



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



STATE LIBRARY

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ E-mail: _____

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

Veteran of the U.S. Armed Forces. By law, preference in lending reading materials and equipment is given to honorably discharged veterans of the United States military.

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 the primary reason why you are unable to read standard print:

Blindness. Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.

Visual disability. The inability to read standard print with correction such as eyeglasses or lenses, and regardless of optical measurement.

Physical disability. Physical limitations that make it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Reading disability. A perceptual or reading disability of sufficient severity.

Deaf-blindness.

Please note: 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).

To be completed by certifying authority (as defined above)

Name: _____ Title: _____

Organization: _____

Mailing Address: _____

E-mail: _____ Phone: _____

I certify that the applicant is eligible for services due to the reason indicated on this form.

Signature: _____ Date: _____

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 sent by the Library and a player to read them

Braille books

Braille and Audio Reading Download (BARD). Downloadable audio and braille materials. Requires a personal computer with internet access and a USB flash drive (not provided), along with a talking book player (provided by the Library).

BARD Mobile. Delivers audio and braille materials to your personal mobile smart device (not provided) using Android, Apple, and Amazon Kindle Fire.

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

Additional Library Services

Access my online patron record. E-mail me a user name and password to search for books, place reserves, make service requests, check on books that are charged out or have had in the past, and to update reading interests and contact information.

Magazines

OLBPD 'Dimensions' newsletter. Sent quarterly to all patrons in large print. Please check this box if you wish to receive it in one of the following alternate formats:

Audio

Braille

Electronic format sent to e-mail

Reading Preferences. Select one:

I wish to have books sent regularly. Books will be replaced as they are returned to the Library. The Library will send books based on your reading interests and from your requests. Requests and 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 on file.

I wish only to download my reading materials. No reading materials will be mailed to you unless you request them. Instead, you will download all of your reading materials using BARD rather than having items mailed to you.

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: _____

Someone we can contact on your behalf to help with your library service if needed:

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 Agreement

It is the responsibility of the library user to:

- 1. Be responsible for all 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.**
- 4. Borrow or download at least one book or magazine per year.**
- 5. 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.**

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

For questions or to return completed application:

**Ohio Library for the Blind
and Physically Disabled
17121 Lake Shore Boulevard
Cleveland, Ohio 44110
Phone: 216-623-2911**

OR

**State Library of Ohio
Talking Book Program
274 E. First Avenue
Columbus, Ohio 43201
Phone: 614-644-6895
In-State Toll Free: 1-800-686-1531
By E-mail: tbooks@library.ohio.gov
By Fax: 1-614-995-2186**

Equipment assigned (To be completed by Agency):
