



INDIVIDUAL APPLICATION FOR FREE LIBRARY SERVICE

State Form 5312 (R8 / 1-11)

INDIANA TALKING BOOK AND BRAILLE LIBRARY

INDIANA STATE LIBRARY

140 N. Senate Avenue
Indianapolis, Indiana 46204
Telephone: 317-232-3684
Toll Free: 800-622-4970

The information provided on this application and the patron records kept for recipients of the talking book service are confidential and will not be released to other individuals, institutions, or agencies except as provided for by Indiana Code 4-1-6 and 5-14-3-4.

INSTRUCTIONS:

1. Please mail this completed application to the address stated above.
2. For prompt processing of your application, please return the entire properly certified application to us. If you have questions regarding the application, please contact the number stated above.

If you have been honorably discharged from the U.S. Armed Forces, please check here. By law, preference in lending books and equipment is given to veterans.

Name						
Address (number and street)						
City		State		ZIP code		
Telephone			Daytime telephone			
County						
Date of birth (month, day, year)			Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	
If student, permanent address (number and street, city, state, and ZIP code)						
Parent, if patron is under eighteen (18), or person to be contacted if you cannot be reached for an extended period of time.						
Name						
Telephone						
Address (number and street, city, state, and ZIP code)						

ELIGIBILITY REQUIREMENTS AND CERTIFICATION

Residency or US Citizenship: Eligible readers must be residents of the United States, including the several states, territories, insular possessions, and the District of Columbia; or American citizens domiciled abroad.

Persons with the following conditions are eligible for free library service from the talking-book program.

- Blindness:** Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.
- Visual handicap:** Not legally blind but unable to read standard print material without special aids or devices other than regular eyeglasses, regardless of optical measurement.
- Physical handicap:** other than visual impairment. Unable to read a book, hold a book, or turn a page because of physical limitation, e.g., paralysis, arthritis, muscle or nerve deterioration, extreme weakness.
- Reading disability:** Disability must be physically based (an organic dysfunction) and of sufficient severity to prevent reading regular or standard printed materials in a normal manner. **Application must be signed by a doctor of medicine or osteopathy.**
- Deaf/Blind**

In addition to any of the conditions above, does the applicant also have a **hearing impairment**? If so, indicate the degree of hearing loss:

- Moderate:** Some difficulty hearing and understanding
- Profound:** Cannot hear or understand speech

This section is to be completed by a competent authority who is familiar with the applicant's visual and physical condition, and is able to certify applicant's inability to read standard print material because of that condition. For example, physician, registered nurse, therapist, optometrist, educator, ophthalmologist, hospital or welfare professional may qualify.

The applicant may not be certified by a relative.

In case of reading disability from organic dysfunction, federal law requires certification by a doctor of medicine or a doctor of osteopathy.

SIGNATURE OF CERTIFYING AUTHORITY

I certify that _____
is unable to read or use standard printed material because of the reason checked on page 2 of this application.

Name *(please print)*

Signature *

Date

(month, day, year)

*Original signature is required *(no signature stamps; no faxes)*

Title and Occupation

Telephone

Address *(number and street)*

City, State, and ZIP code

BOOKS AND EQUIPMENT

Playback equipment and accessories are supplied 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 talking book libraries, it must be returned to the Indiana State Library.

Check the type of books and equipment you wish to receive.

- Talking Books on digital cartridge** and digital talking book player
- Large print books**
- Braille books** and/or magazines
- Headphones** - solely for use where speakers are not permitted
- Pillow speaker** - solely for readers confined to bed
- Amplifier** - solely for use by readers with profound hearing loss. A special application, signed by a physician or licensed audiologist, is required.
- NFB – NEWSLINE Service:** telephone newspaper service
- Braille and Audio Reading Download (BARD).** Send instructions on how to register and download talking books over the Internet from the BARD website to use with the digital player.

FOR STAFF USE ONLY

Patron wants <u>Talking Book Topics</u> in	
Patron was called on (<i>month, day, year</i>)	
Machine(s) number sent on	

READING PREFERENCE SHEET

My preference language for reading is <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Reading level	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile - Grade level _____
Check one	<input type="checkbox"/> I will select my own books. Send me a catalog of titles available in the formats checked above. <input type="checkbox"/> Select books for me based on my reading interests indicated below.
If the library selects books for you, do we need to exclude books containing? <input type="checkbox"/> Explicit sex <input type="checkbox"/> Violence <input type="checkbox"/> Strong language	

Check the box and the letters preceding subjects of interest to you. F = Fiction NF = Non-fiction			
<input type="checkbox"/> Adventure (ADV)		<input type="checkbox"/> Movies/TV into books (MRT, TVM)	
<input type="checkbox"/> Aged/Aging (AGE)		<input type="checkbox"/> Mysteries (MYS)	
<input type="checkbox"/> Animals	<input type="checkbox"/> F (ANM) <input type="checkbox"/> NF(ZOO)	<input type="checkbox"/> Mythology/Fairy Tales (MYT, FOL)	
<input type="checkbox"/> Bible		<input type="checkbox"/> Occult	<input type="checkbox"/> F (OCC) <input type="checkbox"/> NF (OCCN)
<input type="checkbox"/> Biography (BIO)		<input type="checkbox"/> Philosophy (PHI)	
<input type="checkbox"/> Black Interest (BLK)		<input type="checkbox"/> Plays (DRA)	
<input type="checkbox"/> Business & Economics (BUS, ECO)		<input type="checkbox"/> Poetry (POE)	
<input type="checkbox"/> Christian Fiction (CHF)		<input type="checkbox"/> Politics (POL)	
<input type="checkbox"/> Classics (CLA)		<input type="checkbox"/> Psychology (PSY)	
<input type="checkbox"/> Cooking (CKH)		<input type="checkbox"/> Religion - Specify:	
<input type="checkbox"/> Crafts & Hobbies (CRA)		<input type="checkbox"/> Romance (ROM)	
<input type="checkbox"/> Disabilities (DII)		<input type="checkbox"/> Science - Specify:	
<input type="checkbox"/> Family Stories (FSG, FSTD)		<input type="checkbox"/> Science Fiction / Fantasy (SCF, FAN)	
<input type="checkbox"/> Gentle or Nostalgic (GENT)		<input type="checkbox"/> Short Stories (SST)	
<input type="checkbox"/> Gothic/Rom. Sus. (GOT, GOTM)		<input type="checkbox"/> Social Concerns (SOP)	
<input type="checkbox"/> Health (MED, FIT)		<input type="checkbox"/> Sports (SPO)	

<input type="checkbox"/> Historical Novels (HIF)	<input type="checkbox"/> US (HIFUS) <input type="checkbox"/> Foreign (HIFF)	<input type="checkbox"/> Spy/Espionage (SPY)	
<input type="checkbox"/> History, Non-fiction (HST)	<input type="checkbox"/> US (HUS) <input type="checkbox"/> Foreign (HWO)	<input type="checkbox"/> Suspense / Thriller (SUS)	
<input type="checkbox"/> Homemaking (HOM)		<input type="checkbox"/> Technology (CMP, TEC)	
<input type="checkbox"/> Humor (HUM)		<input type="checkbox"/> Terrorism (TER)	
<input type="checkbox"/> Indiana Interest (INI)		<input type="checkbox"/> Travel & Geography (TRA)	
<input type="checkbox"/> Jewish Interest (JIN)		<input type="checkbox"/> War	<input type="checkbox"/> F (WAR) <input type="checkbox"/> NF (WNF)
<input type="checkbox"/> Law	<input type="checkbox"/> F (LAWF) <input type="checkbox"/> NF (LAW)	<input type="checkbox"/> Westerns (WES)	
<input type="checkbox"/> Medicine	<input type="checkbox"/> F (MEF) <input type="checkbox"/> NF (MED)	<input type="checkbox"/> Young Adult	<input type="checkbox"/> (YF) <input type="checkbox"/> (YN)
		<input type="checkbox"/> Favorite Authors - Specify:	

APPLICANT AGREEMENT

It is the responsibility of Talking Book & Braille users to:

1. Return the books and players loaned to you when you are no longer using the recorded reading material provided by the Indiana Talking Book Program.
2. Notify the library of any address or telephone number changes.
3. Take good care of materials and machines.
4. Borrow at least one book and/or magazine per year.
5. Read and return books within thirty (30) days of their receipt to allow others the opportunity to read.

I understand the above responsibilities and agree to follow them.

Signature of applicant or guardian

--