**New York State Talking Book and Braille Library**

# Application Form for Free Library Service: Adults

You can complete this form and save it as a Word document, or you can print the form and fill it out entirely. Completed forms can be emailed, faxed or printed and mailed. We accept electronic certification instead of a handwritten signature, including full legal name; title/position; organization name; complete mailing address; email address; telephone number; date.

Applicant Information (Please Print or Type)

For children under 18 years of age, please use the children and teens application.

|  |  |
| --- | --- |
| First Name | Click or tap here to enter text. |
| Middle Name | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |

**Veteran**. By law, preference in lending books and equipment is given to veterans.

Please check here if you have been honorably discharged from the U.S. armed forces.

|  |  |
| --- | --- |
| Address | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| State | Click or tap here to enter text. |
| Zip code | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Name of your local public library and county | Click or tap here to enter text. |

**Contact Person.** Please give the name and address of a contact person.

|  |  |
| --- | --- |
| Contact Name | Click or tap here to enter text. |
| Relationship | Click or tap here to enter text. |
| Contact Address | Click or tap here to enter text. |
| Contact Phone | Click or tap here to enter text. |
| Contact Email | Click or tap here to enter text. |

## Eligibility for Library Service

Check the **primary** disability that prevents you from reading standard printed material:

Blindness Visual Impairment Physical Disability   Deaf-Blindness

Reading Disability (Competent authority for certifying eligibility as a result of a reading disability from organic dysfunction is defined as “doctors of medicine and doctors of osteopathy,” who may consult with colleagues in associated disciplines).

**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).

## Service Requested

Digital talking book player

Check here for a Spanish-language player

Audio books (available via download or U.S. Mail)

Braille books (available via download or U.S. Mail)

Magazines (available via download or U.S. Mail) We will send you a list of available audio and braille titles.

The digital talking book player is supplied to eligible persons on extended loan. This player 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 that they are available for other patrons.

## Service Options

Audio books can either be downloaded or obtained in digital cartridge format from the NYS Talking Book and Braille Library via US Mail. Please read this information carefully and select **Option 1**, **Option 2** and/or **Option 3** below. You may use all three options simultaneously.

**Option 1. I would like to download the books myself.**

BARD (Braille and Audio Reading Download) enables patrons or their helpers to use their computer to download any title to a flash drive or a blank digital cartridge that can then be played on the digital player that you will receive when your service starts. BARD also allows you to use your iOS or Android mobile device to download and listen to the books. Every title in the collection is always immediately available to you when you use BARD. We provide phone support for downloading. If downloading is not feasible for you, choose either Option 2 or 3.

**Option 2.** **I would like to request specific titles myself.**

You will only receive the titles that you request. Request and reserve books using the online catalog, contact us directly by phone or email, or mail us a list of the titles you want. New and popular titles often entail a long wait time since many other members will request them at the same time.

**Option 3. I would like to choose subjects I'm interested in.**

Choose your reading interests from the lists on the next page. The TBBL software program will then find books in these subjects and send them to you via US Mail.

Note that if you check this option, you still may request specific titles as described in Option 2. You can also list the names of authors whose books you would like us to send. Please select from the following list.

Select your reading interests from the following list.

**Fiction:**

Adventure   
American   
Bestsellers  
British   
Classics   
Crime   
Drama   
Family  
Fantasy   
Gothic   
Historical   
Humor   
Mystery  
Religious Fiction  
Romance  
Science Fiction  
Short stories  
Supernatural and Horror   
Suspense  
War   
Westerns   
Young Adult

**Nonfiction:**

Adventure  
Animals and Wildlife  
Bestsellers

Biography and Memoir

Business and Economics  
Government and Politics  
Health and Medicine  
Legal Issues  
Music Appreciation and History  
Philosophy  
Poetry  
Psychology and Self-Help  
Religion  
Science and Technology  
Social Sciences

Sports   
Travel  
True Crime  
U.S. History  
War and Military  
World History and Affairs

Other reading interests, including authors and titles:

Will you accept:  
Books containing strong language? No Some Yes   
Books containing explicit sex? No Some Yes   
Books containing violence? No Some Yes

**Certification**

**To Be Completed by the Certifying Authority.** Please refer to the information on page 5 (items B and C) concerning who may certify.

**“I certify that** Click or tap here to enter text.**(applicant) has requested library service and is unable to read or use standard printed material for the reason indicated on this application.”**

Certifier’s Name:Click or tap here to enter text.Date: Click or tap here to enter text.  
Title: Click or tap here to enter text.  
Occupation: Click or tap here to enter text.

Place of Employment/Affiliation:Click or tap here to enter text.

Telephone:Click or tap here to enter text.  
Address: Click or tap here to enter text.

City:Click or tap here to enter text.State: Click or tap here to enter text. Zip:Click or tap here to enter text.  
E-mail:Click or tap here to enter text.

Signature (Original): Click or tap here to enter text.

If you have printed out this form, please 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

If you are submitting the form electronically, please use the e-mail or fax number below. For any questions about the form, please call or e-mail TBBL.

Phone: (800) 342-3688

Fax: (518) 474-7041

E-mail: tbbl@nysed.gov

[Website: http://www.nysl.nysed.gov/tbbl/](http://www.nysl.nysed.gov/tbbl/)

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

**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.

1. 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.
2. Competent authority for certifying eligibility as a result of a reading disability from organic dysfunction is defined as “doctors of medicine and doctors of osteopathy,” who may consult with colleagues in associated disciplines.
3. 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.
4. INSTITUTIONS, including medical and adult care facilities, schools and libraries may also use this free library service. See the **Application for Institutions** or call for information.