

## Application for Free Library Service: Individuals

Please complete this application and send it to the library serving blind and physically disabled individuals in your state. To find your local cooperating library go to [www.loc.gov/nls/find.html](http://www.loc.gov/nls/find.html) or call 1-888-NLS-READ (1-888-657-7323).

**Please print or type**

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

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

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

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

Telephone (evening) ( ) \_\_\_\_\_ Gender \_\_\_\_\_

E-mail address \_\_\_\_\_

Alternative contact if you cannot be reached for an extended period:

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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

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

**Check only one box.** Eligibility must be substantiated. See eligibility criteria definitions.

Blindness                       Physical disability                       Deaf-blindness

Visual impairment                       Reading disability

If you **also** have a hearing impairment please 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 disabled persons for loan of library materials

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

1. Those people 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 of 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 \_\_\_\_\_

Organization \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

**Lending of materials and classes of borrowers**

Veterans. According to Public Law 89-522, persons who are blind or have a physical disability 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 and 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. Check all that apply.

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

**Subject category:**

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

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

I do not wish to receive books that contain (check up to three):

- Strong language                       Violence                                       Explicit descriptions of sex

How did you learn about the NLS free library service? (check up to three)

- Veterans Affairs/Defense Health Agency     Other Healthcare Professional     School
- Vocational Rehabilitative Center     Friend/Family member                       Library/Librarian
- Consumer/Support Group     Event/Expo                       TV Ad                       Radio Ad
- Other Ad (specify below)     Internet/Social Media (specify below)     Other (specify below)

**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 (please check one):

- I would like to access library materials using an app on my mobile device (smartphone, tablet, Kindle, etc). Please note: The app provides immediate access to NLS materials.
- 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.

**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)