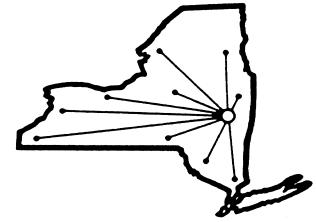


**NEW YORK STATE
TALKING BOOK & BRAILLE LIBRARY
CULTURAL EDUCATION CENTER
ALBANY NY 12230-0001
☎ (518) 474-5935 (800) 342-3688
✉ tbbl@mail.nysed.gov**



◆◆◆ APPLICATION FOR FREE LIBRARY SERVICE ◆◆◆

FOR INDIVIDUAL SERVICE AT HOME. PLEASE PRINT OR TYPE.

Name: (Last) _____ (First) _____ (Initial) _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____ Sex: _____

Please give the name and address of a person we can contact concerning your current address if you cannot be reached. If the application is for a child under 18 years of age, a parent or guardian should complete the section below:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

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

CONFIDENTIALITY: Records relating to recipients of Library of Congress reading materials are confidential and, except to the extent necessary for the proper operation of the library service or where required by law, will not be disclosed to any person or agency without the consent of the individual. (New York State Civil Practice Law and Rules, Section 4509, 1982/1988).

ELIGIBILITY FOR LIBRARY SERVICE

Indicate below the primary disability that prevents you from reading standard printed material:

- BLINDNESS.** Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field no greater than 20 degrees.
- VISUAL IMPAIRMENT.** Inability to read standard printed materials without special aids other than regular glasses.
- PHYSICAL DISABILITY.** Inability to read or use standard printed materials as a result of physical limitations, e.g. paralysis, lack of arms or hands, extreme weakness, muscle deterioration.
- DEAF-BLINDNESS.** Combination of legal blindness and profound hearing loss.
- READING DISABILITY.** Organic (physical) dysfunction of sufficient severity to prevent reading printed material in a normal manner. **(Must be certified by a doctor of medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.)**

BOOKS AND EQUIPMENT

You will need the special players that we lend without charge to listen to our recorded books. **WE WILL SEND A SPECIAL CASSETTE PLAYER TO EACH NEW BORROWER WHO WANTS RECORDED BOOKS.** All our new recorded books are on cassette only.

RECORDED DISC BOOKS: We also have a collection of older books on recorded disc (long-playing record). All borrowers may request, in addition to the cassette player, a special record player on which to play these disc books. Check this box if you would like to receive Recorded Disc service and the special player:

MAGAZINES: More than seventy free magazines on recorded cassette and in braille are available as part of this library program. Check this box if you would like to receive magazine information:

MACHINE ACCESSORIES: Please check the appropriate box to indicate your accessory needs:

- Headphones for private listening only where loudspeakers cannot be used.
 - Extension levers for the standard cassette player controls (for physically disabled borrowers only).
 - Pillowphone for borrowers confined to bed.
 - On-off remote control unit for those with serious physical and mobility difficulties.*
 - Breath switch for remote control.*
 - Amplifier for those with a significant hearing loss.*
- (* We will send you a special application for these accessories)

PROPER USE OF EQUIPMENT: PLAYBACK EQUIPMENT AND SPECIAL ATTACHMENTS ARE SUPPLIED TO ELIGIBLE PERSONS ON EXTENDED LOAN. IF THIS EQUIPMENT IS NOT USED IN CONJUNCTION WITH RECORDED READING MATERIAL PROVIDED BY THE LIBRARY OF CONGRESS AND ITS COOPERATING LIBRARIES, IT MUST BE RETURNED TO THE ISSUING AGENCY.

READING INTERESTS & SERVICE PREFERENCES

You can choose how you get books. There are **TWO** basic service patterns. **Whichever option you choose, you can order your own books, and these will get priority.** Please read through this information carefully and **check BOX 1 or BOX 2 below.**

BOX 1. "I WOULD LIKE THE LIBRARY TO CHOOSE BOOKS FOR ME. MY READING INTERESTS ARE...:"

FICTION:

- Adventure novels
- Animal stories
- Bestsellers (fiction)
- Classic fiction
- Crime stories
- Family stories
- Gothic novels
- Historical novels
- Horror/Occult novels
- Mystery/Detective novels
- Romance novels
- Science Fiction
- Sea stories
- Short stories
- Spy novels
- Thrillers / suspense
- War novels

- Westerns
- Young Adult fiction

NONFICTION:

- Animals/Zoology
- Autobiography
- Bestsellers (nonfiction)
- Biography: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> History, USA | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Cooking/Homemaking | <input type="checkbox"/> Hobbies/Games | <input type="checkbox"/> Psychology/Sociology |
| <input type="checkbox"/> Crime (true) | <input type="checkbox"/> Humor | <input type="checkbox"/> Religion: _____ |
| <input type="checkbox"/> Current events/interest | <input type="checkbox"/> Music (about) | <input type="checkbox"/> Science: _____ |
| <input type="checkbox"/> Ethnic/Minority Interest:
_____ | <input type="checkbox"/> New York State | <input type="checkbox"/> Sport: _____ |
| <input type="checkbox"/> Fine Arts: _____ | <input type="checkbox"/> Occult/Supernatural | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health: _____ | <input type="checkbox"/> Plays | <input type="checkbox"/> Travel: _____ |
| <input type="checkbox"/> History: _____ | <input type="checkbox"/> Poetry | <input type="checkbox"/> War/Military History |
| <input type="checkbox"/> Young Adult nonfiction | <input type="checkbox"/> Politics/Government | |

Other Reading Interests: _____

IF WE CHOOSE BOOKS FOR YOU, WILL YOU ACCEPT:

- | | | | |
|-----------------------------------|------------------------------|-----------------------------|-------------------------------|
| Books containing strong language? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| Books containing explicit sex? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| Books containing violence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |

**BOX 2. “DON’T CHOOSE BOOKS FOR ME.
I WANT TO RECEIVE ONLY THE SPECIFIC TITLES I REQUEST.”**

We will send nothing unless you request it. We will send you catalogs to help you choose. You may also request books by author and/or title. Remember, under this service option you will receive no books unless you request them. **Do not tell us your reading interests if you want this service.**

BRaille BOOKS

In addition to recorded books, we have a large collection of braille books. If you want to receive braille books, check the box here:

- “YES, I WOULD LIKE TO RECEIVE BRAILLE BOOKS.”**

FOREIGN LANGUAGE BOOKS

Some books are available in languages other than English. If you want books in another language, tell us which language(s):

- Check here if you want books in this/these language(s) ONLY.

The New York State Talking Book & Braille Library is a service of the NY State Library, NY State Education Department, and the National Library Service for the Blind and Physically Handicapped, Library of Congress, Washington DC.

CERTIFYING THE APPLICATION

The application must be certified by an acceptable authority, as follows:

- **BLINDNESS, VISUAL IMPAIRMENT, AND PHYSICAL DISABILITY:** Acceptable certifying authorities 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.

- **READING DISABILITY:** In cases where a reading or learning disability is the eligibility criterion, ***the certifying authority must be a doctor of medicine (MD) or doctor of osteopathy (DO)***, who may consult with colleagues in associated disciplines. This is required by law to certify not only that this disability exists and is severe enough to prevent the reading of standard print, but also that the identified condition has a ***physical*** basis.

- The application must bear the ***original signature*** of the certifying authority. The library cannot accept signatures that are photocopied, faxed, or rubber-stamped.

- Qualified borrowers must be residents of the United States, including the 50 states, territories, insular possessions, and the District of Columbia, or American citizens living abroad.

TO BE COMPLETED BY THE CERTIFYING AUTHORITY

(Please refer to the information above concerning who may certify)

“I CERTIFY THAT _____ (APPLICANT) HAS REQUESTED LIBRARY SERVICE AND IS UNABLE TO READ OR USE STANDARD PRINTED MATERIAL FOR THE REASON INDICATED ON THIS APPLICATION.”
(PLEASE PRINT OR TYPE)

Certifier's Name: _____ Date: _____

Title: _____ Occupation: _____

Place of Employment / Affiliation: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature (Original): _____

When the application has been completed and certified, please send it to the library at the address on page one. If all is in order we will then register you for this service and send you more information about the library. We look forward to serving you. Call 1-800-342-3688 if you have questions.