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| 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 SERVICESINSTITUTIONS | |
| The Braille and Talking Book Library (BTBL) within the California State Library cooperates with the Library of Congress, National Library Service for the Blind & Print Disabled (NLS). Books and equipment are provided by NLS. BTBL directly administers the program in Northern California. Library services are provided without charge to all eligible readers. | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Institution | | | | | | | | |
| Mailing Address | | | | | | | Apt. # | |
| City | | County | | | StateCA | | | Zip Code |
| Name of Responsible Staff Person | | | | | | Telephone | | |
|  | | | | | | ( ) | | |
| Email address (if available): | | | | | | | | |
| Indicate the best description of Institution: | | | | | | | | |
|  | Hospital | |  | School | | | | |
|  | Library | |  | Long-Term Care Facility | | | | |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

INSTITUTIONS

Institutions—such as assisted living communities, hospitals, public libraries, schools for students who are blind or have a visual impairment, public and private schools, and college or university disability centers—and other establishments regularly attended by eligible readers, may borrow equipment and reading materials solely for the use of eligible readers. Eligible readers must be the direct and only recipients of the materials and equipment.

ELIGIBILE READERS

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.

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| SELECT TYPE OF SERVICE DESIRED (choose one): | | |
|  | DEMONSTRATION (DISPLAY) COLLECTION – a sample of reading materials and equipment in order to raise public awareness and to advertise the availability of braille and talking book services. Materials remain long-term at facility. | |
|  | INSTITUTION (COMMUNITY) COLLECTION – a rotating collection of reading materials and equipment loaned to an institution for use by its eligible readers. Materials regularly circulate between institution and library via mail within established loan periods. | |
| CERTIFICATION | | | |
| I hereby certify that the institution named serves persons who are unable to read or use standard printed materials because of blindness, visual disabilities, reading disabilities or physical limitations. I further certify that the reading materials and equipment borrowed will be used by such persons only, and that the signed Institution Agreement on Page 7 will be followed. | | | |
| (PLEASE PRINT OR TYPE) | | | |
| Name of Institution Administrator | | Title | |
| Administrator Signature | | Date | |
| Name of Responsible Staff Member | | Title | |
| Responsible Staff Member Signature | | Date | |
| Typed or handwritten signatures acceptable after all certifying data is completed. | | | |

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| MATERIALS REQUESTED: | |
|  | Audio books on digital cartridges via mail (Includes the loan of a special digital player) |
|  | 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 |
|  | 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) |

Estimate number of persons unable to read or use standard printed material who will be served:

Talking book readers \_\_\_\_\_\_\_\_ Braille readers \_\_\_\_\_\_\_

A person can be both a talking book reader and a braille reader.

BOOK PREFERENCES

Please choose one type of mail service:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | REQUEST ONLY – Only send requested books. Institution will provide library with requests. | | | | | | | | | | | | |  |
|  | |  | | LIBRARY SELECTION – If requested books are unavailable, the library may send books selected from the following 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 | | | | | |  |

Please send books in the following language(s):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ENGLISH |  | SPANISH |  | GERMAN | |
|  | FRENCH |  | ITALIAN | OTHER: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send books at reading level(s):

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

Preferred format to receive 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) | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

## INSTITUTION AGREEMENT

As part of the talking book and/or braille book program, it is the responsibility of the institution staff member to:

1. Return books and materials within the established loan periods: 3 months for books, 5 weeks for DVDs.

Note: Demonstration (Display) Collections are long-term loan.

1. Return equipment to BTBL when it needs repair or is recalled.
2. Return materials to a mail box, the post office, or directly to BTBL.
3. Notify BTBL of address or phone number changes or equipment needing repair.
4. Take reasonable care of equipment and materials.
5. Abide by the published policies and procedures for BTBL service. [www.library.ca.gov/btbl/policies](http://www.library.ca.gov/btbl/policies).

I understand that to retain the use of the equipment provided, the institution must borrow or download at least one book or magazine a year from BTBL. Note: Demonstration (Display) Collections exempt.

I understand that failure to return materials in a timely manner may result in suspension and/or cancellation of service.

I understand the above responsibilities and agree to abide by the published policies and procedures of BTBL:

[www.library.ca.gov/btbl/policies](http://www.library.ca.gov/btbl/policies).

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| Signature of Responsible Staff Person |

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| 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] | | |