

Rhode Island Application for Free Library Service: Individuals



Talking Books Plus
RI Office of Library & Information Services
1 Capitol Hill
Providence, RI 02908
(401)574-9310
e-mail: tbplus@olis.ri.gov



Please Print or Type

Name (Last) _____ (First) _____ (Initial) _____

Street address _____

City _____ State _____ ZIP _____

Telephone (____) _____ Date of Birth _____

Sex _____ E-mail address _____

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

Name _____ Telephone (____) _____

By law, preference in lending of books and equipment is given to veterans.

Please check here if you have been honorably discharged from the armed forces of the United States.

Optional Release of Confidential Information

NOTICE: I understand that library records are confidential. **RIGL 38-2-2d(21)**. However, I hereby authorize Talking Books Plus 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:** _____

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-blind |
| <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.

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

Books, Magazines, and Equipment

You may borrow any of the following items. Check those you wish to receive. (Consult the enclosed Facts: Playback Machines and Accessories Provided on Free Loan to Eligible Individuals and Institutions for a full description of machines and accessories.)

- | | |
|---|---|
| <input type="checkbox"/> Books and magazines recorded on audio cassette with standard cassette player | <input type="checkbox"/> Breath switch |
| <input type="checkbox"/> Books and magazines recorded on audio cassette with easy cassette player | <input type="checkbox"/> Extension levers |
| | <input type="checkbox"/> Pillow speaker--issued solely to readers confined to bed |

Music materials

- | | |
|--|---|
| <input type="checkbox"/> Braille books | <input type="checkbox"/> Music scores in braille |
| <input type="checkbox"/> Braille magazines | <input type="checkbox"/> Music scores in large print |
| | <input type="checkbox"/> Music instruction on audio cassettes |
| | <input type="checkbox"/> Music magazines in braille |
| | <input type="checkbox"/> Music magazines on audio cassettes |

Accessories

- Headphones--issued solely for use where speakers are not permitted
- Amplifier--solely for use by readers with profound hearing loss. Request a separate application.
- Remote control unit--Request a separate application.

(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 stories | <input type="checkbox"/> Drama | <input type="checkbox"/> Occult, supernatural |
| <input type="checkbox"/> Animals, wildlife | <input type="checkbox"/> Family stories | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Bible, religion | <input type="checkbox"/> Folklore | <input type="checkbox"/> Psychology, self-help |
| Denomination? _____ | <input type="checkbox"/> Gardening | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Gothic novels | <input type="checkbox"/> Science |
| <input type="checkbox"/> Business, economics | <input type="checkbox"/> Government, politics | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Career, job training | <input type="checkbox"/> Health | <input type="checkbox"/> Sea stories |
| <input type="checkbox"/> Children's fiction: | <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Short stories |
| reading level | <input type="checkbox"/> History--U.S. | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Children's nonfiction: | <input type="checkbox"/> History--world | <input type="checkbox"/> Spy stories |
| reading level | <input type="checkbox"/> Humor | <input type="checkbox"/> Suspense stories |
| <input type="checkbox"/> Classic novels | <input type="checkbox"/> Music appreciation | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Mysteries | <input type="checkbox"/> War, war stories |
| <input type="checkbox"/> Cooking, homemaking | <input type="checkbox"/> Nature | <input type="checkbox"/> Westerns |
- Other categories or authors are: _____

- 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

To Be Completed by Certifying Authority (See Section B, page 4, for definitions.)

Please print or type:

Name _____

Title and occupation _____

Street Address _____ Telephone(_____) _____

City _____ State _____ ZIP _____

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.

Signature _____ Date _____

Eligibility of Blind and Other Physically Handicapped Persons for Loan of Library Materials

A. The following persons are eligible for service:

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 angular distance no greater than 20 degrees.

2. Other physically handicapped persons are eligible as follows:

(a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard printed material.

(b) Persons certified by competent authority as unable to read or unable to use standard printed material as a result of physical limitations.

(c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner (see section **B .2**).

B. 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; 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, competent authority is defined as doctors of medicine and doctors of osteopathy who may consult with colleagues in associated disciplines.

C. Residency or U.S. 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.

Lending of Materials and Classes of Borrowers

Veterans. In the lending of books, recordings, playback equipment, musical scores, instructional texts, and other specialized materials, preference shall be given at all times to the needs of the blind and other physically handicapped persons who have been honorably discharged from the armed forces of the United States.

Institutions. The reading materials and playback equipment for the use of blind and physically handicapped persons may be loaned to individuals who qualify, to institutions such as nursing homes and hospitals, and to schools for the blind or physically handicapped for the use by such persons only. The reading materials and playback equipment may also be used in public or private schools where handicapped students are enrolled; however, the students in public or private schools must be certified as eligible on an individual basis and must be the direct and only recipients of the materials and equipment.