Great Lakes Talking Books

1615 Presque Isle Ave, Marquette, MI 49855-2811
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tb@greatlakestalkingbooks.org www.greatlakestalkingbooks.org

Application for Free Library Service

Applicant Name _____

Street Address _____

City _____ **County** _____ **State** _MI_ **Zip** _____

Phone _____ **Full Date of Birth** ____/_____/____

Email _____

☐ Do not send me email messages.

Please tell us who to contact if you cannot be reached and/or to assist with your account:

Name _____ **Phone** _____

Email _____ **Relationship** _____

Notice: All patron records pertaining to this service will remain confidential, as required by the Michigan Library Privacy Act.

Indicate the primary disability preventing you from reading printed material.

☐ Blindness ☐ Physical Disability ☐ Deaf/Blindness

☐ Visual Impairment ☐ Reading Disability

Eligibility of blind and other print-disabled persons: 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:

1. An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.

2. An individual who has a perceptual or reading disability.
3. 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 www.loc.gov/nls/about/eligibility-for-nls-services for the full eligibility terminology.

☐ **I was honorably discharged from the United States military.** Veterans who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and specialized materials (Public Law 89-522).

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).

Name _____ **Title** _____

Organization _____ **Email** _____

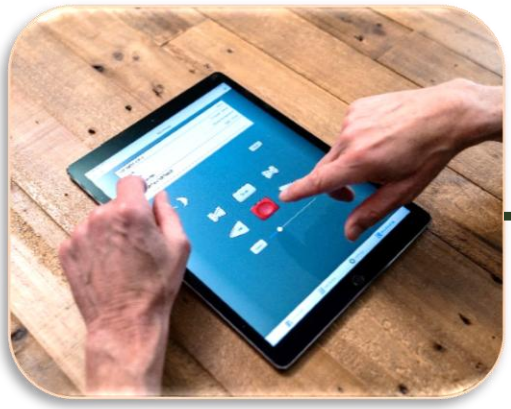
Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____

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

Signature _____ **Date** _____

Note: A typed, or handwritten signature is acceptable if all data is completed.



BARD (Braille and Audio Reading Download)

Download books instantly to your personal devices using the free BARD Mobile App, so you can enjoy books anytime, anywhere. Patrons need an email address for BARD service.

DTBM (Digital Talking Book Machine)

Players are supplied to patrons who would prefer to receive books on cartridge through the USPS for free. This simple machine is appropriate for patrons who prefer a low-tech option.

Which library services would you like? (check all that apply)

☐ BARD. I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire), an email address, and Internet access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile App.

☐ Digital Talking Book Machine. I want my library to send a DTBM player and books on cartridge by USPS to my home.

☐ Headphones. I want my library to send headphones to use with my Digital Talking Book Machine.

☐ eReader. I am a braille reader and want my library to send a refreshable braille display.

☐ Hardcopy braille. I am a braille reader and want my library to send hardcopy braille books and magazines to me by USPS to my home.

Playback equipment and library materials are supplied to eligible persons on extended loan. Circulation of at least one item a year will keep the account active. If this equipment is not being used with materials provided by the Library of Congress and its cooperating libraries, it must be returned to the Michigan Braille and Talking Book Library.

How did you learn about our service? Check up to three:

☐ Veterans Affairs/Defense Health Agency
☐ Other Health Care Professional
☐ School
☐ Vocational Rehabilitation Center
☐ Friend/Family
☐ Public Library
☐ Consumer/Support Group
☐ Event/Expo
☐ TV Ad
☐ Radio Ad
☐ Other Ad (specify)
☐ Internet/Social Media
☐ Other _____

Reading Preferences: Complete the following if you want library materials sent to your home by USPS Free Matter for the Blind.

☐ Adult ☐ Young Adult ☐ Children's _____ grade to _____ grade

☐ Adventure	☐ Biography	☐ Classics
☐ Cooking	☐ Historical Fiction	☐ History
☐ Horror/Paranormal	☐ Modern Fiction	☐ Mystery
☐ Psychology/ Self-Help	☐ Regional Interest	☐ Religion
☐ Religious Fiction/Amish	☐ Romance	☐ Science
☐ Science Fiction/Fantasy	☐ War/Military	☐ Westerns

Please indicate other genres, titles, authors, or topics:

_____

I don't want books with the following content: (check all that apply)

☐ Strong language ☐ Violence ☐ Explicit descriptions of sex

I am interested in receiving books in languages other than English: (specify)

_____

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY

bsbp Bureau of Services for Blind Persons

SUPERIORLAND LIBRARY COOPERATIVE

Great Lakes Talking Books