



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

Please print or type

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

Street Address _____

City _____ County _____ State _____ Zip _____

Primary Telephone _____ Date of Birth _____

Alternate Telephone _____ Email Address _____

Alternative contact if you cannot be reached for an extended period:

Name _____

Telephone _____ Email _____

Indicate the primary disability preventing you from reading printed material.

- Blindness
- Physical Disability
- Deaf/Blindness (i.e. Deaf AND Blind)
- Visual Impairment
- Reading Disability

If you also have a hearing impairment, please indicate the degree of hearing loss:

- Moderate – Some difficulty hearing and understanding speech
- Profound – Cannot hear or understand speech
- 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.

How did you hear about us? _____

All patrons MUST abide by the published policies and procedures for BTBL service: www.btbl.ca.gov/policies. To remain active, patrons must borrow or download at least one book or magazine per year.

NOTE: 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.

Eligibility and Certification

Persons eligible for this free service must be certified by either a medical professional or various employees of social services agencies, including libraries. 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, librarian, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, or superintendent).

To be completed by Certifying Authority

(Please print or type): Name _____ Title _____

Name of Agency: _____ 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.

Service delivery for library materials (check all that apply)

- Audio books and magazines on digital cartridges via mail (Includes the loan of a special digital player)
- Hardcopy braille books and magazines via mail
- Downloadable audio and braille books and magazines through the Braille and Audio Reading Download (BARD) service and BARD Mobile app for iOS, Android, and Kindle Fire
- Audio versions of newspapers and magazines through a touch-tone telephone (NFB-NEWSLINE® service)
- 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)

Optional: please check all the types of books or subjects you prefer.

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

Subject Category:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Bestsellers/Fiction | <input type="checkbox"/> Bestsellers/Nonfiction |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Classics | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> History |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Politics | <input type="checkbox"/> Psychology/Self-Help |
| <input type="checkbox"/> Religious Fiction | <input type="checkbox"/> Romance | <input type="checkbox"/> Science |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> War/Military | <input type="checkbox"/> Westerns |

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

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

- Strong language Violence Explicit descriptions of sex
- I am interested in receiving books in languages other than English (please list other languages):

NOTICE: The information required on this application pertains to eligibility for and establishment of free library service for individuals with print disabilities. This information is required by the Library of Congress National Library Service for the Blind and Print Disabled.

CONFIDENTIALITY: All information on this application remains confidential as outlined in California State Executive Order No. B-22-76.

(fold application in half, staple once/lightly tape, and mail; no postage due)

Free Matter for the Blind
Or Handicapped

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[staple/tape]