

Rhode Island Application for Free Library Services for the blind and print disabled  
This form may be mailed, scanned and emailed, or faxed to 401-574-9320.

## RI Office of Library & Information Services



### Talking Books Library

That All May Read

One Capitol Hill  
Providence, RI 02908

(401)574-9310

talking.books@olis.ri.gov  
olis.ri.gov/tbl/

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Int.) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Female  Male  Veteran Date of Application \_\_\_\_\_

Please give the name of a person to contact if you cannot be reached for an extended period:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Minors:** For applicants under 18 years of age, a parent/legal guardian must sign the application.

Signature \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Indicate the primary disability preventing you from reading standard printed material.

See definitions under eligibility criteria, section A, page 4. **Check only one box.**

Blindness  Physical Handicap  Deaf-Blindness  
 Visual Handicap  Reading Disability

In addition to any of the qualifying disabilities above, do you also have a hearing impairment?

If yes, indicate the degree of hearing loss.

Moderate. Some difficulty hearing and understanding speech  
 Profound. Cannot hear or understand speech.

## Optional Release of Confidential Information

**Notice:** I understand that library records are confidential. **RIGL 38-2-2 (21).** However, I hereby authorize Talking Books Library to release my name and address to the RI State Services for the Blind and Visually Impaired for the purpose of instruction and orientation in the use of library services.

**Signature:** \_\_\_\_\_

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### Books, Magazines, Materials, and Equipment Accessories

Please check the box provided for any of the following items and/or services that you wish to receive. **This equipment is for the sole use of the applicant.**

#### Materials and Equipment

- Books recorded on digital cartridge with digital player
- Braille and Audio Reading Download (BARD) (email address required)
- 
- I will use my mobile device to download books from BARD/No player needed
- Braille Books
- Braille Magazines
- High volume player and headphones (issued solely for use by readers with profound hearing loss; ask for a separate application)
- Headphones (Issued solely for use where speakers are not permitted)
- Pillow Speakers (Issued solely to readers confined to bed)

#### Music Materials

- Music instruction on Digital Cartridge
- Music scores in Braille
- Music scores in Large Print

(**Note:** Recorded music for recreational listening is not available through this program)

## Return of Equipment

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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 libraries, it must be returned to the issuing agency.

# Reading Preferences

## Check A or B

- A.  Send only the specific titles I will request. Do not select books for me.
- B.  I wish to have books selected for me.

**Note:** If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer, or write your reading interests in the space provided below:

|                          |                       |                          |                              |                          |                         |
|--------------------------|-----------------------|--------------------------|------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Adventure             | <input type="checkbox"/> | History, United States       | <input type="checkbox"/> | Religion                |
| <input type="checkbox"/> | Animals               | <input type="checkbox"/> | Horror                       | <input type="checkbox"/> | Romance                 |
| <input type="checkbox"/> | Bestseller            | <input type="checkbox"/> | Humor                        | <input type="checkbox"/> | Sciences                |
| <input type="checkbox"/> | Bible                 | <input type="checkbox"/> | Inspirational Reading        | <input type="checkbox"/> | Science Fiction         |
| <input type="checkbox"/> | Biography             | <input type="checkbox"/> | Non-Religious                | <input type="checkbox"/> | Sea Stories             |
| <input type="checkbox"/> | Business              | <input type="checkbox"/> | Marriage, Family & Sex       | <input type="checkbox"/> | Short Stories           |
| <input type="checkbox"/> | Career Classics       | <input type="checkbox"/> | Medicine & Health            | <input type="checkbox"/> | Short Stories (Fiction) |
| <input type="checkbox"/> | Computers & Computing | <input type="checkbox"/> | Movies, Radio & TV           | <input type="checkbox"/> | Sports & Recreation     |
| <input type="checkbox"/> | Cooking &             | <input type="checkbox"/> | Music                        | <input type="checkbox"/> | Spy Stories             |
| <input type="checkbox"/> | Drama Show            | <input type="checkbox"/> | Mystery & Detective          | <input type="checkbox"/> | Suspense                |
| <input type="checkbox"/> | Family story          | <input type="checkbox"/> | Native American Interest     | <input type="checkbox"/> | Technology              |
| <input type="checkbox"/> | Fantasy               | <input type="checkbox"/> | Occult, Ghost & Supernatural | <input type="checkbox"/> | Travel & Geography      |
| <input type="checkbox"/> | Folklore              | <input type="checkbox"/> | Personal Finances            | <input type="checkbox"/> | War Stories             |
| <input type="checkbox"/> | Fitness & Diet        | <input type="checkbox"/> | Philosophy                   | <input type="checkbox"/> | Women's Interest        |
| <input type="checkbox"/> | Gothic Fiction        | <input type="checkbox"/> | Poetry                       | <input type="checkbox"/> | Westerns                |
| <input type="checkbox"/> | Historical Fiction    | <input type="checkbox"/> | Politics & Government        |                          |                         |
| <input type="checkbox"/> | History, Modern World | <input type="checkbox"/> | Psychology                   |                          |                         |

Specify other reading interest: \_\_\_\_\_

Favorite authors and/or series: \_\_\_\_\_

Check this box if you wish to receive books in the English language only. If you wish to receive books in other languages, list the languages.

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

Strong Language       Violence       Explicit descriptions of sex

**Newsletter (select one only):** I want to receive my Talking Times Newsletter as:

Large Print       Digital Cartridge  
 Email (The electronic text and link to the downloadable recording will be emailed to you)

**Eligibility**

**Who can qualify?**

NLS provides service to individuals who fall into any of the following categories:

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 perceptual or reading disability and unable to read printed works to substantially the same degree as a person without an impairment or disability.
5. Persons eligible for service (falling into any of the above categories) who are now living as residents of the United States (including its territories, insular possessions, and the District of Columbia), or are American citizens eligible for service who are now living abroad, or dependents of active military personnel or diplomats.

This includes individuals who have had a qualifying disability from birth, individuals who are disabled because of medical conditions or trauma, and individuals who become disabled as they age. Individuals who have a temporary disability may qualify for service on a temporary basis. Individuals who are blind or have a physical disability and who have been honorably discharged from the armed forces of the United States receive special priority.

**Who is a “competent authority”?** For NLS eligibility, “competent authority” is:

- Doctors of medicine, Doctors of osteopathy, Ophthalmologists, Optometrists, Registered Nurses, Therapists, Professional staff of hospitals, institutions, and public or private welfare agencies; educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or professional librarians. In the absence of any of these, certification may be made by any person whose competence under specific circumstances is acceptable to the Library of Congress.

**To be completed by Certifying Authority**

\*You may sign using electronic signature if all fields are complete.

Name & Title \_\_\_\_\_

Organization \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

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 1 of the form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Lending of Materials and Classes of Borrowers**

**Veterans:** By law, preference shall be given at all times to the needs of the blind and other print disabled persons who have been honorably discharged from the armed forces of the United States.

**Institutions:** This form is for individuals requesting service; Institutions are required to complete a separate service form.

**How did you hear about this service? (You may check up to three)\***

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Care Giver/Family/Friend                |
| <input type="checkbox"/> | Consumer Support Group                  |
| <input type="checkbox"/> | Event/Expo                              |
| <input type="checkbox"/> | IN-SIGHT                                |
| <input type="checkbox"/> | Internet/Social Media                   |
| <input type="checkbox"/> | Other (specify) _____                   |
| <input type="checkbox"/> | Public Library                          |
| <input type="checkbox"/> | School                                  |
| <input type="checkbox"/> | Vocational Rehabilitation Center        |
| <input type="checkbox"/> | Veterans Affairs/Defense Health Agency  |
| <input type="checkbox"/> | Other Healthcare Agency (specify) _____ |
| <input type="checkbox"/> | Radio Ad                                |
| <input type="checkbox"/> | TV Ad                                   |
| <input type="checkbox"/> | Other Ad (specify) _____                |
| <input type="checkbox"/> | RI State Services for the Blind (SBVI)  |
| <input type="checkbox"/> | RI Department of Health Aging           |