



## APPLICATION FOR FREE LIBRARY SERVICE: CHILDREN & TEENS—HOME SERVICE



**NEW YORK STATE TALKING BOOK  
AND BRAILLE LIBRARY  
CULTURAL EDUCATION CENTER  
ALBANY, NY 12230-0001  
(518) 474-5935 (800) 342-3688  
E-MAIL: [tbblkids@mail.nysed.gov](mailto:tbblkids@mail.nysed.gov)**

**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).**

### **PLEASE PRINT OR TYPE**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_ Sex \_\_\_\_\_

Indicate the primary disability that prevents the child/teen from reading standard printed material. Check only one. Must be certified by proper authority on page 3.

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

**Parent/Guardian:** I understand that my child will now be registered with the NYS Talking Book & Braille Library in Albany, NY. He/she will be loaned a cassette player, books on tape and/or books in braille, and catalogs. I will return all materials to the Library (not to my child's school) if they are no longer needed.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

e-mail: \_\_\_\_\_ Daytime phone \_\_\_\_\_

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

**Service Requested** (Choose one or both)

- Recorded books and/or magazines on cassette; loan of special cassette player
- Braille books and /or magazines

**Additional Equipment & Services**

- Amplifier (available only to readers with profound hearing impairment; additional medical certification form will be sent to you)
- Descriptive Videos (additional information will be sent to you)

*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.*

**\*\*Please tell us what types of books you like to read, or include specific title requests here. Contact us if you have any questions about our collection.**

**Reading Interests (Fiction and Non-Fiction)**

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

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My other reading interests are \_\_\_\_\_  
(Please keep the Library updated as reading level and interests change.)

School currently attending: \_\_\_\_\_

- Magazines** (We will send you a listing of recorded and braille magazines.)

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

- Preschool-3<sup>rd</sup>       4<sup>th</sup>-8<sup>th</sup>       Jr./Sr. High  
 6<sup>th</sup>-9<sup>th</sup>       High School/Adult       Adult

**Please DO NOT send books which contain:**

- Violence       Strong language       Sex

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:

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**TO BE COMPLETED BY CERTIFYING AUTHORITY**

**Refer to Sections B and C on the back of this form. \*Note\* M.D. must sign for reading disabled /learning disabled student.**

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. **Please print or type.** Only an **ORIGINAL SIGNATURE** is acceptable.

Name of Certifying Authority \_\_\_\_\_ Title \_\_\_\_\_

Place of Employment/Affiliation \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

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



**The Library of Congress  
National Library Service for the Blind & Physically Handicapped**

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

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- 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.