

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) _____ (LAST) _____

C/O _____

ADDRESS _____ APT NO. _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

EMAIL _____ DATE OF BIRTH _____

OPTIONAL: Player serial number, if provided by library _____

By law, preference in lending books and equipment is given to **VETERANS**. Please check here if you have been honorably discharged from the Armed Forces of the United States.

Please indicate the primary disability preventing you from reading regular printed material.

- Visual Blindness Deaf/Blindness
- Physical Reading Disability

ALTERNATE CONTACT NAME _____

PHONE _____ EMAIL _____

If you are a K-12 student, please provide your school mailing address.

SCHOOL NAME _____

ATTN _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Applicant Name _____ **DOB** _____

REQUIRED TO BE COMPLETED BY CERTIFYING AUTHORITY

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 OF BLIND AND OTHER PRINT-DISABLED PERSONS FOR LOAN OF LIBRARY MATERIALS

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, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

To be completed by Certifying Authority

NAME _____ **TITLE** _____

ORGANIZATION _____ **EMAIL** _____

ADDRESS _____ **PHONE** _____

CITY _____ **STATE** _____ **ZIP** _____

I certify that this applicant is eligible for NLS services. (Required)

A typed, electronic, or handwritten signature is acceptable after certifying data is completed.

Signature _____ Date _____



Parental Acknowledgment for NLS Services and Devices

Required for new applicants and existing patrons who are minors (under 18 years old). Please choose one of the following options:

- As the parent/guardian of the applicant or patron, I acknowledge that my child will receive services and equipment and that my child will have access to the entire NLS catalog of reading material. All materials and equipment (including digital talking book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.
- My child does not have my permission to receive services from the Library of Congress. Please suspend their account and discontinue all braille and talking book services. I will return any materials that are currently on loan to my child, including digital talking book cartridges, hard-copy braille, players, and accessories.

Parent or Guardian Acknowledgment

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

Relationship to Patron _____ Email Address _____

Parent/Guardian Signature: _____

Patron Information

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

Street Address _____

City _____ County _____ State _____

ZIP _____ Telephone _____

Date of Birth _____ Email Address _____

Use of Government Property: NLS program equipment, materials, and products, both online and physical, are federal property. Users shall acknowledge the purpose for which these items were intended and accept responsibility for accessing these items. All materials and equipment (including digital talking book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.

Personal Information: 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.

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
- 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.
- 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.

- | | | |
|---|---|--|
| <input type="checkbox"/> African American Experience | <input type="checkbox"/> Horror / Supernatural | <input type="checkbox"/> Romance – All |
| <input type="checkbox"/> Asian American Experience | <input type="checkbox"/> Humor | <input type="checkbox"/> Romance: Contemporary |
| <input type="checkbox"/> Biography – All | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Romance: Historical |
| <input type="checkbox"/> Biography – Actors | <input type="checkbox"/> Jewish Experience | <input type="checkbox"/> Romance: Light |
| <input type="checkbox"/> Business / Economics | <input type="checkbox"/> Jokes and Riddles | <input type="checkbox"/> Romance: Regency |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Mystery – All | <input type="checkbox"/> School Stories |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Mystery: Contemporary | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Contemporary Fiction | <input type="checkbox"/> Mystery: Cozy | <input type="checkbox"/> Science/Technology |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Mystery: Detective | <input type="checkbox"/> Sea Stories |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Mystery: Historical | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Friendship (Kids/Teens) | <input type="checkbox"/> Mystery: International | <input type="checkbox"/> Spy Stories |
| <input type="checkbox"/> Hispanic Experience | <input type="checkbox"/> Native American Experience | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Historical Fiction (U.S.) | <input type="checkbox"/> Nature and Animals | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Historical Fiction (Foreign) | <input type="checkbox"/> Nursey Rhymes | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> History (U.S.) | <input type="checkbox"/> Poetry | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> History (Foreign) | <input type="checkbox"/> Religion (Specify) | <input type="checkbox"/> Women’s Experience |

Authors and other interests _____

2) I will accept:

Fiction YES NO

Non-Fiction YES NO

3) I will accept books containing:

Strong Language YES NO SOME

Graphic Violence YES NO SOME

Descriptions of Sex YES NO SOME

Explicit Descriptions of Sex YES NO 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

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 Level:

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 _____

NFB-NEWSLINE® - Provides access to over 500 newspapers and magazines. It is available through Amazon Alexa, telephone, a mobile app, and more.

I want to sign up for NFB-NEWSLINE

F. NLS NEWS AND RECENTLY ADDED BOOKS: NLS creates bi-monthly magazines that includes news and recently added books.

I want **Talking Book Topics**, the magazine for audiobooks, in: Audio

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 Visually 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 BLIND AND VISUALLY IMPAIRED

(CBVI) – Provides services in the areas of education, employment, independent living, and eye health through informed choice and partnership with persons who are blind or visually impaired, their families and the community. Information on CBVI can be found on their website: www.state.nj.us/humanservices/cbvi

I wish to be contacted by or receive information from CBVI

I. FRIENDS OF THE NJ LIBRARY FOR THE BLIND AND HANDICAPPED

Check here if you would like information on becoming a member of the **FRIENDS OF THE NJ LIBRARY FOR THE BLIND AND HANDICAPPED**, a 501(c)3 charitable organization which helps support TBBC's collections, programs and services. Every gift or bequest, small or large, helps the library to continue to enrich the lives of our blind and print disabled New Jersey residents. Donations are tax-deductible.

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