



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



Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Date of Birth: _____

E-mail address: _____ Gender: _____

The information provided on this application is confidential and will not be released except as provided for in Section 149.43 Ohio Revised Code, The Public Records Act.

Certification of Eligibility - Must be completed for all applicants

Eligible users must be residents of the United States or American citizens living abroad. Please specify from any of the following reasons why you are unable to read standard print:

- Legally blind.** Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.
- Visual impairment.** The inability to read standard print without special aids or devices other than regular eyeglasses, regardless of optical measurement.
- Physical disability.** The inability to read or use standard printed material because of physical limitations.
- Deaf-blindness.**
- Reading disability.** The inability to read standard print as a result of an organic dysfunction. Under federal law (36 CFR 701.10), only doctors of medicine or doctors of osteopathy can certify cases of reading disability.

Please note: For blindness, visual impairment, or physical limitations, a competent authority includes doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; professional staff of hospitals, institutions, public and private welfare agencies, professional librarians, or those whose competence under specific circumstances is acceptable to the Library of Congress.

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 on this form.

Name: _____

Title and Occupation: _____

Address: _____

Phone: _____ Date: _____ Signature: _____

Veterans of the United States Armed Forces

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

Library Services Requested

Library materials and equipment are delivered and returned through the mail free of charge. Please select the services that you would like to receive from any of the following options.

- Talking books and a player needed to use them**
- Braille books**
- Braille and Audio Reading Download (BARD).** Downloadable braille and talking books. Additional information and instructions on how to register will be provided.

Optional Player Accessories and Specialized Equipment

Specialized equipment is available upon request to patrons who use a breath switch or for those readers who are hard of hearing.

- Headphones for private listening**
- Pillow speaker for readers restricted to bed**

Please 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.

Additional Library Services

- E-mail me a user name and password to access the online catalog**
- Magazines**
- Audio described standard and Blu-Ray DVDs**
- Playaway self-playing pre-loaded audio books**
- OLBPD 'Dimensions' newsletter.** Sent quarterly to all patrons in large print. Please check this box if you wish to receive it in audio, braille, or electronic format.

Reading Preferences. Select one:

- I wish to have books selected for me.** The library will send books based on your reading interests and from your requests. Books will be replaced as they are returned to the library. Your reading interests can be updated by contacting the library.
- I wish to receive only books that I request.** You will need to contact the library and make requests. You may use our bimonthly catalog of new books or online catalog to enter requests. No books will be sent unless there are requests in your file.

Reading Interests

Please 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 spaces provided below.

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.

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

Other reading interests: _____

Favorite authors: _____

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

Alternate contact if you cannot be reached for an extended period:

Name: _____ Phone: _____

How did you learn about this service? _____

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

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Lending Policies Agreement

It is the responsibility of the library user to:

1. Be responsible for all library materials and equipment borrowed on their account.
2. Notify the library of any changes to account information.
3. Read and return books within six weeks to allow others the opportunity to read.
4. Borrow or download at least one book or magazine per year.
5. Return all library materials and equipment when they are no longer being used.

By submitting this application, the applicant understands the policies as described.

Return completed application to:

State Library of Ohio
Talking Book Program
274 E. First Avenue
Columbus, Ohio 43201
By E-mail: tbooks@library.ohio.gov
By Fax: 1-614-995-2186

OR

Ohio Library for the Blind
and Physically Disabled
17121 Lake Shore Boulevard
Cleveland, Ohio 44110
By E-mail: olbpd@cpl.org
By Fax: 1-216-623-7036

Equipment assigned: (To be completed by Agency)