

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.**

<input type="checkbox"/>	Blindness	<input type="checkbox"/>	Physical Handicap	<input type="checkbox"/>	Deaf-Blindness
<input type="checkbox"/>	Visual Handicap	<input type="checkbox"/>	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.

<input type="checkbox"/>	Moderate. Some difficulty hearing and understanding speech
<input type="checkbox"/>	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: _____

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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Books recorded on digital cartridge with digital player |
| <input type="checkbox"/> | Braille and Audio Reading Download (BARD) |
| <input type="checkbox"/> | a) I will need a digital player machine to use with my BARD account |
| <input type="checkbox"/> | b) I will use my mobile device to download books from BARD/No player needed |
| <input type="checkbox"/> | Braille Books |
| <input type="checkbox"/> | Braille Magazines |
| <input type="checkbox"/> | High volume player and headphones (issued solely for use by readers with profound hearing loss; ask a separate application) |
| <input type="checkbox"/> | Headphones (Issued solely for use where speakers are not permitted) |
| <input type="checkbox"/> | Pillow Speakers (Issued solely to readers confined to bed) |

Music Materials

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Music instruction on Digital Cartridge |
| <input type="checkbox"/> | Music scores in Braille |
| <input type="checkbox"/> | Music scores in Large Print |

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

Return of 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 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 of Blind and Other Physically Handicapped Persons
for Loan of Library Materials**

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 of sufficient severity to prevent their reading printed material in a normal manner.
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.

Who is a “Certifying Authority”?

1. In cases of blindness, visual impairment, 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 private welfare agencies, such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian.
2. 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.

To be completed by Certifying Authority (All fields must be complete).

☐

Check this box if using an electronic signature.

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	
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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