

**APPLICATION FOR DEPOSIT ACCOUNT SERVICE**

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Agency:

Nursing Home

Hospital

Adult Day Care

Other: (Specify) \_\_\_\_\_

Types of Services Requested – please indicate any/all services your institution wants to receive

Digital books – includes 1 player

Books in Braille

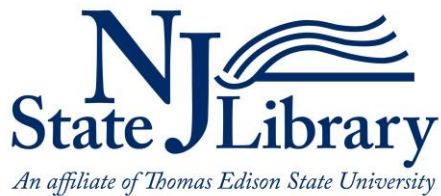
Magazines in Braille

Adaptive Equipment Requested:

Pillow Speaker – For bedridden readers

The New Jersey State Library Talking Book & Braille Center is supported with funds from the Institute of Museum and Library Services.





**TALKING BOOK & BRAILLE CENTER**  
**2300 Stuyvesant Avenue**  
**Trenton, NJ 08618-3226**  
**1-800-792-8322**  
**www.njstatelib.org/tbbc**

Reader Profile: Check what applies to those who will be using the service.

Books should be in: English Spanish Other: \_\_\_\_\_

Will you accept books containing:

- Strong language YES NO SOME
- Graphic Violence YES NO SOME
- Explicit descriptions of sex YES NO SOME

Reading Level(s):

- Adult Young Adult Preschool
- Reading Grade Level \_\_\_\_\_ (Indicate)

**Subjects**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Baby books (Young Readers)  | <input type="checkbox"/> History (specify) _____ | <input type="checkbox"/> Religion (Specify) _____       |
| <input type="checkbox"/> Biography (Specify) _____   | <input type="checkbox"/> Horror / Supernatural   | <input type="checkbox"/> Romance                        |
| <input type="checkbox"/> African American experience | <input type="checkbox"/> Humor                   | <input type="checkbox"/> School Stories (Young Readers) |
| <input type="checkbox"/> Business / Economics        | <input type="checkbox"/> Inspirational           | <input type="checkbox"/> Sea Stories                    |
| <input type="checkbox"/> Christian fiction           | <input type="checkbox"/> Jewish experience       | <input type="checkbox"/> Science Fiction                |
| <input type="checkbox"/> Classics                    | <input type="checkbox"/> Mystery                 | <input type="checkbox"/> Sports _____(specify)          |
| <input type="checkbox"/> Contemporary fiction        | <input type="checkbox"/> Nature and Animals      | <input type="checkbox"/> Spy stories                    |
| <input type="checkbox"/> Fantasy                     | <input type="checkbox"/> New Jersey settings     | <input type="checkbox"/> War stories                    |



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Grid of checkboxes for book categories: Friendship (Young Readers), Nursery Rhymes (Young Readers), Westerns, Historical Fiction (specify), Poetry, Women's experience.

Favorite Author(s): \_\_\_\_\_

AUTHORIZATION SIGNATURE

Authorization by facility director is required in order for this application to be processed.

As Director of this facility, I certify that this facility regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request a Deposit Account with the New Jersey State Library Talking Book & Braille Center in order to provide these individuals with the opportunity to enjoy recorded materials.

Date of Request: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Email, fax or mail completed application to:
New Jersey State Library
Talking Book & Braille Center
Attention: Mary Kearns Kaplan
2300 Stuyvesant Avenue
Trenton NJ 08618
Email: tbbc@njstatelib.org
Fax: 609-406-7181