="checkbox"/> Science             |
| <input type="checkbox"/> Christian fiction        | <input type="checkbox"/> Humor                   | <input type="checkbox"/> Science fiction     |
| <input type="checkbox"/> Christian interest       | <input type="checkbox"/> Louisiana interest      | <input type="checkbox"/> Short stories       |
| <input type="checkbox"/> Classics                 | <input type="checkbox"/> Medicine                | <input type="checkbox"/> Sports              |
| <input type="checkbox"/> Cooking                  | <input type="checkbox"/> Mysteries               | <input type="checkbox"/> Spy stories         |
| <input type="checkbox"/> Disabilities             | <input type="checkbox"/> Mysteries, cozy         | <input type="checkbox"/> Suspense stories    |
| <input type="checkbox"/> Drama - plays            | <input type="checkbox"/> Nature                  | <input type="checkbox"/> Travel              |
| <input type="checkbox"/> Family stories           | <input type="checkbox"/> Occult                  | <input type="checkbox"/> True crime          |
| <input type="checkbox"/> Fantasy                  | <input type="checkbox"/> Philosophy              | <input type="checkbox"/> War stories         |
| <input type="checkbox"/> Fitness and diet         | <input type="checkbox"/> Poetry                  | <input type="checkbox"/> Westerns            |

How often do you want us to send books? I would like to receive books,

- Nightly  Weekly  Bi-weekly  Monthly  Bi-monthly  Upon request

I **do not** wish to receive books that contain:

- Explicit sex  Extreme violence  Frequent profanity

The reading level most appropriate for me is:

- |                                      |                                     |   |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Adult       | <input type="checkbox"/> Grades 6-9 | <input type="checkbox"/> Grades 3-6     |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Grades 5-8 | <input type="checkbox"/> Grades 2-4     |
| <input type="checkbox"/> Grades 9-12 | <input type="checkbox"/> Grades 4-7 | <input type="checkbox"/> Grades Pre K-2 |

My preferred language for reading is:

- English  Other \_\_\_\_\_

Other reading interests or favorite authors:

\_\_\_\_\_

How did you hear about our service?  Radio/TV  Friend/Relative  Librarian

- Eye doctor  Health fair  Other \_\_\_\_\_

## To be completed by a Certifying Authority

See definitions of certifying authority below

I certify the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated on the first page.

Please print or type:

Certifier's name: \_\_\_\_\_

Title/occupation: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A faxed or scanned signature is acceptable.*

## Definition of Certifying Authority

1. In cases of blindness, visual impairment or physical disability, certifying authorities include doctors of medicine or osteopathy, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions and public agencies (e.g., social workers, counselors or rehabilitation teachers). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.
2. **In the case of a reading disability the certifying authority must be a doctor of medicine or osteopathy**, who may consult with colleagues in associated disciplines.
3. A family member may not certify this application.

## Applicant agreement

It is the responsibility of the library user to:

1. Read and return books within 30 days or call to renew.
2. Borrow or download at least one book per year.
3. Take reasonable care of materials and machines.
4. Notify the library of any address, phone number or email changes.
5. Return all equipment to the library when it is no longer being used.

I understand the above responsibilities and agree to follow them.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_