

Application for Kentucky Talking Book Library Service

Please fill out completely. Information is confidential and will not be shared.

Name (include first, middle, and last name)

C/O, name of residential facility, apt #, room #, etc. (If applicable)

Street Address or PO Box

City

County

State

Zip Code

Phone number

Email address

Sex

Birth Date

Are you a Veteran?

Name of spouse (if applicable) or parent (if under 18 years of age)

Please list a relative or close friend to contact in the event we cannot reach you. They should have a different address from yours.

Name

Relationship to you

Address

City

State

Zip Code

Phone number

Email address

How did you learn about the Kentucky Talking Book Library? _____

Eligibility and Certifying Authority

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

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, and professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

_____ **Blindness**—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 of no greater than 20 degrees.

_____ **Visual Disability**—Vision, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular printed material.

_____ **Physical Disability**—Unable to read or use regular printed material because of physical limitations.

_____ **Deaf/Blind**—Meets the above definition of blindness, plus hearing loss is so profound the person cannot use audio books and will use braille books only.

_____ **Reading Disability**—A perceptual or reading disability (such as dyslexia) of sufficient severity to prevent reading printed material in a normal manner.

To be completed by Certifying Authority

I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated above. Application is not valid unless filled out completely.

Date _____

Name

Title

Address

Telephone number

Email address

Playback equipment and Accessories

Special playback equipment and accessories are the property of the National Library Service for the Blind and Print Disabled and are supplied to users on extended loan. These materials must be returned to the Kentucky Talking Book Library if not being used in conjunction with Talking Book Library materials.

_____ **I would like to receive braille books by mail**

_____ **I am interested in using electronic braille with a braille eReader**

_____ **I will use my own device to download from BARD**

_____ **NLS Digital Talking Book Player**

_____ **Headphones** for users with hearing difficulties or those living in a group facility

_____ **Remote Control** for users with physical disabilities

_____ **High Volume player** for profound hearing loss; separate application required

Optional materials

_____ I would like information on downloading books from **BARD**

_____ I would like information on NLS audio or braille **magazines**

_____ I would like information on accessible **music scores and music instruction**

_____ I would like information on sources of accessible **newspapers**

I would prefer Talking Book **newsletters** in the following format:

_____ **Large Print** _____ **Braille** _____ **Audio** _____ **Email**

I wish to select my own books and prefer to receive **catalogs** in the following format:

_____ **Large Print** _____ **Braille** _____ **Audio** _____ **Online**

Reading Preferences

Check preferred reading level: _____ Adult _____ Young Adult _____ Juvenile

If the applicant is a Juvenile, indicate grade level:

_____ Pre-2 _____ K-3 _____ 2-4 _____ 3-6 _____ 4-7 _____ 5-8 _____ 6-9

I prefer not to receive books containing the following content. Note: Unrated books may or may not contain sex, violence or strong language.

_____ Sex _____ Violence _____ Strong Language _____ Unrated Books

_____ I prefer **Request Only service**—Do not select books for me; I wish to receive only the specific books I request.

_____ I prefer **Autoselect service**—My librarian may select books for me from the categories checked below if I run out of my own requests.

- | | | |
|--|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Gardening | <input type="checkbox"/> Mystery/Thrillers |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Gov & Politics | <input type="checkbox"/> Occult Non-Fiction |
| <input type="checkbox"/> Fiction Best Sellers | <input type="checkbox"/> Health | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Non-Fict Best Sellers | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Biography | <input type="checkbox"/> US History | <input type="checkbox"/> Psych/Self-Help |
| <input type="checkbox"/> Black History/Fiction | <input type="checkbox"/> World History | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Business | <input type="checkbox"/> Hobbies & Crafts | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Horror | <input type="checkbox"/> Romantic Suspense |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Humor | <input type="checkbox"/> Science |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Kentucky Fiction | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Kentucky Non-Fict | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Classic Literature | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> LGBTQ Issues | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Film, TV, Radio | <input type="checkbox"/> Literary Fiction | <input type="checkbox"/> Travel/Geography |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Music Bio/History | <input type="checkbox"/> War Fiction |
| <input type="checkbox"/> Folklore | <input type="checkbox"/> Mystery/Gentle | <input type="checkbox"/> War Non-Fiction |

Favorite authors or subjects
