

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:

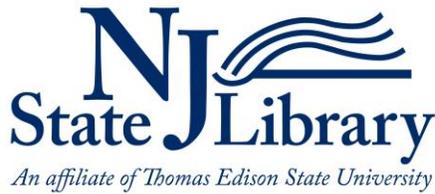
- Strong language YES NO SOME
- Graphic Violence YES NO SOME
- Explicit descriptions of sex YES NO SOME

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: Adam Szczepaniak
2300 Stuyvesant Avenue
Trenton NJ 08618
Email: tbbc@njstatelib.org
Fax: 609-406-7181