



Application For Talking Book Machine and Library Service to the Blind and Physically Disabled

Individuals

PLEASE PRINT OR TYPE

1-800-686-1531

Name: _____

Address _____

City, State, Zip _____

Phone (____) _____ County _____

Birth date _____ Sex: M _____ F _____

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

The information provided on this application will not be released to other individuals, institutions, or agencies except as provided for in Section 149.43 Ohio Revised Code, The Public Records Act.

Type of Disability. Check all that apply:

- Legally Blind. 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 printed material without special aids or devices other than regular eyeglasses, regardless of optical measurement.
Physical handicap, Other than Visual Impairment. Please specify Unable to read a book, hold a book, or turn a page because of physical limitations, e.g., paralysis, arthritis, muscle or nerve deterioration, extreme weakness.
Reading Disability. The result of an organic dysfunction, such as dyslexia, of sufficient severity to prevent the reading of printed material in a normal way.
Deaf/Blindness.

Certification. Must be completed for all applicants:

In cases of blindness, visual disability, or physical limitations, certifying authority is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists, professional staff of hospitals, institutions, and public welfare agencies. 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.

NOTE: In the cases of Reading Disability certification must be by a doctor of medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.

Name _____

Title and Occupation _____

Address _____

Phone (____) _____ Date _____ Signature _____

In addition to any of the disabilities listed on the previous page, do you have a significant hearing impairment? Yes No

Services Requested:

Digital Player and Books

Cassette Player and Cassettes

Interested in Braille and Audio Reading Download (BARD)

Will use own Equipment

__APH __BookSense __Victor Reader

__LevelStar __PlexTalk

Email address: _____

**Email address is required to download Audio Books through BARD*

Braille Books Braille Magazines Audio Magazines (Cassette Tape Only)

Playaways Descriptive Videos Descriptive DVDs

Special Attachments Requested:

Headphones. Cassette Player Only (Please Note: Commercial headphones may be purchased from a store to be used with Library of Congress equipment).

Pillowphone. For individuals confined to bed.

Key Extension Levers (Cassette Player Only). For severely disabled individuals with limited use of hands or arms, who have difficulty manipulating key controls on cassette player.

NOTE:

Playback equipment and special attachments are provided free to eligible persons on extended loan. **If the equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries it must be returned to the issuing agency.**

Individual Reading Preferences

Fiction (Check all that apply)

__ Adventure

__ Animals & Wildlife

__ Bestsellers *

__ Classics

__ Fantasy

__ Folklore

__ Historical novels
American

__ Historical novels

World

__ Horror

__ Humor

__ Light/wholesome

__ Love stories

__ Mysteries

__ Light (Cozy) Mysteries

__ Religious fiction

__ Romantic suspense

__ Science fiction

__ Suspense

__ War stories

__ Thrillers

__ Westerns

Individual Reading Preferences *(continued)*

Non-Fiction (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Ethnic interests | <input type="checkbox"/> Personal Finance |
| <input type="checkbox"/> Animals & Wildlife | <input type="checkbox"/> Asian | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Aging/Retirement | <input type="checkbox"/> Black Interests | <input type="checkbox"/> Plays |
| <input type="checkbox"/> Bestsellers * | <input type="checkbox"/> European | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Psychology and
Self-help |
| <input type="checkbox"/> "Newsmakers" | <input type="checkbox"/> Jewish | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Presidents | <input type="checkbox"/> Native American | <input type="checkbox"/> Catholic |
| <input type="checkbox"/> Stage/Screen | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Islam |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Books made into
movies | <input type="checkbox"/> Health | <input type="checkbox"/> Protestant |
| <input type="checkbox"/> Business/Economics | <input type="checkbox"/> History, American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computers | <input type="checkbox"/> History, World | |
| <input type="checkbox"/> Cooking/
Homemaking | <input type="checkbox"/> Inspirational/
Self-improvement | <input type="checkbox"/> Science |
| <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Medicine | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Current Events | <input type="checkbox"/> Music Appreciation | <input type="checkbox"/> Occult & Super-
natural phenomena |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Nature | <input type="checkbox"/> Travel/Geography |
| | <input type="checkbox"/> Ohio Interest | <input type="checkbox"/> War |
| | <input type="checkbox"/> Personal Hygiene | <input type="checkbox"/> Other _____ |

Favorite authors: _____

Books in foreign languages are available on request. Please contact the library for further details.

***PLEASE NOTE:** Bestsellers very often contain sex, strong language and violence.

Are you willing to accept books that contain the following?

Explicit sex: Yes No Rough language: Yes No Violence: Yes No

Person who is completing the form on behalf of the applicant:

Name _____

Address _____

City, State, Zip _____ Phone (____) _____

Application Agreement

It is the responsibility of the library user to:

1. Return library materials and machines when they are no longer being used.
2. Notify the library of any address or telephone number changes.
3. Take reasonable care of materials and machines.
4. Borrow at least one book or magazine per year.
5. Read and return books within six weeks of their receipt, to allow others the opportunity to read.

I understand the above responsibilities and agree to follow them.

Signature of applicant **(or, Person completing on behalf of applicant)**

Return completed application to:

State Library of Ohio
Talking Book Program
274 E. First Avenue
Columbus, OH 43201-3673

or

Ohio Library for the BLIND
& Physically Disabled
17121 Lake Shore Blvd.
Cleveland, OH 44110-4006

.....
Machine(s) Assigned:

(To be completed by Agency)

Date _____

The State Library of Ohio Is An Equal Opportunity Employer/Equal Access Agency.