

Email: talkingbooks@libraries.idaho.gov Website: idahotalkingbooks.org

Application for individuals. Institutional applications are available on our website. Please Print or Type. Note that all fields marked with an asterisk (*) are required. This information is confidential and is only for library service.

First Name *	Middle Init	Middle Initial		Last Name*			
C/O (If Applicable)							
Mailing Address*	City*		State*	Zip*			
Primary Telephone*	Secondary Telephone		Email Address				
	🗆 Male 🛛 Female	🗆 Yes	🗆 No				
Date of birth* • Tell us who to contact if you	Gender a cannot be reached:	from the U.S. Armed Forces)*					
N							
Name*	Relat	ionship*					
Mailing address	City		State	Zip			
Telephone*	Email						
How did you hear about our service?*							

After completing this application, submit it by faxing to 208-334-4016, email it to talkingbooks@libraries.idaho.gov, or mail free by marking the envelope "Free Matter for the Blind." Do not seal the envelope. You will be contacted before service begins.

The Idaho Talking Book Service is brought to you by the Idaho Commission for Libraries, the National Library Service for the Blind and Print Disabled, and the Institute of Museum and Library Services.





Eligibility of blind and other print-disabled persons for loan of library materials.

The following people are eligible for service: residents of the United States, including territories, insular possessions, and the District of Columbia, and American citizens living abroad, provided they meet one of the following criteria (please select one):



An individual who has a perceptual or reading disability.

An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Please see <u>www.loc.gov/nls/about/eligibility-for-nls-services</u> for full eligibility terminology.

Certifying Authority

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

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*Title and Occupation		
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*City	*State	*Zip
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Service Options

Books, Magazines, Materials, and Equipment

Please check the box provided for any of the following items and/or services that you wish to receive. Check one or more:

Download audio and/or Braille books and magazines (BARD)							
🗖 Audio Player							
Audiobooks Audio Magazines Headphones							
Braille books and/or magazines							
□ Newsline (Free access to current local and national newspapers)							
Talking Book Service Newsletter (select format below):							
□ Large type □ Audio □ Electronic/ email notification							
 Braille books and/or magazines Newsline (Free access to current local and national newspapers) 							

Service Type-Check all that apply:

- I wish to receive a replacement for each book I return.
- □ I wish to request from the library's catalogs. Format: □ Large type □ Audio □ Online
- I will contact the library when I wish to receive books.

Referral: Idaho Commission for the Blind and Visually Impaired

The Idaho Commission for the Blind and Visually Impaired provides FREE services to blind and visually impaired residents of the state.

Yes No I would like a representative of the Idaho Commission for the Blind and Visually Impaired to contact me to explain their services.

Loan Policy Agreement

A player will be supplied to you as long as it is being used for audio materials provided by the Idaho Talking Book Service. To remain active, users must borrow at least one book a year or be subscribed to a magazine provided through the service.

I agree to abide by the loan policies of the Idaho Talking Book Service; a copy will be provided.

*Patron Signature _____

Date_____

A typed or handwritten signature is acceptable

According to Public Law 89-522, blind and other physically handicapped persons who have been honorably discharged from the armed forces of the United States must receive preference in receiving NLS materials and equipment.

Reading Preferences

To have audiobooks selected for you, please check the types of books or subjects you prefer, or use the space below to write in your reading interests.

Listening/Reading □ K-3 grade	Comprehension 4-6 grade		Senior High	□ Adult		
 Adventure Animal Stories Classics Family (Single, I) Fantasy Gothic Historical: Time Historical: Time Historical Roma Holiday Mysteries Mysteries (With Northwest & Ida Occult and Horr Pioneer Religious Fiction Science Fiction Sea Stories Spy Stories Suspense War Stories: Era Westerns 	Period ince a Detective) aho ror		 Cooking & H Contempor Crime and T History: Tim Humor Inspirationa Movies, Rad Native Ame Northwest Ame Poetry 	& Autobiography Housekeeping Pary Issues and Politics True Detective The Period: al dio, and Television erican Interest & Idaho & President's Spouses & Sociology		
Other Subjects, Au Sacred Texts	thors, or Series:					
 The Bible The Book of Mormon The Torah The Quran I wish to receive books in the following languages: English Spanish Other I do not wish to receive books that contain: 						
Strong Language	e 🛛 Violen	се	□ Sex	□ Foreign Accents		
For Staff Use: # of B	KS Please send:	ICBVI Refer	ral Catalogs:	TBT# Magazine List		