

New York State Talking Book and Braille Library

Application Form for Free Library Service: Children & Teens—Home Service

You can complete most of this form in Acrobat Reader, but an original signature is required on page 3, so you will need to print the form out, have it signed and mail it to the Talking Book and Braille Library (TBBL). Or, if you prefer, you can print the form out now and fill it out entirely by hand.

If you have any questions about the form, please contact TBBL:

Phone: **(518) 474-5935** or **(800) 342-3688**

E-mail: tbbl@nysed.gov

Website: <http://www.nysl.nysed.gov/tbbl/>

Notice: Records relating to recipients of Library of Congress reading materials are confidential and will not be disclosed without the consent of the individual. (New York State Civil Practice Law and Rules, Section 4509, 1982, 1988).

Applicant Information (Please Print or Type)

Name (Last) (First) (Initial)

Street Address

City County State Zip

Telephone Date of Birth Grade Gender

Indicate the **primary** disability that prevents reading standard printed material. Check only one. Return this form with original signature of certifier (see p. 3).

- Blindness Visual Impairment
 Deaf/Blindness Physical Disability
 Reading Disability (M.D. must sign as certifier)

Parent/Guardian Information

Parent/Guardian is responsible for the care and return of all materials and equipment loaned to the person receiving this service. Please fill out the section below.

Name Relationship

Address Phone

E-mail Daytime phone

Giving us your e-mail address is the best way to get timely updates about the service.

Service Requested (You may check more than one)

- Audio books and loan of special player
- Amplifier** - Available only to readers with profound hearing impairment; an additional medical certification form will be sent to you.
- BARD (Braille and Audio Reading Download) - BARD has a separate [online application](#).
- Braille books and/or magazines

Playback equipment is supplied to eligible persons on extended loan. This equipment must be used with recorded reading material provided by the Library of Congress and its cooperating libraries, or it must be returned to the issuing library. Please return all books promptly so they are available for other patrons.

Reading Interests (Fiction and Non-Fiction)

Choose some reading interests to start your service. You may include specific title requests. (You can search our [online catalog](#) to see what books we have.)

- | | |
|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> History (specify below) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Mysteries |
| <input type="checkbox"/> Biography (specify below) | <input type="checkbox"/> Nursery Rhymes/ABC |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Religion (specify below) |
| <input type="checkbox"/> Fantasy/Science Fiction | <input type="checkbox"/> Science/Nature (specify below) |
| <input type="checkbox"/> Friendship/Romance | <input type="checkbox"/> Sports (specify below) |
| <input type="checkbox"/> Historical Fiction | |

Other reading interests:
Attach separate page,
if necessary

Interested in Magazines? (A listing of audio and braille titles will be sent.)

Grade/Interest Level (may be different from actual age)

- | | |
|---|---|
| <input type="checkbox"/> Preschool-3 rd | <input type="checkbox"/> 4 th -8 th |
| <input type="checkbox"/> 6 th -9 th | <input type="checkbox"/> Junior and Senior High |
| <input type="checkbox"/> High School and Adult | <input type="checkbox"/> Adult |

School currently attending:

Please DO NOT send books that contain:

Violence

Strong language

Sex

Foreign Languages:

We will send books in English unless you request other languages, but non-English titles are limited. If you want books in other languages, please tell us which languages:

Must Be Completed By Certifying Authority

For information on who can certify this application, please refer to Sections B and C on the last page of this form. **Note: An M.D. or D.O. must sign the application for reading disabled /learning disabled student. Please print or type. Only an ORIGINAL SIGNATURE is acceptable.**

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

Name of Certifying Authority _____ Title _____

Place of Employment/Affiliation _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please print out the form, have it signed by the certifying authority, and mail it to:

New York State Talking Book and Braille Library
Cultural Education Center
222 Madison Avenue
Albany, NY 12230-0001

A Program of the U.S. Library of Congress and NYS Education Department, New York State Library

U.S. Federal Government regulations governing library service to blind, physically handicapped, and reading disabled persons.

- A. The following persons are eligible for loan service:
1. Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
 2. Other physically handicapped persons as follows:
 - (a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.
 - (b) Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.
 - (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material normally.
- B. In cases of blindness, visual disability or physical limitations, “competent authority” is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; professional staff of hospitals, institutions, and public or welfare agencies (e.g., social workers, counselors, rehabilitation teachers, and superintendents). 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.
- C. In the case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine and doctors of osteopathy who may consult with colleagues in associated disciplines.
- D. Qualified readers must be residents of the United States, including the several states, territories, insular possessions, and the District of Columbia, or American citizens, domiciled abroad.
- E. INSTITUTIONS (Schools, BOCES):** Public and Private schools may also use this free library service. Students in schools must be certified as eligible by competent authority, as defined in this document, and must be the only recipients of this service. Call for information.