



**Certification of Eligibility - New Individual Student
Ohio Library for the Blind and Physically Disabled
State Library of Ohio Talking Book Program**



(Rev.5/11)

Please Print or Type:

Name _____

Address _____

City, State, ZIP _____

Phone _____ County _____

Date of Birth _____ Gender: Female Male

Name of School _____

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.

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 _____

PRINT FORM