



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 SERVICES INDIVIDUALS

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	State CA	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 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
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Name of Agency or Organization

Email	Phone Number ()
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Street Address	City	State CA	Zip Code
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I certify that this applicant is eligible for NLS services.

Signature	Date
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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 | <input type="checkbox"/> | ADVENTURE | ROM | <input type="checkbox"/> | LOVE STORIES |
| BEF | <input type="checkbox"/> | BEST SELLERS | MYS | <input type="checkbox"/> | MYSTERY |
| CLA | <input type="checkbox"/> | CLASSICS | SCF | <input type="checkbox"/> | SCIENCE FICTION |
| FAN | <input type="checkbox"/> | FANTASY | WAR | <input type="checkbox"/> | WAR STORIES |
| GFI | <input type="checkbox"/> | GENERAL FICTION | WES | <input type="checkbox"/> | WESTERNS |
| HIF | <input type="checkbox"/> | HISTORICAL FICTION | SST | <input type="checkbox"/> | SHORT STORIES |

NON-FICTION

- | | | | | | |
|-------|--------------------------|--------------------------|-----|--------------------------|----------|
| ADVNF | <input type="checkbox"/> | TRUE ADVENTURE | HUM | <input type="checkbox"/> | HUMOR |
| BIO | <input type="checkbox"/> | BIOGRAPHY | POE | <input type="checkbox"/> | POETRY |
| CON | <input type="checkbox"/> | CURRENT EVENTS | SCI | <input type="checkbox"/> | SCIENCE |
| BEN | <input type="checkbox"/> | BEST SELLERS | SPO | <input type="checkbox"/> | SPORTS |
| HST | <input type="checkbox"/> | HISTORY | TRA | <input type="checkbox"/> | TRAVEL |
| HUS | <input type="checkbox"/> | U.S. HISTORY | WNF | <input type="checkbox"/> | WAR |
| HUSW | <input type="checkbox"/> | HISTORY OF AMERICAN WEST | | <input type="checkbox"/> | RELIGION |
| CAH | <input type="checkbox"/> | CALIFORNIA HISTORY | | | SPECIFY: |
| CKH | <input type="checkbox"/> | COOKING/HOUSEKEEPING | | | _____ |

OTHER INTERESTS/FAVORITE AUTHORS:

- | | | | | | |
|--------------------------|--------------------|--------------------------|-------------|--------------------------|------------------------|
| <input type="checkbox"/> | NO STRONG LANGUAGE | <input type="checkbox"/> | NO VIOLENCE | <input type="checkbox"/> | 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)

- | | |
|---|--|
| <input type="checkbox"/> Veterans Affairs/Defense Health Agency | |
| <input type="checkbox"/> Vocational Rehabilitation Center | <input type="checkbox"/> School |
| <input type="checkbox"/> Other Healthcare Professional | <input type="checkbox"/> Event/Expo |
| <input type="checkbox"/> Consumer/Support Group | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Library/Librarian | <input type="checkbox"/> TV Ad |
| <input type="checkbox"/> Internet/Social Media
(specify below) | <input type="checkbox"/> Other Ad
(specify below) |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> 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)

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Library
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Sacramento, CA 94237-0001**

**Free Matter for the Blind
Or Handicapped**

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[staple/tape]