

Application for Free Library Service for Individuals

Please return your completed application to the address above.

Name: _____
First Middle Last

Street Address: _____

City: _____ County: _____ State: _____

ZIP: _____ Home Phone: _____

Date of Birth (mm/dd/yyyy): _____ Cell Phone: _____

Email: _____ Gender: _____

Alternate Contact Name: _____

Relationship to Patron: _____ Alt. Contact Phone: _____

Alt. Contact Email: _____

Language Preference

If other than English, indicate your preferred language(s): _____

☐ Books in English are acceptable if not available in the above language(s).

☐ Please send books in the above language(s) only.

Parental Acknowledgment for NLS Services and Devices

Required for applicants who are minors (under 18 years old)

As the parent/guardian of the applicant, I acknowledge that my child will receive services and equipment and that my child will have access to the entire National Library Service (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.

Full Name: _____

Relationship to Patron: _____ Email: _____

Parent/Guardian Signature: _____

Veterans: By law, service preference is given to veterans. Please check here if you were honorably discharged from the United States military: ☐

Eligibility (Check all that apply)

- ☐ **Blindness:** Vision 20/200 or less or visual field of 20 degrees or less
- ☐ **Low Vision:** Unable to read for long periods of time with correction
- ☐ **Physical Disability:** Unable to hold a book or turn pages
- ☐ **Reading Disability:** Unable to read standard print due to an organic dysfunction
- ☐ **DeafBlind:** Combined vision and hearing loss

If you also have hearing loss, please indicate the degree:

- ☐ **Moderate:** Some difficulty hearing and understanding speech
- ☐ **Profound:** Cannot hear or understand speech

Service Delivery for Library Materials (Check all that apply)

- ☐ I have a mobile device with internet access and want to download talking books, magazines, and eBraille materials via the BARD* app.
- ☐ I would like a digital player, talking books, and magazines on cartridge mailed to me for free.

***BARD** (Braille and Audio Reading Download) is a free online service where you can download audio and braille books, magazines, and music scores from NLS.

Additional Library Services (Check all that apply)

- ☐ **Large Print Books**
- ☐ **Hard Copy Braille Books/Magazines**
- ☐ **NEWSLINE:** Telephone and/or online access to over 500 local, national, and international newspapers, magazines, and other media content
- ☐ **Audio Described DVDs:** Videos with added descriptive narration
- ☐ **Music Instructional Recordings, Braille, or Large Print Music Scores, and/or Music Magazines** (Recorded music for listening is not provided.)

Special Accessories for Playback Equipment (Check all that apply)

- ☐ **Headphones:** Solely for readers who need privacy while listening
- ☐ **Pillowphone:** Solely for readers restricted to bed
- ☐ **High Volume Player with Headset:** Solely for readers with profound hearing loss
- ☐ **Breath Switch:** For use with the player controlling the Play/Stop function
for readers who have little or no use of their hands

Service Preference

- ☐ **Title Selection:** I prefer to request specific titles from the library's catalog and do not wish for library staff to select books for me.
- ☐ **Interest Selection:** I would like library staff to select books for me on a regular basis according to my reading preferences in addition to books I request.

Reading Preferences (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Autobiography | <input type="checkbox"/> History, U.S. | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Bible & Bible Stories | <input type="checkbox"/> History, World | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Inspirational Reading | ↳ Specify: _____ |
| <input type="checkbox"/> Classics | <input type="checkbox"/> MA/New England | <input type="checkbox"/> Spy & Espionage |
| <input type="checkbox"/> Cooking & Cookbooks | <input type="checkbox"/> Mystery | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Poetry | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Politics/Government | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Religion | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> LGBTQIA+ | ↳ Specify: _____ | |

Other Reading Interests: _____

Favorite Authors: _____

Do NOT send books containing the following (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Strong Language | <input type="checkbox"/> Explicit Descriptions of Sex |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Other: _____ |

Reading Level

☐ Juvenile ☐ Young Adult ☐ Adult

Reading Comprehension Level (if known): _____

How did you learn about our free accessible library services?

☐ Family/Friend ☐ Media ☐ Medical/Rehab ☐ Other: _____

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 government 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

Full Name: _____

Title/Organization: _____

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

I certify that this applicant is eligible for accessible library services:

Signature*: _____ Date: _____

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

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.