

New York State Talking Book and Braille Library
Application Form for Free Library Service: Adults

You can complete this form in Acrobat Reader, or, if you prefer, you can print the form and fill it out entirely by hand.

Applicant Information (Please Print or Type)

For children under 18 years of age, please use the youth application form.

First Name: Middle Initial: Last Name:

Gender: Date of Birth:

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:

City: State: Zip:

County: Telephone:

E-Mail Address:

Name of local public library:

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

Contact Name: Relationship:

Contact Address:

Contact Phone:

Contact E-Mail Address:

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 (Must be certified by a Doctor of Medicine or a Doctor of Osteopathy.)

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
- Magazines – 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 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 can still request specific titles as well (see Option 3).

You can also provide the names of authors whose books you would like us to send:

Select your reading interests from the following list.

Fiction:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> American | <input type="checkbox"/> Gothic | <input type="checkbox"/> Supernatural and Horror |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Historical | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> British | <input type="checkbox"/> Humor | <input type="checkbox"/> War |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Mystery | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Crime | <input type="checkbox"/> Religious Fiction | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Romance | |
| <input type="checkbox"/> Family | <input type="checkbox"/> Science Fiction | |

Nonfiction:

- | | |
|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Psychology and Self-Help |
| <input type="checkbox"/> Animals and Wildlife | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Science and Technology |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Business and Economics | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Government and Politics | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Health and Medicine | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> U.S. History |
| <input type="checkbox"/> Music Appreciation and History | <input type="checkbox"/> War and Military |
| <input type="checkbox"/> Philosophy | <input type="checkbox"/> World History and Affairs |
| <input type="checkbox"/> Poetry | |

Other Reading Interests:

Will you accept:

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

Option 3. I would like to request specific titles myself.

You will only receive the titles that you request. Use the online catalog, contact us directly by phone or email, or send us a list of the titles you want. New and popular titles often require a long wait time since many members all want the same new or popular titles.

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 _____ (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: _____

E-mail: _____

Signature (Original): _____

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/>

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 Physically Handicapped, 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.

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:** Medical and adult care facilities, schools and libraries may also use this free library service. See the **Application for Institutions** or call for information.