



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



Name:

Date of Birth:

Address:

City, State, Zip:

Primary Phone:

E-mail:

The information provided on this application is confidential and will not be released except as provided for in Section 149.43 of the Ohio Revised Code, The Public Records Act.

Veteran of the U.S. Armed Forces. By law, preference in lending reading materials and equipment is given to honorably discharged veterans of the United States military.

Certification of Eligibility - Must be completed for all applicants

Eligible users must be residents of the United States or American citizens living abroad. Please specify the primary reason why you are unable to read standard print:

Blindness. Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.

Visual Disability. The inability to read standard print with correction such as eyeglasses or lenses, and regardless of optical measurement.

Physical Disability. Physical limitations that make it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Reading Disability. A perceptual or reading disability of sufficient severity.

Deafblind.

Please note: 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, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

To be completed by certifying authority (as defined above)

Name:

Title:

Organization:

Mailing Address:

E-mail:

Phone:

I certify that the applicant is eligible for services due to the reason indicated on this form.

Signature:

Date:

**Parental Acknowledgment for National Library Service (NLS) Services and Devices
Required for Applicants Who Are Minors (Under 18 Years Old):**

As the parent/guardian of the applicant, 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.

Name:

Email:

Parent/Guardian Signature:

Relationship to Applicant:

Library Services Requested

Library materials and equipment are delivered and returned through the mail free of charge. Please select the services that you would like to receive from any of the following options.

Talking books sent by the Library and a player to read them

Braille books

Braille and Audio Reading Download (BARD). Downloadable audio and braille materials for use through a mobile app on your smart personal device, such as a phone, speaker, or tablet or on a personal computer from the BARD website.

Optional Player Accessories and Specialized Equipment

Specialized equipment is available upon request to patrons who use refreshable braille displays, a breath switch or for those readers who are hard of hearing.

Headphones for private listening

Additional Library Services

Access to our online catalog is available upon request, along with magazines, reference services, technical support and training on the use of BARD or library equipment.

Reading Preferences. Select one:

I wish to have books sent regularly. Books will be replaced as they are returned to the Library. The Library will send books based on your reading interests and from your requests. Requests and reading interests can be updated by contacting the Library.

I wish to receive only books that I request. You will need to contact the library and make requests. A bimonthly audio catalog and access to an online catalog are available to help with book selection. No books will be sent unless there are requests on file.

I wish only to download my reading materials. No reading materials will be mailed to you unless you request them. Instead, you will download all of your reading materials using BARD rather than having items mailed to you.

Reading Interests

Please Note: If you chose to have books selected for you, then 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 spaces provided below.

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

Sex:	Yes	No
Strong Language:	Yes	No
Violence:	Yes	No

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

Adventure	Ethnic Interest	Philosophy
Aging and retirement	Specify:	Poetry
Animals and wildlife	Fantasy	Politics and government
Autobiographies	Folklore	Psychology and self-help
Bestsellers fiction	Health and medicine	Religion
Bestsellers non-fiction	Historical novels - U.S.	Specify:
Bible and bible stories	Historical novels - World	Religious fiction
Biographies	History - U.S.	Romance
Biographies - Presidents	History - World	Romance - Amish
Biographies - Actors	Horror	Science
Books made into movies	Humor	Science fiction
Business and economics	Inspirational	Sea stories
Children and young adult	Light/wholesome stories	Short stories
Grade:	Literature	Sports
Classics	Music appreciation	Spy and espionage
Computers	Mysteries	Supernatural and occult
Cookbooks	Mysteries - light and cozy	Suspense
Cooking and home	Native American interest	Thrillers
Crafts and hobbies	Nature	Travel and geography
Current events	Ohio interest	War
Disability	Personal finance	Westerns

Other reading interests:

Favorite authors:

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

Someone we can contact on your behalf to help with your library service if needed:

Name:

Phone:

How did you learn about this service?

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

Name:

Address:

City, State, ZIP:

Phone:

Lending Agreement

It is the responsibility of the library user to:

- 1. Be responsible for all materials and equipment borrowed on their account.**
- 2. Notify the library of any changes to account information.**
- 3. Read and return books within six weeks**
- 4. Borrow or download at least one book or magazine per year.**
- 5. 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.**

By submitting this application, the applicant understands the policies as described.

For questions or to return completed application:

**Ohio Library for the Blind
and Print Disabled**

**17121 Lake Shore Boulevard
Cleveland, Ohio 44110**

Phone: 216-623-2911

In-State Toll Free: 1-800-362-1262

By E-mail: olbpd@cpl.org

By Fax: 1-216-623-7036

OR

State Library of Ohio

Talking Book Program

**1831 Deffenbaugh Court
Columbus, Ohio 43230**

Phone: 614-644-6895

In-State Toll Free: 1-800-686-1531

By E-mail: tbooks@library.ohio.gov

By Fax: 1-614-995-2186

Equipment assigned (To be completed by Agency):