

Talking Book & Braille Center

P.O. Box 501 Trenton, NJ 08625 1-800-792-8322

www.njstatelib.org/tbbc

Application for Library Services and Certificate of Eligibility

Find our application online at

www.njstatelib.org/talking-book-braille-center/apply_for_service
Submit applications by email tbbc@njstatelib.org, fax 609-406-7181, or mail

Contact us for a Spanish language application

APPLICANT NAME (FIRST	Γ)	(LAST)		
C/O				
ADDRESS		APT NO		
CITY				
PRIMARY PHONE	SI	ECONDARY P	HONE	
EMAIL	DATE OF BIRTH			
OPTIONAL: Player serial nu	ımber, if provided	by library		
By law, preference in lending by you have been honorably disch		_		
Please indicate the primary d	lisability preventin	g you from read	ling regula	ar printed material.
☐ Visual	☐ Blindn	ess		Deaf/Blindness
☐ Physical	☐ Readin	g Disability		
ALTERNATE CONTACT N	AME			
PHONE				
☐ If you are a K-12 student SCHOOL NAME				•
ATTNADDRESS				
CITY		S	TATE	ZIP
PHONE	EMAIL			

Applicant Name	DOB			
REQUIRED TO BE COMPLETED BY CERTIFYING AUTHORITY				
NOTE: Personal information is confidential excipation. To learn what information provide other individuals, institutions, or agencies, please this application.	d on this application form may be released to			
ELIGIBILITY OF BLIND AND OTHER PRIN LIBRARY MATERIALS	NT-DISABLED PERSONS FOR LOAN OF			
The following people are eligible for service: residentiation territories, insular possessions, and the District of abroad, provided they meet one of the following control	Columbia, and American citizens living			
1. An individual who is blind or has a visual impacomfortably read print books.	airment that makes them unable to			
2. An individual who has a perceptual or reading	disability.			
3. An individual who has a physical disability that or to focus or move the eyes as needed to read	<u>-</u>			
Please see www.loc.gov/nls/about/eligibility-for-r	als-services for the full eligibility terminology.			
Certifying Authority				
Eligibility must be certified by one of the following ophthalmologist, optometrist, psychologist, register hospitals, institutions, and public or welfare agence worker, counselor, rehabilitation teacher, certified superintendent, or librarian).	ered nurse, therapist, or professional staff of eies (such as an educator, social worker, case			
To be completed by Certifying Authority				
NAME	TITLE			
ORGANIZATION	EMAIL			
ADDRESS	PHONE			
CITY	STATE ZIP			
☐ I certify that this applicant is eligible for NL	S services. (Required)			
A typed, electronic, or handwritten signature is ac	ceptable after certifying data is completed.			

Signature _____ Date ____

A. BOOK FORMATS

I want books in the following formats:					
May select more than one					
☐ Braille and Audio Reading Download (BARD): Allows users to download audio and braille books and magazines that can be played on compatible devices. Register for BARD at https://nlsbard.loc.gov .					
☐ BARD Mobile App: Available for iPhone, iPad, Android, and Kindle Fire devices.					
☐ Audio ☐ Braille					
☐ Large Print (CHILDREN AND TEEN ACCOUNTS ONLY)					
B. EQUIPMENT					
Library equipment is federal property. Equipment is offered on extended loan to TBBC patrons. If equipment is no longer being used, it must be returned to TBBC.					
☐ I do not need an audiobook player. I will use my own device to download from BARD.					
☐ I need an audiobook player: ☐ Basic OR ☐ Advanced					
\Box High Volume Player: For readers with profound hearing impairments. A separate application certified by a physician or audiologist is required and will be mailed to the applicant's address.					
SPECIAL ATTACHMENTS FOR AUDIOBOOK PLAYER					
☐ Light Weight Headphones ☐ Breath Switch					
C. BOOK SELECTION AND DELIVERY					
Books sent from TBBC have a three-month loan period.					
Check one					
☐ Do not mail books to me. I will download books using BARD.					
☐ Do not mail books to me. I will contact TBBC when I want books.					
$\hfill\square$ I want books I specifically request mailed to me automatically. I will provide TBBC with a list of books I want.					
☐ I want books automatically selected and mailed to me based on my Reading Preferences in Section D. IF YOU DO NOT COMPLETE SECTION D READING PREFERENCES, NO BOOKS WILL BE SENT.					

D. READING PREFERENCES: Required for people who want books selected by TBBC. 1) Check off favorite subjects. This is a partial list of available subjects. ☐ African American ☐ Horror / Supernatural ☐ Romance – All Experience ☐ Humor ☐ Asian American ☐ Romance: Contemporary Experience \square Biography – All ☐ Inspirational ☐ Romance: Historical ☐ Biography – Actors ☐ Jewish Experience ☐ Romance: Light ☐ Business / Economics ☐ Jokes and Riddles ☐ Romance: Regency ☐ Christian Fiction ☐ Mystery – All ☐ School Stories ☐ Mystery: Contemporary ☐ Classics ☐ Science Fiction ☐ Science/Technology ☐ Contemporary Fiction ☐ Mystery: Cozy \square Cooking ☐ Mystery: Detective ☐ Sea Stories ☐ Fantasy ☐ Mystery: Historical ☐ Sports ☐ Friendship (Kids/Teens) ☐ Mystery: International ☐ Spy Stories ☐ Hispanic Experience ☐ Native American ☐ Travel Experience ☐ Historical Fiction ☐ Nature and Animals ☐ True Crime (U.S.) ☐ Historical Fiction ☐ Nursey Rhymes ☐ War Stories (Foreign) \square History (U.S.) □ Poetry ☐ Westerns ☐ History (Foreign) ☐ Religion (Specify) ☐ Women's Experience Authors and other interests

2) I will accep	ot:				
Fiction	\square YES	\square NO			
Non-Fiction	\square YES	\square NO			
3) I will accep	ot books contai	ining:			
Strong Langua	ige	\square YES	\square NO	\square SOME	
Graphic Viole	nce	\square YES	\square NO	\square SOME	
Descriptions o	f Sex	\square YES	\square NO	\square SOME	
Explicit Descr	iptions of Sex	\square YES	\square NO	\square SOME	
4) Some books have not been reviewed for Strong Language, Graphic Violence, or Descriptions of Sex.					
☐ YES, I want to be sent these books					
\square NO, I do not want to be sent these books					
5) Languages	:				
If you want books in languages other than English, please specify:					
6) Reading Le	evel:				
□ Adult □ Teen □ Children: Grade					
E. MAGAZINES AND NEWSPAPERS					
Audio or Braille Magazines – Audio magazines have a one-month loan period. Please send me an order form of available audio and braille magazines:					
☐ By mail	☐ By email				
				newspapers and magazines. mobile app, and more.	
☐ I want to sign up for NFB-NEWSLINE					

F. NLS NEWS AND RECENTLY ADDED E includes news and recently added books.	BOOKS: NLS creates bi-monthly magazines that					
I want Talking Book Topics , the magazine for audiobooks, in:						
I want Braille Book Review , the magazine for braille books, in: Large Print Braille						
G. HOW DID YOU LEARN ABOUT TBBC	SERVICES? Check up to three.					
☐ New Jersey Commission for the Blind and V	isually Impaired					
☐ Veterans Affairs / Defense Health Agency	☐ Other Health Care Professional					
☐ School	☐ Vocational Rehabilitation Center					
☐ Friend / Family	☐ Public Library					
☐ Consumer / Support Group	□ Event / Expo					
□ TV Ad	□ Radio Ad					
☐ Internet / Social Media (Specify)						
☐ Other Ad (Specify)						
☐ Other (Specify)						
H. NEW JERSEY COMMISSION FOR THE (CBVI) – Provides services in the areas of educated the health through informed choice and partnership impaired, their families and the community. Informatical www.state.nj.us/humanservices/cbvi	eation, employment, independent living, and eye with persons who are blind or visually					
☐ I wish to be contacted by or receive information	tion from CBVI					
I. FRIENDS OF THE NJ LIBRARY FOR T ☐ Check here if you would like information on THE NJ LIBRARY FOR THE BLIND AND organization which helps support TBBC's colle bequest, small or large, helps the library to cont disabled New Jersey residents. Donations are ta	h becoming a member of the FRIENDS OF HANDICAPPED, a 501(c)3 charitable ections, programs and services. Every gift or inue to enrich the lives of our blind and print					
The New Jorgey State Library	Talking Book & Braille Center is					

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