

Return Application to:

State Library of Louisiana
Talking Books and Braille Library
701 N. Fourth Street
Baton Rouge, Louisiana 70802

PH: 1-800-543-4702 or 1-225-342-0035
FAX: 1-225-342-6817



Application for Free Library Service: Individuals

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: (_____) _____ E-mail address: _____

Please name a relative or close friend as a contact if you cannot be reached.

Name: _____ Relationship: _____

Phone: (_____) _____ E-mail: _____

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

Eligibility and Certification

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** - Inability to read or use standard printed material without special aids or other than regular glasses.
- 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 box for any item or service you wish to receive:

- | | |
|---|---|
| <input type="checkbox"/> Talking Books on digital cartridge and a digital player Select one of the players below. <input type="checkbox"/> Standard: Easy to operate. <input type="checkbox"/> Advanced: Has controls to set and retrieve bookmarks and navigate through structured levels. | <input type="checkbox"/> Online catalog service - Sign up for a login to view your request list and reading references, do searches, order books and link to the BARD website. Access the entire collection of audio, large print and Braille books. |
| <input type="checkbox"/> Large Print books - Available in 14 point size type or above. | <input type="checkbox"/> Magazines - Popular audio and Braille magazines. You will receive the Talking Book Topics catalog which lists available magazines. |
| <input type="checkbox"/> Big Books - Large format, illustrated children's picture books. | <input type="checkbox"/> Pillow speakers - For readers confined to bed. |
| <input type="checkbox"/> Braille Books - Service is provided through Utah State Library for the Blind and Disabled. | <input type="checkbox"/> Amplifier - Solely for use by readers with profound hearing loss. Requires a special application which will be sent to you. |
| <input type="checkbox"/> Braille and Audio Reading Download (BARD) Service - Must have a computer with high-speed internet, and an email address. A refreshable Braille device is needed for digital Braille books. BARD app is available for iPhone, iPad and iPod. | <input type="checkbox"/> Descriptive Videos - VHS videos with added narration to describe scenes. Requires a VCR to play. |
| <input type="checkbox"/> NFB Newsline Service - Newspaper and magazine telephone reading service. | <input type="checkbox"/> Music - Instructional recordings, Braille, and large print music scores and magazines. |

Do you also have hearing loss? If yes, please indicate the degree:

- | | |
|--|---|
| <input type="checkbox"/> Moderate - Some hearing loss | <input type="checkbox"/> Profound - Major hearing loss |
|--|---|

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.

Reading Preferences

Select the type of book service you desire (**choose only one**).

- I want to select my own books.** I will send the library requests from catalogs, "Talking Book Topics," "Braille Book Review," or other sources.
- In addition to my book selections, I would like the library to select books for me when my requests are not available. My reading interests are:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Gardening | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Government & Politics | <input type="checkbox"/> Psychology / Self Help |
| <input type="checkbox"/> Animal Stories | <input type="checkbox"/> Gothic Novels | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Bestsellers, fiction | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Bestsellers, non-fiction | <input type="checkbox"/> History, United States | <input type="checkbox"/> Romance - Christian |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> History, World | <input type="checkbox"/> Romance - Historical |
| <input type="checkbox"/> Business | <input type="checkbox"/> Horror / Occult | <input type="checkbox"/> Romantic Suspense |
| <input type="checkbox"/> Career | <input type="checkbox"/> Humor | <input type="checkbox"/> Science |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Louisiana Interest | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Christian Interest | <input type="checkbox"/> Medicine / Health | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Mysteries, Cozy | <input type="checkbox"/> Spy / Espionage |
| <input type="checkbox"/> Cooking-Homemaking | <input type="checkbox"/> Music Appreciation | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Nature | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Oprah Book Club | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Philosophy | <input type="checkbox"/> War |
| <input type="checkbox"/> Fitness & Diet | <input type="checkbox"/> Drama - Plays | <input type="checkbox"/> Westerns |

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

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Explicit sex | <input type="checkbox"/> Extreme Violence | <input type="checkbox"/> Female Narrator |
| <input type="checkbox"/> Frequent Profanity | <input type="checkbox"/> Long books | <input type="checkbox"/> Male Narrator |

The reading level(s) 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:

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 is not eligible to certify the above section of 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.

Signature: _____ Date: _____

Print name: _____ Relationship: _____