|  |  |  |
| --- | --- | --- |
| Logo shows an open book, btbl written in braille dots across its pages. From the top of the book come concentric rings symbolizing sound waves. The outermost ring reads BRAILLE AND TALKING BOOK LIBRARY.  A ribbon banner below the open book reads BTBL. At bottom reads CALIFORNIA STATE LIBRARY. | Braille and Talking Book Library  P.O. Box 942837  Sacramento, CA 94237-0001  (916) 654-0640 Toll-Free 1-800-952-5666 FAX (916) 654-1119  btbl@library.ca.gov | |
| APPLICATION FOR FREE LIBRARY SERVICESINDIVIDUALS | |
|  | |
| The Braille and Talking Book Library (BTBL) is a branch of the California State Library which cooperates with the Library of Congress, National Library Service for the Blind & Print Disabled. The books and equipment are provided by the Library of Congress. BTBL directly administers the program in Northern California. These services are provided without charge to all eligible readers. | |
|  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| Applicant’s First Name | | Initial | | Last Name | | | | | | |
| Mailing Address | | | | | | | | Apt. # | | |
| City | | | County | | | StateCA | | | Zip Code | |
| Main Contact Phone | Second Phone | | | | | | Date of Birth | | | Sex |
| ( ) | ( ) | | | | | |  | | |  |
| Email address (if available): | | | | | | | | | | |
| Person to contact if you cannot be reached: | | | | | | | | | | |
| Name | | | | | Telephone ( ) | | | | | |

NOTE: This application form may be copied as needed.

Complete all pages and sign on Page 7. Mail, fax or deliver completed application.

|  |  |
| --- | --- |
|  | Please check here if you have been honorably discharged from the Armed Forces of the United States. By law, preference in the lending of books and equipment is given to veterans. |

ELIGIBILITY

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.

This includes individuals who have had a qualifying disability from birth, individuals who are disabled because of medical conditions or trauma, and individuals who become disabled as they age. Individuals who have a temporary disability may qualify for service on a temporary basis. Illiteracy or English-as-a-Second-Language alone are not qualifying criteria for service.

Please see [www.loc.gov/nls/eligibility](http://www.loc.gov/nls/eligibility) for the full eligibility terminology.

Indicate the disability preventing you from reading standard printed material.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Blindness |  | Deaf/Blindness |
|  | Visual Disability |  | Physical Disability |
|  | Reading Disability | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TO BE COMPLETED BY 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). | | | | | | |
| (PLEASE PRINT OR TYPE) | | | | | | |
| Name | | | Title | | | |
| Name of Agency or Organization | | | | | | |
| Email | | Phone Number | | | | |
| ( ) | | | | |
| Street Address | City | | | State | | Zip Code |
|  |  | | | CA | |  |
| 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. | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| BOOK, MAGAZINE, AND OTHER SERVICES | | | |
| Check the types of services you want to receive: | | | |
|  | Audio books on digital cartridges via mail (Includes the loan of a special digital player) | | |
|  | Audio magazines on digital cartridges via mail | | |
|  | Braille books via mail | | |
|  | Braille magazines via mail | | |
|  | Downloadable audio and braille books and magazines through the Braille and Audio Reading Download (BARD) service and BARD Mobile for iOS, Android, and Kindle Fire | | |
|  | NFB-NEWSLINE® service (audio versions of newspapers and magazines through a touch-tone telephone) | | |
|  | Movies and TV shows with audio description via mail (does not include equipment—just loaned DVD) | | |
| Accessories for digital players: | | |
|  | | Headphones |
|  | | Pillow speaker (issued solely to readers confined to bed) |
|  | | Breath switch (requires a separate application signed by certifying authority) |
|  | | High Volume Player (issued solely for use by readers with profound hearing loss; requires a separate application signed by a doctor or audiologist) |

MAIL SERVICE PREFERENCES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | IN ADDITION TO BOOKS I REQUEST, please send me books selected from the following interest categories: | | | | | | | | | | | | |  | | | | |
|  | |  | | | | |
|  | FICTION | | | | | | | | | | | | | | | | |  | |
|  | ADV | |  | ADVENTURE | | | ROM | | |  | | LOVE STORIES | | | | | |  | |
|  | BEF | |  | BEST SELLERS | | | MYS | | |  | | MYSTERY | | | | | |  | |
|  | CLA | |  | CLASSICS | | | SCF | | |  | | SCIENCE FICTION | | | | | |  | |
|  | FAN | |  | FANTASY | | | WAR | | |  | | WAR STORIES | | | | | |  | |
|  | GFI | |  | GENERAL FICTION | | | WES | | |  | | WESTERNS | | | | | |  | |
|  | HIF | |  | HISTORICAL FICTION | | | SST | | |  | | SHORT STORIES | | | | | |  | |
|  | NON-FICTION | | | | | | | | | | | | | | | | |  | |
|  | ADVNF | |  | TRUE ADVENTURE | | | HUM | | | |  | | | HUMOR | | | |  | |
|  | BIO | |  | BIOGRAPHY | | | POE | | | |  | | POETRY | | | | | |  |
|  | CON | |  | CURRENT EVENTS | | | SCI | | | |  | | SCIENCE | | | | | |  |
|  | BEN | |  | BEST SELLERS | | | SPO | | | |  | | SPORTS | | | | | |  |
|  | HST | |  | HISTORY | | | TRA | | | |  | | TRAVEL | | | | | |  |
|  | HUS | |  | U.S. HISTORY | | | WNF | | | |  | | WAR | | | | | |  |
|  | HUSW | |  | HISTORY OF AMERICAN WEST | | |  | | | |  | | | RELIGION | | | |  | |
|  | CAH | |  | CALIFORNIA HISTORY | | |  | | | | SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |
|  | CKH | |  | COOKING/HOUSEKEEPING | | |  | | | |  | |
| OTHER INTERESTS/FAVORITE AUTHORS: | | | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |  | | | |
|  |  | NO STRONG LANGUAGE | | |  | NO VIOLENCE | |  | NO DESCRIPTIONS  OF SEX | | | | | | | |  | | |

READING PREFERENCES

Please send me books in the following language(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ENGLISH |  | SPANISH | OTHER: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

My preferred reading level:

|  |  |
| --- | --- |
|  | Adult |
|  | Young Adult |
|  | Children’s (specify Grade range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |

My preferred format for the BTBL newsletter (choose one):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Large Print |  | Braille |
|  | Audio |  | Email (provide address) |
|  | Do not send |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

How did you learn about the NLS free library service?

(Check up to three)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Veterans Affairs/Defense Health Agency | | |  | |
|  | Vocational Rehabilitation Center |  | School | | |
|  | Other Healthcare Professional |  | Event/Expo | | |
|  | Consumer/Support Group |  | Radio Ad | | |
|  | Library/Librarian |  | TV Ad | | |
|  | Internet/Social Media  (specify below) |  | Other Ad (specify below) | | |
|  | Friend/Family |  | Other (specify below) | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| APPLICANT AGREEMENT  As part of the library service, it is the responsibility of the BTBL library user to:   1. Take reasonable care of books and players. 2. Not loan books or players to other individuals or institutions. 3. Notify BTBL of address or phone number changes or players needing repair. 4. Return talking book players to the BTBL when needing repair or recalled by the library. 5. Return books and players to a mailbox, the post office, or directly to BTBL. 6. Abide by the published policies and procedures for BTBL service.   I understand that to retain the use of the player provided, I must borrow or download at least one book or magazine per year from BTBL.  I understand that failure to return books in a timely manner may result in suspension and/or cancellation of service.   |  | | --- | | Signature of Applicant |   Revised 2/24 | | | | |

|  |  |  |
| --- | --- | --- |
| NOTICE  The information required on this application pertains to eligibility for and establishment of free library service for individuals who are blind or physically disabled. This information is required by the Library of Congress National Library Service for the Blind and Print Disabled. Complete and accurate information will speed the application process.  CONFIDENTIALITY  All information on this application remains confidential as outlined in California State Executive Order No. B-22-76. Individuals are entitled to inspect information contained in their records during regular office hours at BTBL, 900 N St., Sacramento, CA 95814 (916-654-0640). | | |
| (fold application in half, staple once/lightly tape, and mail; no postage due) | | |
| Braille and Talking Book Library  P.O. Box 942837  Sacramento, CA 94237-0001 | | Free Matter for the Blind  Or Handicapped |
|  | Braille and Talking Book Library  P.O. Box 942837  Sacramento, CA 94237-0001 | |
| [staple/tape] | | |