

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: Institutions

Please print or type

Name of Institution: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Contact name: _____

Phone: (_____) _____ Extension: _____

Cell phone: (_____) _____ E-mail 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:

- 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. BARD app is available for iPhone, iPad and iPod.
- 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**).

- We want to select our own books.** We will send the library requests from catalogs, "Talking Book Topics," "Braille Book Review," or other sources.
- In addition to our book selections, we would like the library to select books for us when our requests are not available. 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 many books do you want us to send? We would like to receive _____ books,

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

We **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 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:

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).