

# Great Lakes Talking Books – Marquette, Michigan

We serve the U.P. and Alpena and Crawford County

A free braille and talking book service (by mail or download) for people of all ages with temporary or permanent low vision, blindness, reading disability, or physical disability that prevents them from focusing on, reading, or holding a printed page.

## Applicant Information

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Personal information is confidential except for those portions defined by law as public information. Organizations, Institutions, Schools, and Libraries are welcome.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Note to applicant Institutions, Schools, Organizations, and Libraries:** Enter your name in the last name field and use the alternate contact section below to share a primary contact, such as a teacher, nurse, social worker, or activity/library directors.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State **MI** County \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Birth Year \_\_\_\_\_ Email Address \_\_\_\_\_

**Persons who have been honorably discharged from the United States military receive preference in the lending (Public Law 89-522).**

☐ The applicant was honorably discharged from the United States military.

**Schools, please list eligible students and their qualifying disabilities.**

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**Alternative contact. Who should we contact if we can't reach the applicant?**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Indicate the primary disability that prevents reading of printed material.**

☐ Blindness

☐ Physical Disability

☐ Deaf/Blindness

☐ Visual Impairment

☐ Reading Disability

**The following section must be completed by a certifying authority.**

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Eligibility for this service may be certified by a Doctor of Medicine or Osteopathy, Ophthalmologists, Optometrists, Psychologists, Registered Nurses, therapists, and professional staff at hospitals, institutions, and public or welfare agencies such as educators, social workers, case workers, counselors, rehabilitation teachers, certified reading specialists, school psychologists, superintendents, or **librarians (including library paraprofessionals)**.

☐ I certify that this applicant is eligible for NLS services.

All fields required. Typed or handwritten signatures are acceptable.

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State MI Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Service Options**

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- ☐ Download. The applicant has a device (iPhone, Android, iPad, or Kindle Fire) and internet access and will download materials. An email address is required.
- ☐ By mail. The applicant wants the service by mail. Check all that apply.
  - ☐ Talking Book player with audio books and magazines on cartridge.
  - ☐ Hardcopy braille books and magazines.
  - ☐ Headphones

**Subscribe to lists of newly available books:**

- ☐ Send Talking Book Topics, a bi-monthly **audio magazine** of newly added books.
- ☐ Send Braille Book Review, a bi-monthly braille catalog of new Braille books.

**Preferred Reading Level**

☐ Adult ☐ Young Adult ☐ Child – grade(s) \_\_\_\_\_

## Book Selection

- ☐ Do not select books for the applicant. Send only the titles they request.
- ☐ If the applicant is out of requests, select books in the following subjects.

## Subjects

- |                                              |                                             |                                                  |
|----------------------------------------------|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Adventure           | <input type="checkbox"/> Biography          | <input type="checkbox"/> Christian Fiction/Amish |
| <input type="checkbox"/> Classics            | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> History                 |
| <input type="checkbox"/> Horror/Paranormal   | <input type="checkbox"/> Modern Fiction     | <input type="checkbox"/> Mystery                 |
| <input type="checkbox"/> Regional Interest   | <input type="checkbox"/> Religion           | <input type="checkbox"/> Romance                 |
| <input type="checkbox"/> Science Fic/Fantasy | <input type="checkbox"/> War/Military       | <input type="checkbox"/> Westerns                |

## Additional Subjects and Authors:

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### Exclusions – Do not send books that have the following content.

- ☐ Strong language
- ☐ Violence
- ☐ Explicit descriptions of sex
- ☐ Some strong language, violence, and descriptions of sex are ok.
- ☐ Send them anything, if they don't like it, they'll skip it.

## Magazines

- ☐ The applicant is interested in receiving magazines.

## Music

- ☐ The applicant is interested in receiving music materials.

## How did the applicant learn about the service?

- |                                                                 |                                                           |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Veterans Affairs/Defense Health Agency |                                                           |
| <input type="checkbox"/> Other Health Care Professional         |                                                           |
| <input type="checkbox"/> School                                 | <input type="checkbox"/> Vocational Rehabilitation Center |
| <input type="checkbox"/> Friend/Family                          | <input type="checkbox"/> Public Library                   |
| <input type="checkbox"/> Consumer/Support Group                 | <input type="checkbox"/> Event/Expo                       |
| <input type="checkbox"/> TV Ad                                  | <input type="checkbox"/> Radio Ad                         |
| <input type="checkbox"/> Internet/social media (specify) _____  |                                                           |
| <input type="checkbox"/> Other Ad (specify) _____               |                                                           |
| <input type="checkbox"/> Other (specify) _____                  |                                                           |

**Contact:**

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Reader Advisor	Tonia Bickford
Email	tb@greatlaketalkingbooks.org
Call	906-228-7697 or 800-562-8985, Ext. 0
Visit our website at	<a href="https://greatlaketalkingbooks.org">https://greatlaketalkingbooks.org</a>
We are open	Monday, Tuesday, and Thurs from 9 – 5

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FOR THE  
BLIND**

**Great Lakes Talking Books  
1615 Presque Isle Avenue  
Marquette, MI 49855-2811**