



Application for Free Library Service - Individual
Ohio Library for the Blind and Physically Disabled
State Library of Ohio Talking Book Program



Please Print or Type:

(Rev.5/11)

Name _____

Address _____

City, State, ZIP _____

Phone _____ County _____

Date of Birth _____ Gender: ☐ Female ☐ Male

☐ 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.

☐ **Visually impaired.** 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.** 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:

☐ Books recorded on digital cartridge with digital player

☐ Braille and Audio Reading Download (BARD)

Please enter a valid E-mail address to register for BARD (required): _____

If you have purchased your own player, please describe: _____

☐ Books recorded on audiocassettes with standard cassette player

☐ Braille books

☐ Braille magazines

☐ Magazines recorded on audiocassettes

☐ Music (Note: Recorded music for recreational listening is not available through this program.)

☐ Music instruction on digital cartridge

☐ Music instruction on audiocassette

☐ Music magazines in braille

☐ Music scores in braille

☐ Music scores in large print

☐ Playaway self-playing pre-loaded digital talking books

☐ Described standard and Blu-Ray DVDs

☐ Described VHS videocassettes

☐ Web-Braille - a web-based service to download braille books, magazines, and music scores

☐ NEWSLINE - telephone and online newspaper service

Special Equipment Attachments Requested:

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

☐ Pillow Speaker. 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 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.

Reading Preferences. Select one:

☐ Do not send books for me. Send only the specific titles that I request.

☐ 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 may also write your reading interests in the space provided below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Ethnic Interest - Jewish | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Aging and retirement | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Politics and government |
| <input type="checkbox"/> Animals and wildlife | <input type="checkbox"/> Folklore | <input type="checkbox"/> Psychology and self-help |
| <input type="checkbox"/> Autobiographies | <input type="checkbox"/> Health | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Bestsellers fiction | <input type="checkbox"/> Historical novels -American | <input type="checkbox"/> Religion - Catholic |
| <input type="checkbox"/> Bestsellers non-fiction | <input type="checkbox"/> Historical novels - World | <input type="checkbox"/> Religion - Islam |
| <input type="checkbox"/> Bible and bible stories | <input type="checkbox"/> History - American | <input type="checkbox"/> Religion - Judaism |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> History - World | <input type="checkbox"/> Religion - Protestant |
| <input type="checkbox"/> Biographies - Newsmakers | <input type="checkbox"/> Horror | <input type="checkbox"/> Religious fiction |
| <input type="checkbox"/> Biographies - Presidents | <input type="checkbox"/> Humor | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biographies - Stage/Screen | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Romantic suspense |
| <input type="checkbox"/> Books made into movies | <input type="checkbox"/> Light/wholesome stories | <input type="checkbox"/> Science |
| <input type="checkbox"/> Business and economics | <input type="checkbox"/> Love stories | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Children and young adult | <input type="checkbox"/> Medicine | <input type="checkbox"/> Sea stories |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Music appreciation | <input type="checkbox"/> Short stories |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Cooking and homemaking | <input type="checkbox"/> Mysteries - light and cozy | <input type="checkbox"/> Spy and espionage |
| <input type="checkbox"/> Crafts and hobbies | <input type="checkbox"/> Native American interest | <input type="checkbox"/> Supernatural and occult |
| <input type="checkbox"/> Current events | <input type="checkbox"/> Nature | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Ohio interest | <input type="checkbox"/> Thrillers |
| <input type="checkbox"/> Ethnic Interest - Asian | <input type="checkbox"/> Personal finance | <input type="checkbox"/> Travel and geography |
| <input type="checkbox"/> Ethnic Interest - Black | <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> War |
| <input type="checkbox"/> Ethnic Interest - European | <input type="checkbox"/> Philosophy | <input type="checkbox"/> War stories |
| <input type="checkbox"/> Ethnic Interest - Hispanic | <input type="checkbox"/> Plays | <input type="checkbox"/> Westerns |

Other reading interests: _____

Favorite authors: _____

☐ I wish to receive books in English language only.

If you wish to receive books in other languages, please list languages: _____

Note: Bestsellers often contain descriptions of sex, strong language, and violence.

I am willing to accept books that contain: (Check all that apply)

- ☐ Explicit sex ☐ Strong language ☐ Violence

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

Name _____

Address _____

City, State, ZIP _____

Phone _____

Application Agreement

It is the responsibility of the library user to:

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

I understand the above responsibilities and agree to follow them.

Signature of the applicant or the person completing the application on behalf of applicant

Returned completed application to:

State Library of Ohio		Ohio Library for the Blind
Talking Book Program		and Physically Disabled
274 E. First Avenue	OR	17121 Lake Shore Boulevard
Columbus, Ohio 43201-3673		Cleveland, Ohio 44110-4006

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Machines Assigned: (To be completed by Agency)

