



**Application for Free Library Service - Individual
Ohio Library for the Blind and Physically Disabled
State Library of Ohio Talking Book Program**



STATE LIBRARY

Please Print or Type:

Name _____

Address _____

City, State, ZIP _____

Phone _____ County _____

Date of Birth _____ Gender: Female Male

By law, preference in lending books and equipment is given to veterans. Please check if you have been honorably discharged from the U.S. Armed Forces.

The information provided on this application will not be released to other individuals, institutions, or agencies except as provided for in Section 149.43 Ohio Revised Code, The Public Records Act.

Type of Disability. Check all that apply:

- Legally blind.** Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.
- Visually impaired.** Not legally blind but unable to read standard printed material without special aids or devices other than regular eyeglasses, regardless of optical measurement.
- Physical handicap.** Unable to read a book, hold a book, or turn a page because of physical limitations, e.g., paralysis, arthritis, muscle or nerve deterioration, extreme weakness.
- Reading Disability.** The result of an organic dysfunction, such as dyslexia, of sufficient severity to prevent the reading of printed material in a normal way.
- Deaf-blindness.**

Certification. Must be completed for all applicants:

In cases of blindness, visual disability, or physical limitations, certifying authority is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists, professional staff of hospitals, institutions, and public welfare agencies. In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.

Please Note: In the cases of Reading Disability, certification must be by a doctor of medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.

Name _____

Title and Occupation _____

Address _____

Phone _____ Date _____ Signature _____

In addition to any of the disabilities listed on the previous page, do you have a significant hearing impairment? Yes No

Library Services Requested:

- Books recorded on digital cartridge with digital player
- Magazines recorded on digital cartridge
- Braille books
- Braille magazines
- Braille and Audio Reading Download (BARD) - A web-based service to download audio and braille books, magazines, and music scores
- Playaway self-playing pre-loaded digital talking books
- Audio described standard and Blu-Ray DVDs
- Audio described VHS videocassettes
- OLBPD Dimensions newsletter - information and updates about our service. In addition to our large print newsletter which is sent to all readers, the following formats are also available:
 - Newsletter recorded on digital cartridge
 - Newsletter in braille
 - Newsletter sent through e-mail

Please enter a valid e-mail address: _____

- OLBPD Kids Reading Club for readers from birth to eleven years old
- OLBPD Teens Reading Club for readers age twelve to eighteen years old
- OLBPD monthly book club discussion for adults
- OLBPD online catalog access to search and request titles, and review your library account
- NEWSLINE - telephone and online newspaper service

Library Equipment Requested:

- Standard digital talking book machine - easy to use player with basic control buttons
- Advance digital talking book machine - basic controls, plus bookmarking and navigation
- Headphones. **Note:** Headphones are issued solely for use where speakers are not permitted, and may also be purchased from a store to be used with Library of Congress equipment.
- Pillow Speaker. For individuals confined to bed.

Note: Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used for reading recorded material provided by the Library of Congress and its cooperating libraries, please return it to the issuing agency.

Reading Preferences. Select one:

- I wish to have books selected for me.
- Do not select books for me. Only send items that I reserve or request.

Note: If you chose to have books selected for you, then the library needs information about your reading interests. Please check the types of books or subjects you prefer. You may also write your reading interests in the space provided below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Ethnic Interest | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Aging and retirement | Specify: _____ | <input type="checkbox"/> Plays |
| <input type="checkbox"/> Animals and wildlife | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Autobiographies | <input type="checkbox"/> Folklore | <input type="checkbox"/> Politics and government |
| <input type="checkbox"/> Bestsellers fiction | <input type="checkbox"/> Health | <input type="checkbox"/> Psychology and self-help |
| <input type="checkbox"/> Bestsellers non-fiction | <input type="checkbox"/> Historical novels -American | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Bible and bible stories | <input type="checkbox"/> Historical novels - World | Specify: _____ |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> History - American | <input type="checkbox"/> Religious fiction |
| <input type="checkbox"/> Biographies - Newsmakers | <input type="checkbox"/> History - World | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biographies - Presidents | <input type="checkbox"/> Horror | <input type="checkbox"/> Romance - Gothic |
| <input type="checkbox"/> Biographies - Stage/Screen | <input type="checkbox"/> Humor | <input type="checkbox"/> Science |
| <input type="checkbox"/> Books made into movies | <input type="checkbox"/> Inspirational | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Business and economics | <input type="checkbox"/> Light/wholesome stories | <input type="checkbox"/> Sea stories |
| <input type="checkbox"/> Children and young adult | <input type="checkbox"/> Medicine | <input type="checkbox"/> Short stories |
| Grade: _____ | <input type="checkbox"/> Music appreciation | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Spy and espionage |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Mysteries - light and cozy | <input type="checkbox"/> Supernatural and occult |
| <input type="checkbox"/> Cookbooks | <input type="checkbox"/> Native American interest | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> Cooking and homemaking | <input type="checkbox"/> Nature | <input type="checkbox"/> Thrillers |
| <input type="checkbox"/> Crafts and hobbies | <input type="checkbox"/> Ohio interest | <input type="checkbox"/> Travel and geography |
| <input type="checkbox"/> Current events | <input type="checkbox"/> Personal finance | <input type="checkbox"/> War |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> Westerns |

Other reading interests: _____

Favorite authors: _____

If you wish to receive books in other languages, please specify: _____

I am willing to accept books that contain: (Check all that apply)

- Sex: Yes No
- Strong Language: Yes No
- Violence: Yes No

Note: Bestsellers often contain descriptions of sex, strong language, and violence.

Person who is completing the application on behalf of the applicant:

Name _____

Address _____

City, State, ZIP _____

Phone _____

Application Agreement

It is the responsibility of the library user to:

- 1. Return all library materials and equipment when they are no longer being used.**
- 2. Notify the library of any name, address, or telephone changes.**
- 3. Take reasonable care of library materials and equipment.**
- 4. Borrow or download at least one book or magazine per year.**
- 5. Read and return books within six weeks, to allow others the opportunity to read.**

I understand the above responsibilities and agree to follow them.

Signature of the applicant or the person completing the application on behalf of applicant

Return completed application to:

**State Library of Ohio
Talking Book Program
274 E. First Avenue
Columbus, Ohio 43201-3673**

OR

**Ohio Library for the Blind
and Physically Disabled
17121 Lake Shore Boulevard
Cleveland, Ohio 44110-4006**

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Machines Assigned: (To be completed by Agency)

