

TALKING BOOK LIBRARY TRAVERSE AREA DISTRICT LIBRARY

610 Woodmere Ave. Traverse City, MI 49686-3103

Toll Free: 1-877-931-8558

Local Phone: 1-231-932-8558

Fax: 1-231-932-8500

Email: tbl@tadl.org

Web: www.tadl.org/tbl

Application for Free Library Service

Name (Last) _____ (First) _____ (Middle) _____

Street Address _____

City _____ County _____ State MI Zip _____

Primary Telephone _____ Alt. Telephone _____

Birth Year _____

Email Address _____

Alternative contact if you cannot be reached:

Name _____

Telephone _____ Email _____

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

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).

How did you hear about this service? _____

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 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) provides access to thousands of audio and braille books, magazines, and music scores available from NLS via download. All active NLS patrons with an email account are eligible for BARD service. Download books instantly to your personal devices using the free BARD Mobile App, which includes built-in playback capability so you can enjoy talking books anytime, anywhere.

Service delivery for library materials (check all that apply)

- I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire) and Internet or cellular access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile application. Please provide your email address for BARD registration.

- I have a personal mobile device and would like to access the free BARD Mobile application, but I would also like materials sent to my home by USPS. Please select the types of materials you want mailed to your home. (Check all that apply.)
 - Digital talking books and audio magazines on cartridge
 - Hardcopy braille books and braille magazines
 - Headphones

- I do NOT have a personal mobile device. I want my library to send books by USPS to my home. I would like materials in the following format. (Check all that apply)
 - Digital talking books and audio magazines on cartridge
 - Hardcopy braille books and braille magazines
 - Headphones

Catalogs

- Talking Book Topics, a bi-monthly catalog of newly recorded books:
 - Large Print
 - Audio
 - I do not want a catalog
- Braille Book Review, a bi-monthly catalog of new Braille books:
 - Large Print
 - Braille
 - I do not want a catalog

Reading Preferences (Optional): Complete the following if you want library materials sent by home delivery, USPS Free Matter for the Blind

Reading Preferences: Check A or B

- A. Do not select books for me. Send books only when I call/email to request specific titles.
- B. I wish to have books selected for me. Send a book cartridge each time I return one.

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, in the following list.

Age Range: Adult Titles Young Adult Titles Children's Titles, Grade: _____

Subject Category:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sea Stories | <input type="checkbox"/> History | <input type="checkbox"/> Romance, Traditional |
| <input type="checkbox"/> Spy Stories | <input type="checkbox"/> Horror/Paranormal | <input type="checkbox"/> Romance, Spicy |
| <input type="checkbox"/> Animals/Wildlife | <input type="checkbox"/> Modern Fiction | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Bestsellers, Fiction | <input type="checkbox"/> Music Appreciation | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Bestsellers, Non-fiction | <input type="checkbox"/> Mystery, Cozy | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Mystery, Detective | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Christian Fiction/Amish | <input type="checkbox"/> Mystery, Historical | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Classic Novels | <input type="checkbox"/> Nature | <input type="checkbox"/> War, Fiction |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Poetry | <input type="checkbox"/> War/Military, Non-fiction |
| <input type="checkbox"/> Gov't/Politics | <input type="checkbox"/> Regional Interest | <input type="checkbox"/> Westerns |

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

If you wish to receive books in languages other than English, please list the languages:

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

- Strong language Violence Explicit descriptions of sex

*Westerns and mysteries usually contain violence.

Notice to Institutions: Institutions may use this application to request service. In this case, the applicant name on the first page of the application should be the name of the institution, with the contact person listed as the person filling the application out. Special rules and regulations may apply to institution accounts. Please contact the library to discuss institutional accounts further.

Institution Notes (Schools- list eligible students and their qualifying disability here):

Parental Acknowledgment for NLS Services and Devices

Required for new applicants and existing patrons who are minors (under 18 years old). Please choose one of the following options:

- As the parent/guardian of the applicant or patron, 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.
- My child does not have my permission to receive services from the Library of Congress. Please suspend their account and discontinue all braille and talking book services. I will return any materials that are currently on loan to my child, including digital talking book cartridges, hard-copy braille, players, and accessories.

Parent or Guardian Acknowledgment

Name (Last) _____ (First) _____ (Middle) _____

Relationship to Patron _____ Email Address _____

Parent/Guardian Signature: _____

Patron Information

Name (Last) _____ (First) _____ (Middle) _____

Street Address _____

City _____ County _____ State _____

ZIP _____ Telephone _____

Date of Birth _____ Email Address _____

Use of Government Property: NLS program equipment, materials, and products, both online and physical, are federal property. Users shall acknowledge the purpose for which these items were intended and accept responsibility for accessing these items. All materials and equipment (including digital talking book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.

Personal Information: Personal information is confidential except for those portions defined by law as public information. To learn what information provided on this application form may be released to other individuals, institutions, or agencies, please consult the agency to which you are submitting this application.