

# **Idaho Talking Book Service Application for Individuals**

Please complete this application and submit it by email to <a href="mailto:talkingbooks@libraries.idaho.gov">talkingbooks@libraries.idaho.gov</a> or mail it to 325 West State Street, Boise, ID, 83702. To mail the application, please place the address sheet behind the application. Fold with the address visible and seal shut before mailing. Postage is free. For help or to apply by phone, call 800-453-4293.

Please type or print clearly. Fields marked with an asterisk (\*) are required.

Applicant Information				
First Name* Mid	Middle Initial	Last Nar	Last Name*	
Mailing Address (Street or PO Box)*				
City*		State*	Zip Code*	
Date of Birth*	Phone Numb	Phone Number*		
Email Address				
Veteran Status				
Persons who are blind or have a print the United States military receive pref equipment, instructional texts, and sp	erence in the I	ending of		
Check here if you were honorably	discharged fro	m the Uni	ted States military.	
<b>Contact Person Information</b>				
Please indicate the name, address, an are unable to contact you.	d phone numb	er of some	eone we can contact in case we	
Full Name*		Phone I	Number*	
Address*		Relation	nship to Applicant*	

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







# Parental Acknowledgment for NLS Service and Devices Required for new applicants and existing patrons who are minors (under 18 years old). As the parent/guardian of the applicant or patron, I acknowledge that my child will receive services and equipment and that my child will have access to the entire NLS catalog of reading material. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed. **Parent/Guardian Acknowledgment** Middle Initial Last Name First Name **Email Address** Relationship to Patron Parent/Guardian Signature Date **Equipment BARD (Braille and Audio Reading Download)** BARD is a secure online service with thousands of audio and braille books, magazines, and music scores from NLS. You can use BARD on a Windows or Mac computer or through the BARD Mobile app on iOS or Android, which lets you listen to books anytime, anywhere. **Delivery Services** Service delivery for library materials (check all that apply): BARD: I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire) and internet or cellular access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile application. **Physical Audiobooks:** I want digital talking books and magazines on cartridge/flash drive sent to my home by the USPS. **Braille Materials:** I want hardcopy braille books and magazines sent to my home by the USPS. **Large Print:** I want hardcopy large print books and magazines sent to my home by the USPS.

Playback equipment and special attachments are supplied to eligible person on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the National Library Service and its cooperating libraries, it must be returned to the issuing agency.

Accessories such as amplifiers, remote controls, breath switches, extension levers, and pillowphones are available to patrons under special conditions. Contact the library for the application forms or for more information on these items.

## Service Preferences An individual must borrow at least one book or magazine a year from the library to retain the use of borrowed equipment. Materials received from sources other than the library do not qualify for continuance of service. Choose one option for receiving physical books and cartridges: I wish to have the library select books for me. The library will send books from the subjects you indicate below or from requests you send us. Each book you send back will automatically be replaced. I wish to receive only books I request. You will need to call us with lists of requests or make requests through the online catalog in order for us to send you books. No books will be sent if there are no requests on your library account. **Subject Categories** If you wish to have books selected for you or if you wish to have books substituted when your requests are not available, please check at least six of the categories below. These categories can be changed at any time by calling the library. **Adult Titles** Children's Titles Age Range: Young Adult Titles Categories Adventure Fiction Bestsellers Nonfiction Bestsellers Classics Contemporary Novels Biography Fantasy History Humor Pioneer Stories Mystery Romance Religion - Specify a Science Fiction War/Military denomination (optional) Westerns Other Preferences: Languages If you wish to receive books in languages other than English, please list the language(s) here: **Content Preferences** I do NOT wish to receive books that contain: Strong Language Violence Descriptions of Sex Newsletter If you would like to receive the Utah State Library's Newsletter, please check any of the following formats:

Braille

**Email** 

Large Print

### Referral

How did you hear about our services?

## **Eligibility and Certification Requirements**

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/or public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian). The certifying authority may not be a relative of the applicant, even if otherwise qualified.

<b>To Be Completed By Certi</b> I certify that the applicant is reason(s) indicated below (c	unable to read or use st	tandard printed materials for the
Applicant is blind or has a read print books.	a visual impairment that	makes them unable to comfortably
Applicant has a perceptu	al or reading disability.	
Applicant has a physical of to focus or move the eye	•	ifficult to hold or manipulate a book or int book.
Certifying Authority Name*	Title and	d Occupation:
Organization*		
Street Address*	City*	State* Zip Code*
Phone Number*	Email A	ddress*
Certifying Authority Signatur	re* (A typed or handwrit	ten signature is acceptable.)

#### **Submission Instructions**

Please complete this application and submit it by email to talkingbooks@libraries.idaho.gov, or mail it to 325 West State Street, Boise, ID, 83702. To mail the application, please place the address sheet behind the application. Fold with the address visible, and seal shut before mailing. Postage is free.

#### **Contact Information**

If you have questions, please email <u>talkingbooks@libraries.idaho.gov</u>, call 800-453-4293 or visit <u>idahotalkingbooks.org</u> for more information.

Use this page to return your application by mail, no postage necessary.

Place this page behind the application with the address facing out. Fold on the dotted line and seal shut before mailing. Postage is free.



## FREE MATTER For the Blind or Handicapped

Idaho Commission for Libraries Talking Book Service 325 W. State Street Boise, ID 83702-6055

