

# APPLICATION FOR FREE LIBRARY SERVICE

Talking Book & Braille Service • Illinois State Library  
300 S. Second St., Springfield, IL 62701 • 800-426-0709 • www.ilbph.org

Please complete this application and send it to the library at the above address.

**Please print or type:**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (Daytime) (\_\_\_\_\_) \_\_\_\_\_ Date of birth \_\_\_\_\_

Telephone (Evening) (\_\_\_\_\_) \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_

Please give the name of a person to contact if you cannot be reached for an extended period:

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Please check here if you have been honorably discharged from the Armed Forces of the United States.

Indicate the primary disability preventing you from reading regular printed material. See definitions under eligibility criteria. Check only one box.

- Blindness**                       **Physical handicap**                       **Deaf-blindness**  
 **Visual handicap**                       **Reading disability**

In addition to any of the qualifying disabilities above, do you also have a hearing impairment? If yes, indicate the degree of hearing loss.

- Moderate** — some difficulty hearing and understanding speech.  
 **Profound** — cannot hear or understand speech.

**Notice:** Records relating to recipients of Library of Congress reading materials are confidential except for those portions defined by local law as public information. To find out the extent to which the information provided on this application form may be released to other individuals, institutions or agencies, consult the agency to which you are submitting this application.

**Eligibility of blind and other physically handicapped persons for loan of library materials:**

The following persons are eligible for service: Residents of the United States, including territories, insular possessions, the District of Columbia and American citizens living abroad.

1. 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. Those with physical disabilities are eligible as follows:
  - (a) Persons whose visual impairment, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular-printed material.
  - (b) Persons certified by competent authority as unable to read or unable to use regular-printed material because of physical limitations.
  - (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and sufficient severity to prevent reading regular-printed material in a conventional manner.

**Certifying authority:**

- In cases of blindness, visual impairment or physical limitations, "competent authority" includes doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions and public or private welfare agencies (e.g., social workers, case 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.
- In the case of a 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.

**To be completed by certifying authority:** (As defined above.)

I certify that the named applicant requesting library service is unable to read or use regular-printed material for the reason indicated on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please print or type:**

Name \_\_\_\_\_

Title and occupation \_\_\_\_\_ Organization \_\_\_\_\_

Street address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Lending of materials and classes of borrowers:**

**Veterans.** According to Public Law 89-522, blind and other physically handicapped persons who have been honorably discharged from the Armed Forces of the United States must receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts and other specialized materials.

**Institutions.** Please fill out the Application for Free Library Service for Institutions.

**Reading preferences:** (Check A or B)

A. Do not select books for me. Send only the specific titles that I request.

B. I wish to have books selected for me.

**Note:** If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer. You also may write your reading interests in the space provided below:

**Age range:**  Adult titles  Young Adult titles  Children's titles    Grade: \_\_\_\_\_

**Subject category:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adventure               | <input type="checkbox"/> History (U.S. or World)  | <input type="checkbox"/> Religion / Religious Fiction |
| <input type="checkbox"/> Bestsellers             | <input type="checkbox"/> Historical Fiction       | <input type="checkbox"/> Romance                      |
| <input type="checkbox"/> Biographies             | <input type="checkbox"/> Hobbies and Crafts       | <input type="checkbox"/> Science and Technology       |
| <input type="checkbox"/> Business and Economics  | <input type="checkbox"/> Humor                    | <input type="checkbox"/> Science Fiction              |
| <input type="checkbox"/> Career and Job Training | <input type="checkbox"/> Literature               | <input type="checkbox"/> Spanish Language             |
| <input type="checkbox"/> Classics                | <input type="checkbox"/> Medicine and Health      | <input type="checkbox"/> Spies and Espionage          |
| <input type="checkbox"/> Cooking                 | <input type="checkbox"/> Mystery and Detective    | <input type="checkbox"/> Sports and Recreation        |
| <input type="checkbox"/> Drama and Theater       | <input type="checkbox"/> Nature / Environment     | <input type="checkbox"/> Stage and Screen             |
| <input type="checkbox"/> Fantasy                 | <input type="checkbox"/> Occult and Horror        | <input type="checkbox"/> Suspense                     |
| <input type="checkbox"/> Gardening               | <input type="checkbox"/> Philosophy               | <input type="checkbox"/> Travel                       |
| <input type="checkbox"/> Gothics                 | <input type="checkbox"/> Poetry                   | <input type="checkbox"/> War / War Stories            |
| <input type="checkbox"/> Government and Law      | <input type="checkbox"/> Psychology and Self-Help | <input type="checkbox"/> Westerns                     |

Other preferences: \_\_\_\_\_

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 |
|--|-----------------------------------|---|

How did you learn about the NLS free library service? (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rehabilitative Professional | <input type="checkbox"/> Healthcare Professional             | <input type="checkbox"/> Friend / Family Member |
| <input type="checkbox"/> Library / Librarian         | <input type="checkbox"/> School                              | <input type="checkbox"/> TV Ad Radio Ad         |
| <input type="checkbox"/> Online Ad                   | <input type="checkbox"/> News / Other Website / Social Media | <input type="checkbox"/> Other _____            |

**Materials:**

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

- Audio books and magazines
- Braille books and magazines

**Equipment:**

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 and mail me my books and magazines. Please note: delivery of materials may take up to 10 days on average.
- I would like to access library materials using an app on my mobile device (smartphone, tablet, iPhone, iPad, Kindle, etc). Please note: the app provides immediate access to the talking book and braille program materials.

**Return of equipment:**

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

**Where to send:**

Mail this application to your local cooperating library found at [www.loc.gov/nls/find.html](http://www.loc.gov/nls/find.html) or call 1-888-NLS-READ (1-888-657-7323).

**Music materials:**

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

(Note: the program cannot provide recorded music for recreational listening.)

**Accessories for digital talking-book player:**

- USB flash drive adapter (lets you use a personal flash drive with the player)
- High volume player and headphones (solely for use by readers with profound hearing loss; ask for a separate application)
- Digital talking-book (DTB) cartridge cable (used to connect a DTB cartridge to a USB port on a computer)
- Headphones
- Pillow speaker (issued only to readers confined to a bed)