

Application for free library service: Individuals

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. For further Information call: 800.543.4702 or 225.342.0035

Please print or type:

First name: _____ Middle initial: _____ Last: _____

Date of birth: _____ Gender: Female Male

Street address: _____

City: _____ State: _____ Zip: _____ Parish: _____

Home phone: (_____) _____ Work phone: (_____) _____

Cell phone: (_____) _____ Email address: _____

Please name a relative, friend or other person we can contact if you cannot be reached.

Name: _____ Relationship: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email address: _____

- 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.

Please check the primary disability preventing you from reading standard print:

- Blindness** - Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field is no greater than 20 degrees.
- Visual impairment** - You cannot see well enough or focus long enough to read standard print, even when you wear glasses to correct your vision.
- Physical disability** - You are unable to handle print books or turn pages because of a physical disability.
- Reading disability**—Organic dysfunctions like dyslexia must be certified by doctors or by school reading specialists, educators, school librarians / psychologists.
- Deaf-blindness** - Same definition for blindness listed above must apply.

Books, equipment and other services

Please check the boxes for any items or services you wish to receive:

Materials:

I would like to receive the following materials (please check all that apply):

- Audio books and magazines
- Braille books and magazines
- Large print books - 14 point type
- Illustrated children's Big Books

Tell us how you would like to read your books and/or magazines:

- I would like to receive audio books and magazines on cartridge through the mail. Please loan me a free talking-book player machine and mail me my books and magazines.
- I would like to use the free BARD Mobile App to listen to audio books and magazines on my smart phone or device. Note: the app provides immediate access to Talking Book and Braille materials.

Other equipment and accessories:

- High volume player and headphones (solely for use by readers with profound hearing loss; ask for a separate application)
- Pillow speakers - for readers confined to bed.

Return of Equipment

Playback equipment and accessories are supplied to eligible patrons on extended loan. If this equipment is not being used for reading recorded materials provided by the Library of Congress and its cooperating libraries, please return it to the issuing agency.

Confidentiality

The information on this application is required to establish eligibility for free library services. This is a library record, and as such its information is confidential.

Services:

- Download service (BARD)** - Must have a computer with high-speed internet and an email address. Downloaded books are saved to a blank cartridge or flash drive, then played on the talking-book player. Must have a refreshable Braille device if downloading digital Braille books.
- NFB Newline service** - Have newspapers and popular magazines read to you over the telephone.
- Online catalog service** - Register for a login to view your request list and reading preferences, do searches, order books. Access the entire collection of audio, large print and Braille books.

Music materials:

- Music instruction/appreciation material on digital cartridge
- Music magazines, scores and /or music appreciation in Braille
- Music scores in large print

Note: The program cannot provide recorded music for recreational listening.

Reading preferences

Select the type of book service you desire (**check all that apply**).

I want to select my own books. I will send the library requests from catalogs, *Talking Book Topics*, *Braille Book Review*, or other sources.

I would like the library to select books for me. My reading interests are:

- | | | |
|---|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Gothic novels | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Animal Stories | <input type="checkbox"/> History, United States | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Bestsellers, fiction | <input type="checkbox"/> History, World | <input type="checkbox"/> Romance, historical |
| <input type="checkbox"/> Bestsellers, non-fiction | <input type="checkbox"/> Horror | <input type="checkbox"/> Science |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Humor | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Christian fiction | <input type="checkbox"/> Louisiana interest | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> Christian interest | <input type="checkbox"/> Medicine | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Spy stories |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Mysteries, Cozy | <input type="checkbox"/> Suspense stories |
| <input type="checkbox"/> Family stories | <input type="checkbox"/> Nature | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Occult | <input type="checkbox"/> True crime |
| <input type="checkbox"/> Fitness and diet | <input type="checkbox"/> Philosophy | <input type="checkbox"/> War stories |
| <input type="checkbox"/> Politics | <input type="checkbox"/> Poetry | <input type="checkbox"/> Westerns |

I **do not** wish to receive books that contain:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Explicit sex | <input type="checkbox"/> Extreme violence | <input type="checkbox"/> Frequent profanity |
|---------------------------------------|---|---|

The reading level most appropriate for me is:

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Grades 6-9 | <input type="checkbox"/> Grades 3-6 |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Grades 5-8 | <input type="checkbox"/> Grades 2-4 |
| <input type="checkbox"/> Grades 9-12 | <input type="checkbox"/> Grades 4-7 | <input type="checkbox"/> Grades Pre K-2 |

My preferred language for reading is: English Other _____

Other reading interests or favorite authors:

- How did you hear about our service? Friend/Family Lighthouse for the Blind
 Consumer/Support Group Event/Expo/Convention Librarian School
 Vocational Rehab Center Other Occupational Therapy
 Healthcare Professional Veterans Affairs
 Radio Ad TV Ad Other Ad (specify:) _____
 Internet/Social Media (specify:) _____
 Other (specify:) _____

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

I certify this applicant is eligible for NLS services for the reason indicated on the first page of this application. *Faxed or scanned signatures are acceptable*

Certifier's name: _____

Title: _____ Organization: _____

Email: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Definition of Certifying Authority

- 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.
- 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.

Parental Acknowledgment for NLS Services and Devices

[Required for all applicants under 18 years of age]

As the parent/guardian of the applicant, I acknowledge that my child will receive services and equipment and that my child will have access to the entire NLS catalog of reading material. All materials and equipment (including digital talking-book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.

Name (Last) _____ (First) _____ (Middle) _____

Relationship to patron _____

Email _____

Parent/Guardian signature: _____