

Rhode Island Application for Free Library Services to People with Disabilities: Individuals  
This form may be mailed, scanned and emailed, or faxed to (401)574-9320.



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



**Please Print or Type**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

Street address \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail address \_\_\_\_\_  Check to receive e-mail Newsletter

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:** If applicant is under 18 years of age, a parent or 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 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:** \_\_\_\_\_

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

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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)
- Books and/or magazines recorded on audio cassettes with standard cassette player
- Braille Books
- Braille Magazines

### **Accessories for cassette book machine**

- Amplifier (issued solely for use by readers with profound hearing loss; requires a separate application)
- Breath switch
- Extension lever
- Headphones (issued solely for use where speakers are not permitted)
- Pillow speakers (issued solely to readers confined to bed)
- Remote control unit (issued for readers confined to bed or who have difficulty with mobility; ask for separate application)

### **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.

### **Accessories for Digital Talking-Book Player**

- Amplifier (issued solely for use by readers with profound hearing loss; requires 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 audio cassettes
- Music instruction on Digital Cartridge
- Music magazines on audio cassettes
- Music scores in Braille
- Music scores in Large Print

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

## Reading Preferences

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

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 a link to a downloadable recording will be emailed to you)

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

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**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.

## To be completed by Certifying Authority; 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 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 physically handicapped 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.