



Application for Free Talking Book & Braille Library Service

Kentucky Talking Book Library
P O Box 537
Frankfort, KY 40602-0537

KY Toll-Free 1-800-372-2968

Local (502) 564-8300 ext. 276

Please print. Information given on this application is confidential and is not for public release.

Name _____
First Middle Last

Mailing Address _____
Street address or PO Box (include name of residential facility, apt. #, room #, etc)

City County State Zip

Phone No _____ Email _____

Sex _____ Date of Birth _____

Spouse's Name _____ Parent's Name _____
(If applicant is under 18 years of age)

Name of relative or close friend to contact in the event that you cannot be reached (cannot live at your address):

Name _____ Relationship _____

Address _____ Phone _____

_____ Email _____

Has the applicant ever been a patron of a Talking Book/Braille library?
_____ Yes _____ No

If so, where _____ When _____

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. _____

Playback Equipment & Accessories

Playback equipment and special accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the Kentucky Talking Book Library.

_____ **Digital Talking Book player**

_____ **Pillow Speaker** (bedfast only)

_____ **Braille books**

_____ **Solar battery charger** (no access to electricity)

_____ **Headphones** (for patrons with hearing loss or in group settings)

_____ **Amplifier** (for profound hearing loss only; separate application required)

Do you have any difficulty using your hands? _____ **Yes** _____ **No**

Eligibility of Blind and Other Physically Handicapped Persons for Loan of Library Materials

The following persons are eligible for service: Residents of the United States, including territories, Insular possessions, the District of Columbia, and American citizens living abroad.

1. Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

2. Other physically handicapped persons are eligible as follows:

- (a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular printed material.
- (b) Persons certified by competent authority as unable to read or unable to use regular printed material because of physical limitations.
- (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent reading regular printed material in a conventional manner.

Certification

Visual and physical disabilities **MUST BE CERTIFIED** by one of the following: doctor of medicine or osteopathy, optometrist, librarian, professional staff of hospitals, institutions, public/welfare agencies – such as nurses, case workers, social workers, counselors and rehabilitation teachers. The Certifying Authority must not be related to the applicant.

Check the one primary disability preventing the applicant from reading standard print.

_____ **Blindness** _____ **Physical Disability** _____ **Visual Disability**

_____ **Deaf/Blind** _____ **Reading Disability (MUST BE CERTIFIED BY A DOCTOR OF MEDICINE OR OSTEOPATHY)**

Print Name of Certifying Authority _____

Title/Occupation _____ **Phone** _____

Address _____

City _____ **State** _____ **ZIP** _____

I hereby certify that the applicant named above has requested library service and is unable to read or use standard printed material for the reason indicated.

Certifying Authority Signature _____ **Date** ____/____/____

Reading Preferences

I object to books with:

Explicit Sex Violence Rough Language Long Books

I wish to receive books in the following languages: _____

Check Preferred Reading Level:

Adult Young Adult Juvenile Preschool

For students, please indicate reading comprehension level by grade: _____

My librarian may make selections from the categories below if I run out of my own requests.

Yes No

Reading Interests

- | | | |
|---|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Health | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Psychology/Self-Help |
| <input type="checkbox"/> Best Sellers-Fiction | <input type="checkbox"/> History—U.S. | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Best Sellers-Non-Fiction | <input type="checkbox"/> History—World | <input type="checkbox"/> Romance—Period |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Hobbies & Crafts | <input type="checkbox"/> Romance—Modern |
| <input type="checkbox"/> Business/Economics | <input type="checkbox"/> Horror | <input type="checkbox"/> Science |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Humor | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Kentucky Fiction | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Kentucky Non-Fiction | <input type="checkbox"/> Suspense/Thrillers |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Literature—Classic | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Literature—Modern | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Film Biography/History | <input type="checkbox"/> Music Biography/History | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Mysteries | <input type="checkbox"/> War—Fiction |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Nature | <input type="checkbox"/> War—History |
| <input type="checkbox"/> Govt., Law, & Politics | <input type="checkbox"/> Occult & Supernatural | <input type="checkbox"/> Westerns |

Interests or Favorite Authors _____

I would prefer catalogs and newsletters in:

Large Print Braille Cassette E-mail

This project is supported by the Institute of Museum and Library Services under the provisions of the Library Services and Technology Act as administered by the Kentucky Department for Libraries and Archives.

Kentucky Talking Book Library Borrower's Agreement

As a patron of the Kentucky Talking Book Library, you will have certain responsibilities. Please read the following, then sign and date it to indicate you are aware of our policies. (Please keep in mind that "books" refers to Braille or Talking Books.)

- I understand that books are on loan for 30 days, and must be returned to the Kentucky Talking Book Library within that time.
- I understand that I must request and return at least 1 book every 6 months in order to remain an active patron.
- I understand that all equipment is the property of the Library of Congress, I must take reasonable care of it, and I must return it to the Kentucky Talking Book Library if I am no longer actively using the Talking Book program.
- I understand that I must notify the Kentucky Talking Book Library anytime my name, address, or telephone number changes.
- I understand that I must not lend or give Talking Book equipment or reading materials to any other person.

To be signed by the person who will be using Talking Books, or if that person is unable to sign, the person who will be responsible for all Talking Book Library materials.

Date

**Free matter for the Blind
and Physically Handicapped
DMM 703.5**

**Kentucky Department for Libraries & Archives
Kentucky Talking Book Library
P O Box 537
Frankfort KY 40602**

