



INDIVIDUAL APPLICATION FOR FREE LIBRARY SERVICE

Telephone: 317-232-3684
Toll Free: 800-622-4970
email: tbbl@library.in.gov

**INDIANA TALKING BOOK AND
BRAILLE LIBRARY**
INDIANA STATE LIBRARY
140 N. Senate Avenue
Indianapolis, Indiana 46204

The information provided on this application and the patron records kept for recipients of the talking book service are confidential and will not be released to other individuals, institutions, or agencies except as provided for by Indiana Code 4-1-6 and 5-14-3-4.

INSTRUCTIONS:

1. Please mail this completed application to the address stated above.
2. For prompt processing of your application, please return the entire properly certified application to us. If you have questions regarding the application, please contact the number stated above.

If you have been honorably discharged from the U.S. Armed Forces, please check here. By law, preference in lending books and equipment is given to veterans.

Name					
Address (number and street)					
City		State		ZIP code	
Telephone		Daytime telephone			
County					
Date of birth (month, day, year)		Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	
If student, permanent address (number and street, city, state, and ZIP code)					
Parent, if patron is under eighteen (18), or person to be contacted if you cannot be reached for an extended period of time.					
Name					
Telephone					
Address (number and street, city, state, and ZIP code)					

ELIGIBILITY REQUIREMENTS AND CERTIFICATION

Residency or US Citizenship: Eligible 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.

Persons with the following conditions are eligible for free library service from the talking-book program.

- Blindness:** Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.
- Visual handicap:** Not legally blind but unable to read standard print material without special aids or devices other than regular eyeglasses, regardless of optical measurement.
- Physical handicap:** other than visual impairment. Unable to read a book, hold a book, or turn a page because of physical limitation, e.g., paralysis, arthritis, muscle or nerve deterioration, extreme weakness.
- Reading disability:** Disability must be physically based (an organic dysfunction) and of sufficient severity to prevent reading regular or standard printed materials in a normal manner. **Application must be signed by a doctor of medicine or osteopathy.**
- Deaf/Blind**

In addition to any of the conditions above, does the applicant also have a **hearing impairment**? If so, indicate the degree of hearing loss:

- Moderate:** Some difficulty hearing and understanding
- Profound:** Cannot hear or understand speech

This section is to be completed by a competent authority who is familiar with the applicant's visual and physical condition, and is able to certify applicant's inability to read standard print material because of that condition. For example, physician, registered nurse, therapist, optometrist, educator, ophthalmologist, hospital or welfare professional may qualify.

The applicant may not be certified by a relative.

In case of reading disability from organic dysfunction, federal law requires certification by a doctor of medicine or a doctor of osteopathy.

SIGNATURE OF CERTIFYING AUTHORITY

I, _____ certify that _____ is unable to read or use standard printed material because of the reason checked on page 2 of this application.

Name *(please print)*

Signature *

Date

(month, day, year)

*Original signature is required *(no signature stamps)*

Title and Occupation

Telephone

Address *(number and street)*

City, State, and ZIP code

BOOKS AND EQUIPMENT

Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating talking book libraries, it must be returned to the Indiana State Library.

Check the type of books and equipment you wish to receive.

Audio Books and Magazines with a talking book player

Braille and Audio Reading Download (BARD). Send instructions on how to register and download talking books over the Internet from the BARD website to use with the digital player.

BARD Mobile - download and play books and magazines from BARD directly to your iOS or Android device using BARD Mobile.

Braille books and/or magazines

Headphones - solely for use where speakers are not permitted

Pillow speaker - solely for readers confined to bed

High Volume Digital Player- solely for use by readers with profound hearing loss. A special application, signed by a physician or licensed audiologist, is required.

NFB Newsline Service - telephone newspaper service

FOR STAFF USE ONLY

Patron wants <u>Talking Book Topics</u> in	
Patron was called on (<i>month, day, year</i>)	
Machine(s) number sent on	

READING PREFERENCE SHEET

My preference language for reading is	English Other _____
Reading level	Adult Juvenile - Grade level _____
Check one	<p>I will select my own books. Send me a catalog of titles available in the formats checked above.</p> <p>Select books for me based on my reading interests indicated below.</p>
<p>If the library selects books for you, do we need to exclude books containing?</p> <p><input type="checkbox"/> Explicit sex <input type="checkbox"/> Violence <input type="checkbox"/> Strong language</p>	

Check the box and the letters preceding subjects of interest to you.

F = Fiction

NF = Non-fiction

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| <ul style="list-style-type: none"> Adventure <li style="padding-left: 20px;">Fiction <li style="padding-left: 20px;">Non-Fiction Animal Stories Bestsellers <li style="padding-left: 20px;">Fiction <li style="padding-left: 20px;">Non-Fiction Biographies <li style="padding-left: 20px;">Autobiographies/Memoirs Black Interest (F/NF) Business and Economics Christian Fiction <li style="padding-left: 20px;">Christian Romance <li style="padding-left: 20px;">Christian Mystery <li style="padding-left: 20px;">Amish Fiction Classics Cooking Current Events Disability Interest (F/NF) <li style="padding-left: 20px;">Disability Interest - Blindness Family Sagas Fantasy | <ul style="list-style-type: none"> Gardening Gentle or Nostalgic Fiction History History (U.S.) Historical Fiction Horror Humor <li style="padding-left: 20px;">Fiction <li style="padding-left: 20px;">Non-Fiction Indiana Interest Law and Legal Matters (NF) Literature/Literary Fiction Medicine/Health <li style="padding-left: 20px;">Medical Fiction <li style="padding-left: 20px;">Fitness Movies and Television Mysteries Occult and Paranormal (F) Poetry Politics and Government (NF) Psychology Religion (NF) <li style="padding-left: 20px;">Specify |
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Romance
 Historical Romance
 Romantic Suspense
 Gothic Romance

Science
Science Fiction
Self-Help
Short Stories
Sports

 Specify Sport

Spies and Espionage (F)
Suspense/Thriller
Technology
Travel
True Crime
War

 Fiction
 Non-Fiction

Westerns
Woman's Fiction

Please list any other reading preferences,
including favorite authors or additional
subjects:

APPLICANT AGREEMENT

It is the responsibility of Talking Book & Braille users to:

1. Return the books and players loaned to you when you are no longer using the recorded reading material provided by the Indiana Talking Book Program.
2. Notify the library of any address or telephone number changes.
3. Take good care of materials and machines.
4. Borrow at least one book and/or magazine per year.
5. Read and return books within thirty (30) days of their receipt to allow others the opportunity to read.

I understand the above responsibilities and agree to follow them.

Signature of applicant or guardian