



## Application for free library service: Institutions

**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

Name of Institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Contact name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Extension: \_\_\_\_\_

Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

Number of readers unable to read standard print material who will be served.  
Individuals can be included in more than one category:

\_\_\_\_\_ Talking book readers \_\_\_\_\_ Large print readers \_\_\_\_\_ Braille readers

\_\_\_\_\_ By law, preference in lending of books and equipment is given to veterans.  
Please indicate the number of readers who have been honorably discharged  
from the Armed Forces of the United States.

### Type of Institution

Hospital     Public Library     Nursing Home     Correctional Facility

Public or Private School (Each new student must be individually certified using the **Certification for Eligible Student** form. This is only done **one time per student**. A listing of all student names and disabilities must be provided **each school year** on the **Annual Student Listing** form. Please note that in the case of a student with a reading disability, certification must be made by a doctor of medicine or osteopathy who may consult with colleagues in associated disciplines.)

Other \_\_\_\_\_

## Books, equipment and other services

Please check the box for any item or service you wish to receive:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Talking Books on digital cartridge and a digital player</b><br>Select one of the players below.   | <input type="checkbox"/> <b>NFB Newsline service</b> -<br>Have newspapers and magazines read to you over the telephone.   |
| <input type="checkbox"/> Standard: Has controls to play, stop, rewind, fast forward, and adjust the volume, tone, speed.  | <input type="checkbox"/> <b>Online catalog service</b> - Register for a login to view your request list and reading preferences, do searches, order books and link to the BARD website. Access the entire collection of audio, large print and Braille books. |
| <input type="checkbox"/> Advanced: Has additional controls to set and retrieve bookmarks and navigate through the book by chapter, phrase or bookmark.  | <input type="checkbox"/> <b>Big Books</b> - Large format, illustrated children's picture books.   |
| <input type="checkbox"/> High volume player and headphones (issued solely for use by readers with profound hearing loss; ask for a separate application.)   | <input type="checkbox"/> <b>Magazines</b> - Popular audio and Braille magazines on digital cartridge. You will receive the <i>Talking Book Topics</i> catalog that lists available magazines.   |
| <input type="checkbox"/> <b>Large Print books</b> - Available in 14 point size type or above.   | <input type="checkbox"/> <b>Pillow speakers</b> - For readers confined to bed.  |
| <input type="checkbox"/> <b>Braille books</b> - Service is provided through Utah State Library for the Blind and Disabled.  | <input type="checkbox"/> <b>Descriptive videos</b> - VHS videos with added narration to describe scenes. Requires a VCR to play.  |
| <input type="checkbox"/> <b>Braille and Audio Reading Download (BARD) service</b> - 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 Apple and Android devices. | <input type="checkbox"/> <b>Music</b> - Instructional recordings, Braille, large print music scores and magazines. (Recorded music for recreational listening is not available through this program.)   |

## 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**).

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

**We would like the library to select books for us.** Our 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 often do you want us to send books? We would like to receive books,

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

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

- Explicit sex  Extreme Violence  Frequent Profanity

The reading level(s) most appropriate for our institution:

- |                                      |                                     |   |
|--------------------------------------|-------------------------------------|---|
| <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 |

Our preferred language for reading is:

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

Other reading interests or favorite authors:

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## To be Completed by a Certifying Authority (for definition, see below)

I certify that this institution serves persons who are unable to read standard print material because of blindness, visual impairment, or physical limitation. I further certify that the reading material will be used by such persons only.

Please print or type:

Name of Administrator: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

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

### Agreement

It is the responsibility of this institution to:

1. Keep track of the materials being used by eligible residents of the institution.
2. Return books within the 30-day loan period or call to renew.
3. Notify the library of contact name, address, phone number or email changes.
4. Take reasonable care of materials and machines.
5. Return all equipment to the library when it is no longer being used.

I understand the above responsibilities and agree this institution will follow them.

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

*A scanned or faxed signature is acceptable.*

### Definition of "Certifying Authority"

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.

**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. In this case, include either the **Certification for Eligible Student** form (for schools) or the **Certification of Eligibility** form (for other institutions).