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

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:

☐ **Talking Books on digital cartridge and a digital player** Select one of the players below.

    ☐ Standard: Easy to operate.

    ☐ Advanced: Has controls to set and retrieve bookmarks and navigate through structured levels.

☐ **Large Print books** - Available in 14 point size type or above.

☐ **Big Books** - Large format, illustrated children's picture books.

☐ **Braille Books** - Service is provided through Utah State Library for the Blind and Disabled.

☐ **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.

☐ **NFB Newsline Service** - Newspaper and magazine telephone reading service.

☐ **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.

☐ **Magazines** - Popular audio and Braille magazines. You will receive the Talking Book Topics catalog which lists available magazines.

☐ **Pillow speakers** - For readers confined to bed.

☐ **Amplifier** - Solely for use by readers with profound hearing loss. Requires a special application which will be sent to you.

☐ **Descriptive Videos** - VHS videos with added narration to describe scenes. Requires a VCR to play.

☐ **Music** - Instructional recordings, Braille, and large print music scores and magazines.

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

☐ **Moderate** - Some hearing loss

☐ **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:**

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

☐ Explicit sex	☐ Extreme Violence	☐ Female Narrator
☐ Frequent Profanity	☐ Long books	☐ Male Narrator

The reading level(s) most appropriate for me is:

☐ Adult	☐ Grades 6-9	☐ Grades 3-6
☐ Young Adult	☐ Grades 5-8	☐ Grades 2-4
☐ Grades 9-12	☐ Grades 4-7	☐ 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:_____