



Braille and Talking Book Library

P.O. Box 942837

Sacramento, CA 94237-0001

(916) 654-0640 Toll-Free 1-800-952-5666

FAX (916) 654-1119

btbl@library.ca.gov

APPLICATION FOR FREE LIBRARY SERVICES INDIVIDUALS

The Braille and Talking Book Library (BTBL) is a branch of the California State Library which cooperates with the Library of Congress, National Library Service for the Blind & Physically Handicapped. The books and equipment are provided by the Library of Congress. BTBL directly administers the program in Northern California. These services are provided without charge to all eligible readers.

(PLEASE PRINT OR TYPE)

Applicant's First Name	Initial	Last Name		
Mailing Address				Apt. #
City		County	State CA	Zip Code
Main Contact Phone Number ()	Second Phone ()		Date of Birth	Sex
Email address (if available):				
Person to contact if you cannot be reached:				
Name		Telephone ()		

NOTE: This application form may be copied as needed.

Complete all pages and sign on Page 7. Mail, fax or deliver completed application.

☐ **Please check here if you have been honorably discharged from the Armed Forces of the United States. By law, preference in the lending of books and equipment is given to veterans.**

The following persons are eligible for library service:

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. Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.
3. Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.
4. Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner. In this case, competent authority is defined as doctors of medicine or doctors of osteopathy who may consult with colleagues in associated disciplines.

Qualified readers must be residents of the United States; includes the several states, territories, insular possession, and the District of Columbia, or American citizens domiciled abroad.

Indicate the disability preventing you from reading standard printed material.

- ☐ Blindness
 ☐ Deaf/Blindness
☐ Visual Disability
 ☐ Physical Disability
☐ Organic Reading Disability* (e.g. dyslexia)

*Federal law requires medical/osteopathic doctor's signature

TO BE COMPLETED BY CERTIFYING AUTHORITY

In cases of blindness, visual disability or physical limitations, competent authority is defined to include doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g. social workers, case workers, counselors, rehabilitation teachers, and superintendents). 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.

I certify that the applicant named is unable to read or use standard printed material for the reason(s) indicated above.

(PLEASE PRINT OR TYPE)

Name		Signature	
Title		Date	
Name of Agency or Organization		Phone Number ()	
Street Address	City	State CA	Zip Code

BOOK, MAGAZINE, AND OTHER SERVICES

Check the types of services you want to receive:

- ☐ **Audio books recorded on digital cartridges via mail
(Includes the loan of a special digital player)**
- ☐ **Audio magazines recorded on digital cartridges via mail**
- ☐ **Braille books via mail**
- ☐ **Braille magazines via mail**
- ☐ **Downloadable audio and braille books and magazines
through the Braille and Audio Reading Download (BARD)
service and BARD Mobile for iOS, Android, and Kindle Fire**
- ☐ **NFB-NEWSLINE® service (audio versions of newspapers
and magazines through a touch-tone telephone)**
- ☐ **Movies and TV shows with descriptive narration via mail
(does not include equipment—just loaned DVD or VHS
videos)**

Accessories for digital players:

- ☐ **Headphones**
- ☐ **Pillow speaker (issued solely to readers confined to bed)**
- ☐ **Breath switch (requires a separate application signed by
certifying authority)**
- ☐ **High Volume Player (issued solely for use by readers with
profound hearing loss; requires a separate application
signed by a doctor or audiologist)**

MAIL SERVICE PREFERENCE

Select one type of mail service you desire (choose only one):

ONLY SEND ME BOOKS I REQUEST. I will send the library

- ☐ book requests from "Talking Book Topics" or other sources. If selected, continue to Page 6.

- ☐ IN ADDITION TO BOOKS I REQUEST, please send me books selected from the following interest categories:

FICTION

- | | | | |
|------------------------------|--------------------|------------------------------|-----------------|
| ADV <input type="checkbox"/> | ADVENTURE | ROM <input type="checkbox"/> | LOVE STORIES |
| BEF <input type="checkbox"/> | BEST SELLERS | MYS <input type="checkbox"/> | MYSTERY |
| CLA <input type="checkbox"/> | CLASSICS | SCF <input type="checkbox"/> | SCIENCE FICTION |
| FAN <input type="checkbox"/> | FANTASY | WAR <input type="checkbox"/> | WAR STORIES |
| GFI <input type="checkbox"/> | GENERAL FICTION | WES <input type="checkbox"/> | WESTERNS |
| HIF <input type="checkbox"/> | HISTORICAL FICTION | SST <input type="checkbox"/> | SHORT STORIES |

NON-FICTION

- | | | | |
|--------------------------------|--------------------------|------------------------------|----------|
| ADVNF <input type="checkbox"/> | TRUE ADVENTURE | HUM <input type="checkbox"/> | HUMOR |
| BIO <input type="checkbox"/> | BIOGRAPHY | POE <input type="checkbox"/> | POETRY |
| CON <input type="checkbox"/> | CURRENT EVENTS | SCI <input type="checkbox"/> | SCIENCE |
| BEN <input type="checkbox"/> | BEST SELLERS | SPO <input type="checkbox"/> | SPORTS |
| HST <input type="checkbox"/> | HISTORY | TRA <input type="checkbox"/> | TRAVEL |
| HUS <input type="checkbox"/> | U.S. HISTORY | WNF <input type="checkbox"/> | WAR |
| HUSW <input type="checkbox"/> | HISTORY OF AMERICAN WEST | <input type="checkbox"/> | RELIGION |
| CAH <input type="checkbox"/> | CALIFORNIA HISTORY | SPECIFY: | |
| CKH <input type="checkbox"/> | COOKING/HOUSEKEEPING | _____ | |

OTHER INTERESTS/FAVORITE AUTHORS:

☐ NO STRONG
LANGUAGE

☐ NO VIOLENCE

☐ NO DESCRIPTIONS
OF SEX

READING PREFERENCES

Please send me books in the following language(s):

☐ ENGLISH ☐ SPANISH OTHER: _____

My preferred reading level:

- ☐ Adult
- ☐ Young Adult
- ☐ Children's (specify Grade range _____)

My preferred format for receiving the BTBL newsletter

(choose one):

- ☐ Large Print ☐ Braille
- ☐ Audio ☐ Email (provide address)
- ☐ Do not send _____

NOTICE

The information required on this application pertains to eligibility for and establishment of free library service for individuals who are blind or physically disabled. This information is required by the Library of Congress National Library Service for the Blind and Physically Handicapped. Complete and accurate information will speed the application process.

CONFIDENTIALITY

All information on this application remains confidential as outlined in California State Executive Order No. B-22-76. Individuals are entitled to inspect information contained in their records during regular office hours at BTBL, 900 N St., Sacramento, CA 95814 (916-654-0640).

APPLICANT AGREEMENT

As part of the library service, it is the responsibility of the library user to:

- 1. Return books within five weeks of receipt, to allow others the opportunity to read.**
- 2. Return talking book players to the Braille and Talking Book Library (BTBL) when needing repair or recalled by the Library.**
- 3. Return books and players to a mailbox, the post office, or directly to BTBL.**
- 4. Take reasonable care of books and players.**
- 5. Not loan books or players to other individuals or institutions.**
- 6. Notify BTBL of address or phone number changes or players needing repair.**
- 7. Abide by the published policies and procedures for BTBL service.**

I understand that to retain the use of the player provided, I must borrow or download at least one book or magazine a year from BTBL.

I understand that failure to return books in a timely manner may result in suspension and/or cancellation of service.

I understand the above responsibilities and agree to abide by the published policies and procedures of BTBL.

Signature of Applicant

(fold application in half, staple once/lightly tape, and mail; no postage due)

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& Physically
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[staple/tape]