

# Talking Book Center

Genesee District Library • National Library Service for the Blind and Print Disabled

4195 W Pasadena Ave., Flint, Michigan, 48504-2344

**Toll Free: 866-732-1120**

**Local Phone:** 810-732-1120

**Fax:** 810-776-8207

**Email:** tbc@thegdl.org

**Web:** www.thegdl.org/talking-book-center

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## **Application for Free Library Service**

Please complete this application and submit it to the Talking Book Center (TBC) at the address above. The application may be returned by email, fax, printed and mailed, or printed and hand delivered.

Applicant Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Birth Year \_\_\_\_\_

Email \_\_\_\_\_

Alternative contact if you cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

- If you do not wish to receive e-mail messages from TBC, check this box. Please note there is an option to “Unsubscribe” to emails in the future if you do not find them useful.

**Veterans:** Persons who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and specialized materials (Public Law 89-522).

- Check here if you were honorably discharged from the United States military.

**NOTE:** Personal information is confidential except for those portions defined by law as public information.

**Indicate the primary disability preventing you from reading printed material.**

- Blindness                       Physical Disability                       Deaf/Blindness  
 Visual Impairment                       Reading Disability

**Eligibility of blind and other print-disabled persons for loan of library materials**

The following people are eligible for service: residents of the United States, including territories, insular possessions, and the District of Columbia, and American citizens living abroad, provided they meet one of the following criteria:

1. An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
2. An individual who has a perceptual or reading disability.
3. An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Please see [www.loc.gov/nls/about/eligibility-for-nls-services](http://www.loc.gov/nls/about/eligibility-for-nls-services) for the full eligibility terminology.

**Certifying Authority**

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

**To be completed by Certifying Authority**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Email \_\_\_\_\_

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

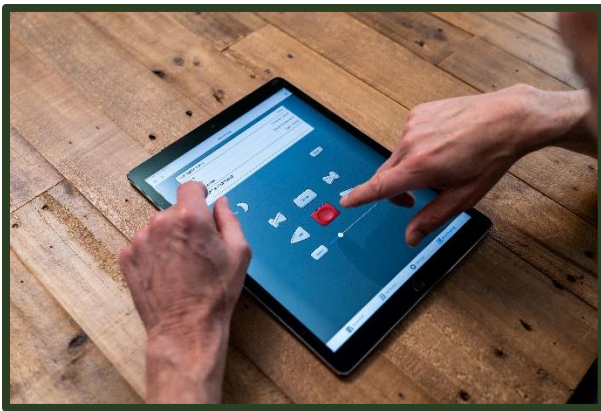
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify that this applicant is eligible for NLS services.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*A typed or handwritten signature is acceptable after all certifying data is completed.*



### **BARD (Braille and Audio Reading Download)**

Download books instantly to your personal devices using the free BARD Mobile App, so you can enjoy books anytime, anywhere. Patrons need an email address for BARD service.



### **Digital Talking Book Machine**

Patrons supplied with players who would prefer to receive books on cartridge through the USPS for free. This simple machine is appropriate for patrons who prefer a low-tech option.

### **Which library services would you like (check all that apply)?**

- BARD.** I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire), an email address, and Internet or cellular access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile App.
- Digital Talking Book Machine.** I want my library to send a player and books on cartridge by USPS to my home.
- Headphones.** I want my library to send headphones to use with my Digital Talking Book Machine.
- eReader.** I am a braille reader and want my library to send a refreshable braille display.
- Hardcopy braille.** I am a braille reader and want my library to send hardcopy braille books and magazines to me by USPS to my home.

Return of Materials and Equipment: Playback equipment and library materials are supplied to eligible persons on extended loan. Circulation of at least one item a year will keep the account active. If this equipment is not being used with materials provided by the Library of Congress and its cooperating libraries, it must be returned to the Michigan Braille and Talking Book Library.

**How did you learn about our service? Check up to three:**

- |   |   |
|---|---|
| <input type="checkbox"/> Veterans Affairs/Defense Health Agency | <input type="checkbox"/> Other Health Care Professional   |
| <input type="checkbox"/> School                                 | <input type="checkbox"/> Vocational Rehabilitation Center |
| <input type="checkbox"/> Friend/Family                          | <input type="checkbox"/> Public Library                   |
| <input type="checkbox"/> Consumer/Support Group                 | <input type="checkbox"/> Event/Expo                       |
| <input type="checkbox"/> TV Ad                                  | <input type="checkbox"/> Radio Ad                         |
| <input type="checkbox"/> Other Ad (specify)                     | <input type="checkbox"/> Internet/Social Media            |
| <input type="checkbox"/> Other (specify): _____                 |   |

**Reading Preferences (Optional): Complete the following if you want library materials sent to your home by USPS Free Matter for the Blind. Note:** If you want books selected for you, the library needs information about your reading interests. Please check all the types of books or subjects you prefer.

**Age Range:**  Adult Titles     Young Adult Titles     Children's Titles, Grade: \_\_\_\_\_

**Subject Category:**

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Adventure               | <input type="checkbox"/> Biography          | <input type="checkbox"/> Classics |
| <input type="checkbox"/> Cooking                 | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> History  |
| <input type="checkbox"/> Horror/Paranormal       | <input type="checkbox"/> Modern Fiction     | <input type="checkbox"/> Mystery  |
| <input type="checkbox"/> Psychology/ Self-Help   | <input type="checkbox"/> Regional Interest  | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Religious Fiction/Amish | <input type="checkbox"/> Romance            | <input type="checkbox"/> Science  |
| <input type="checkbox"/> Science Fiction/Fantasy | <input type="checkbox"/> War/Military       | <input type="checkbox"/> Westerns |

Please indicate additional genres, titles, authors, or topics:

I do not wish to receive books that contain (check all that apply):

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Strong language | <input type="checkbox"/> Violence | <input type="checkbox"/> Explicit descriptions of sex |
|--|-----------------------------------|---|

I am interested in receiving books in languages other than English (please list other languages):

\_\_\_\_\_

## Parental Acknowledgment:

Parental Acknowledgment for NLS Services and Devices for persons under the age of 18:

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: \_\_\_\_\_

