





### Application for free library service: Institutions

**Mail application to**: State Library of Louisiana, Talking Books and Braille Library, 701 N. 4th St., Baton Rouge, Louisiana 70802. Fax application to: 225.342.6817. Email to tbbl@library.la.gov. For more Information call: 800.543.4702 or 225.342.0035

Please print or type Name of Institution:				
Mailing address:				
City:			Parish:	
Contact name:				
Phone: ()	· · · · · · · · · · · · · · · · · · ·	Extens	ion:	
Cell phone: ()	Email	address:		
Number of readers unable to read Individuals can be included in mo			no will be serv	ved.
Talking book readers	Large	print readers	Bra	aille readers
By law, preference in lengerence in lengeren	per of reader	s who have be		
Type of Institution:				
<ul> <li>School for Blind/Disabled</li> <li>School/College/Univer. with student nust be ind Student form. This is only don and disabilities must be provid form.)</li> <li>Hospital</li> <li>Nursing/Convalescent Home</li> <li>Public Library (only eligible for Other Organization</li> </ul>	lividually cert le one time p ed each sch demonstrat	tified using the per student. A li pool year on the tion accounts	Certification isting of all stop e Annual Stu	<b>n for Eligible</b> udent names
☐ Other Organization				
Domonstration Accounts				

☐ Check if your organization is exclusively demonstrating NLS library services to

eligible individuals, who will submit their own applications for service.

#### Books, equipment and other services

Please check the box for any item or service you wish to receive:

□ Talking Books on digital cartridge and a digital player	☐ BARD (Braille and Audio Reading Download): Institutions may have access to BARD, a web-
☐ <b>High volume player</b> and headphone (issued solely for readers with profound hearing loss; ask for a separate application.)	based, password-protected service that provides access to thousands of audio and braille books, magazines, and music scores available from NLS. The mobile app, known
☐ <b>Large Print books</b> - Available in 14 point size type of above.	as BARD Mobile, includes built-in playback capability so users can enjoy talking books anytime, any-
☐ <b>Big books</b> - Large format, illustrated children's picture books.	where. Public libraries are eligible for BARD demo accounts ONLY.
☐ <b>Braille books</b> - Service is provided through Utah State Library for the Blind and Disabled.	☐ <b>Magazines</b> - Popular audio and Braille magazines on digital cartridge.
☐ <b>NFB Newsline service</b> - Have local and national newspapers and popular magazines read to you over the telephone.	☐ <b>Music materials</b> - NLS provides music instructional materials, e.g., large print and/or braille scores, instructional recordings, and music magazines. Recorded music for rec-
☐ Online catalog service - Register	reational listening is not available.
for a login to view your request list and reading preferences, do searches, or-	☐ <b>Pillow speakers -</b> Only for
der books. Access the entire collection of audio, large print and Braille books.	readers confined to bed.

**Use of Government Property:** NLS program equipment, materials, and products, both online and physical, are federal property. Users shall acknowledge the purpose for which these items were intended and accept responsibility for accessing these items. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed.

**Confidentiality:** The Information obtained on this application is required to establish eligibility for free library services. This application is a library record and as such, its information is considered to be confidential.

# Reading preferences

Select the type of book service you desire (check all that apply).				
	r own books. I will send the Topics, Braille Book Review	•		
$\square$ We would like the lib	rary to select books for us	. My reading interests are:		
<ul> <li>□ Adventure</li> <li>□ African-American</li> <li>□ Animal Stories</li> <li>□ Bestsellers, fiction</li> <li>□ Biographies</li> <li>□ Christian fiction</li> <li>□ Christian interest</li> <li>□ Classics</li> <li>□ Cooking</li> <li>□ Family stories</li> <li>□ Fantasy</li> <li>□ Fitness and diet</li> </ul>	☐ Gothic novels ☐ Historical fiction ☐ History, United States ☐ History, World ☐ Horror ☐ Humor ☐ Louisiana interest ☐ Medicine ☐ Mysteries ☐ Mysteries, Cozy ☐ Nature ☐ Occult ☐ Philosophy	<ul> <li>☐ Psychology</li> <li>☐ Religion</li> <li>☐ Romance</li> <li>☐ Romance, historical</li> <li>☐ Science</li> <li>☐ Science fiction</li> <li>☐ Short stories</li> <li>☐ Sports</li> <li>☐ Spy stories</li> <li>☐ Suspense stories</li> <li>☐ Travel</li> <li>☐ True crime</li> <li>☐ War stories</li> </ul>		
☐ Politics  I do not wish to receive boo	☐ Poetry	☐ Westerns		
☐ Explicit sex	Extreme violence	☐ Frequent profanity		
The reading level most appro	opriate for me is:			
<ul><li>☐ Adult</li><li>☐ Young Adult</li><li>☐ Grades 9-12</li></ul> My preferred language for re-	☐ Grades 6-9 ☐ Grades 5-8 ☐ Grades 4-7	<ul><li>☐ Grades 3-6</li><li>☐ Grades 2-4</li><li>☐ Grades Pre K-2</li><li>her</li></ul>		
Other reading interests or fav				
How did you hear about our  Consumer/Support Group  Vocational Rehab Center  Healthcare Professional  Radio Ad TV Ad  Internet/Social Media (specify:)	□ Event/Expo/Convention □ Other Occupational The □ Veterans Affairs □ Other Ad (specify:)	rapy		

#### All Institutions must fully complete and sign this "Certifying Authority" page.

If your institution serves minors, then you must also have the appropriate person complete and sign the "Institutional Acknowledgment" page as well.

#### To be completed by a Certifying Authority (See definitions below)

I hereby certify that the institution named serves people who are unable to read or use regular print or use regular printed material because of blindness, a visual impairment, a reading disability, or a physical disability. I further certify that reading materials and equipment borrowed will be used by such persons only and that in the provision of books, recordings, playback equipment, musical scores, instructional texts, and other specialized materials, preference shall be given at all times to the needs of the blind and other physically disabled persons who have been honorably discharged from the armed forces of the United States.

Certifier's name:		
Certifier's Title:		
Email:		
Street:		
City:		
Signature:	Date:	

A scanned or faxed signature is acceptable

#### **Definition of Certifying Authority**

- 1. In cases of blindness, visual impairment or physical disability, certifying authorities include doctors of medicine or osteopathy, ophthalmologists, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions and public agencies (e.g., social workers, counselors or rehabilitation teachers). In the absence of any of these, professional librarians may certify.
- 2. **In the case of a student with a reading disability** such as dyslexia, dysgraphia, trouble with word decoding or another data processing disorder, the certifying authority may be a certified reading specialist, school psychologist, superintendent, teacher or school librarian.

#### Institutional Acknowledgment for NLS Services and Devices

## Required for Institutions Serving Users who are Minors (Under 18 Years Old)

As an institution that serves users who are minors, we acknowledge that such users will receive NLS services and equipment and that the institution will have access to the entire NLS catalog of reading material on their behalf. We acknowledge that we will be responsible for receiving any necessary parental or guardian consent. All materials and equipment (including digital talking book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.

Date:
Name of Institution:
Full Name of Legally Authorized Representative:
Title of Legally Authorized Representative:
Email Address of Legally Authorized Representative:
Phone Number of Legally Authorized Representative:
I have the authority to enter into binding agreements on behalf of my institution and, by signing below, I acknowledge the preceding on behalf of my institution.
Signature of Legally Authorized Representative: