

Please print or type:

Applicant's name \_\_\_\_\_

First

Middle

Last

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ Phone: home (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Month/Day/Year

Sex:  Male  Female

Name of a person to contact if you cannot be reached for an extended period:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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:

## Eligibility and Certification

Please check the primary disability preventing you from reading standard printed material:

**Blindness** . . . . . Visual acuity is 20/200 or less in the better eye with correcting lenses, or the widest diameter of visual field subtends angular distance no greater than 20 degrees.

**Visual Impairment** . . . . Visual limitation, with correction and regardless of optical measurement, prevents the reading of standard print material.

**Physical Disability** . . . . Inability to read or hold standard print material as a result of physical limitations.

**Reading Disability** . . . . Reading (learning) disability resulting from organic dysfunction and of sufficient severity to prevent reading printed material in a normal manner. **(Note: In the case of reading disability, the application must be signed by a doctor of medicine or osteopathy.)**

**Deaf-Blind**

In addition to any of the qualifying disabilities previously indicated, do you also have a hearing impairment? If yes, indicate degree of hearing loss:

**Moderate** . . . . . Some difficulty hearing and understanding speech.

**Profound** . . . . . Cannot hear or understand speech.

## To be completed by certifying authority

(see definition of "certifying authority" below)

I certify that the applicant named has requested library service and is unable to read or use standard printed material for the reason indicated on page one of this form.

*Please print or type:*

Certifying Authority Name \_\_\_\_\_

Title and Occupation \_\_\_\_\_

Street Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature of Certifying Authority \_\_\_\_\_

(Signature must be original; faxes or photocopies are not accepted.)

### Definition of "Certifying Authority"

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1. In cases of **blindness, visual impairment or physical limitations**, a "certifying authority" includes doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and public or private welfare agencies (e.g. social workers, caseworkers, 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.
2. In the case of **reading disability** from organic dysfunction, a "certifying authority" includes doctors of medicine and doctors of osteopathy who may consult with colleagues of associated disciplines.

### Confidentiality

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Records relating to recipients of Library of Congress reading material are confidential except for those portions defined by local law as public information. Laws governing confidentiality of library records can be found in the Illinois Compiled Statutes at 75 ILCS 70/1: "The registration and circulation records of a library are confidential information. Except pursuant to a court order, no person shall publish or make any information contained in such records available to the public."

## Books, Magazines, Equipment

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### Check those you wish to receive:

- Talking Books on cassette and cassette player (playback only)
- Braille Books
- Magazines — A catalog of available magazines will be sent.

### Choose one of the following players:

- Standard Cassette Player (recommended for most users) — Plays 15/16 ips (inches per second), 4-track, Library of Congress cassettes. Also plays 1-7/8 ips, 2-track audio cassettes. Equipped with rechargeable battery and electrical cord.
- Easy Cassette Player — Plays 15/16 ips, 4-track audio cassettes only. For persons with physical limitations that make use of the standard cassette machine difficult. Has limited controls, no battery, and must be plugged into an electrical outlet.

## Machine Accessories

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- Headphones — Issued solely for use where speakers are not permitted, as in nursing homes, schools or hospitals. Most commercially produced headphones are compatible with the cassette players.
- Amplifier — Solely for use by readers with significant hearing loss. (Request a separate application.)
- Remote Control Unit — For persons with limited use of their hands. Turns equipment on and off but will not control other functions such as volume and speed. (Request a separate application.)
- Breath Switch — For persons with little or no use of their extremities. Must be used with remote control unit.
- Extension Levers — For persons who have difficulty manipulating the key controls on the standard cassette machine. Attaches to the key controls of the cassette machine.
- Pillow Speaker — For persons confined to bed.

## Return of Equipment

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Playback equipment and accessories are provided to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the issuing agency. Materials may be returned through the U.S. Postal Service free of charge.

## Type of service you wish to receive

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- I want to select my own books. I will send requests from the catalogs provided by the Talking Book Center or other sources.
- I would like the Talking Book Center to select books for me according to my reading interests.
- Combination of above. This option ensures that I will still receive books even if my specific selections are unavailable.

### My reading interests are (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adventure Stories        | <input type="checkbox"/> Gardening                | <input type="checkbox"/> Science                        |
| <input type="checkbox"/> True Adventure           | <input type="checkbox"/> Gothic Novels            | <input type="checkbox"/> Science Fiction                |
| <input type="checkbox"/> Animal Stories           | <input type="checkbox"/> Government, Politics     | <input type="checkbox"/> Sports (type)<br>_____         |
| <input type="checkbox"/> Animals, Petcare         | <input type="checkbox"/> Health                   | <input type="checkbox"/> Suspense Stories               |
| <input type="checkbox"/> Bestsellers, Fiction     | <input type="checkbox"/> Historical Fiction       | <input type="checkbox"/> Travel, U.S.                   |
| <input type="checkbox"/> Bestsellers, Non-Fiction | <input type="checkbox"/> History, U.S.            | <input type="checkbox"/> Travel, World                  |
| <input type="checkbox"/> Biographies              | <input type="checkbox"/> History, World           | <input type="checkbox"/> War (type)<br>_____            |
| <input type="checkbox"/> Business, Economics      | <input type="checkbox"/> About Music              | <input type="checkbox"/> War Stories                    |
| <input type="checkbox"/> Careers                  | <input type="checkbox"/> Mysteries                | <input type="checkbox"/> Westerns                       |
| <input type="checkbox"/> Classics                 | <input type="checkbox"/> Nature, Outdoors         | <input type="checkbox"/> Language other than<br>English |
| <input type="checkbox"/> Computers                | <input type="checkbox"/> Occult, Supernatural     | <input type="checkbox"/> Other:<br>_____                |
| <input type="checkbox"/> Cooking, Homemaking      | <input type="checkbox"/> Philosophy               |   |
| <input type="checkbox"/> Current Events           | <input type="checkbox"/> Psychology, Self-help    |   |
| <input type="checkbox"/> Drama, Plays             | <input type="checkbox"/> Religion (type)<br>_____ |   |
| <input type="checkbox"/> Family Stories           |   |   |
| <input type="checkbox"/> Fantasy                  | <input type="checkbox"/> Romance<br>_____         |   |

### I do not wish to receive books that contain:

- Strong Language       Violence       Explicit Descriptions of Sex

### Reading Level — The reading level that is most appropriate for me is:

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Preschool-Grade 2    | <input type="checkbox"/> Grades 4-7   | <input type="checkbox"/> High School |
| <input type="checkbox"/> Kindergarten-Grade 3 | <input type="checkbox"/> Grades 5-8   | <input type="checkbox"/> Adult       |
| <input type="checkbox"/> Grades 2-4           | <input type="checkbox"/> Grades 6-9   |                                      |
| <input type="checkbox"/> Grades 3-6           | <input type="checkbox"/> Jr./Sr. High |                                      |

**Favorite authors or other preferences:** \_\_\_\_\_

**If you are a student, what school do you attend?** \_\_\_\_\_

Please check all that apply:       I need service at home       I need service at school