Great Lakes Talking Books

Application for Free Library Service

mbrodeur@superiorlandlibrary.org • greatlakestalkingbooks.org

Local: 906-228-7697, ext. 0 • Toll-free: 1-800-562-8985

1615 Presque Isle Ave. Marquette, MI 49855-2811

Mail, drop off, or email this application. Once your application is processed, you can expect to receive a welcome packet and any equipment that you have requested.

APPLICANT NAME	DATE OF BIRTH (MM/DD/YYYY)
	/ /

STREET ADDRESS	CITY	STATE
		MI

COUNTY	ZIP

PHONE NUMBER	EMAIL

☐ **Do not send me email messages.**

ALTERNATE CONTACT

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

CONTACT NAME	RELATIONSHIP TO APPLICANT

PHONE NUMBER	EMAIL

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

Please 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.

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).

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

NAME	TITLE	ORGANIZATION

PHONE NUMBER	EMAIL

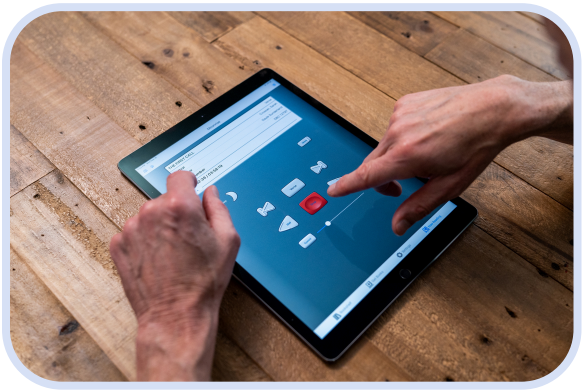
ADDRESS	CITY	STATE	ZIP

SIGNATURE	DATE

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

Veteran status: 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).

☐ I was honorably discharged from the United States military.



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.

***For Minor Applicants only:** Parental Acknowledgment for NLS Services and Devices

☐ As the parent/guardian of the applicant, 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 NAME	RELATIONSHIP TO APPLICANT
EMAIL ADDRESS	SIGNATURE

LIBRARY SERVICES

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 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 the NLS Free Library 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
- ☐ 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.

Which style of service do you prefer? Select one. You may change styles at any time.

- ☐ **Personal request only:** Do not select books for me. Only send the titles I request.
- ☐ **Auto-select:** I wish to have books selected for me.

Note: you may still request specific titles, even if you prefer auto-select.
You may search the NLS catalog at https://nlscatalog.loc.gov.

If you chose auto-select, the library needs information about your reading interests. Please check all the types of books or subjects you prefer.

Age range:

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

Subject categories:

☐ Adventure
☐ Bestsellers/Fiction
☐ Bestsellers/Nonfiction
☐ Biography
☐ Classics
☐ Cooking
☐ Disability
☐ Gardening
☐ Historical Fiction
☐ History
☐ Horror/paranormal
☐ Mystery
☐ Politics
☐ Psychology/Self-Help
☐ Regional Interest
☐ Religious Fiction/Amish
☐ Romance
☐ Science Fiction/Fantasy
☐ True Crime
☐ War/Military
☐ Westerns

Please indicate additional titles, authors, genres, series, or topics of interest:

Will you accept books with the following content?

Language:	☐ Yes	☐ No	☐ Some
Violence:	☐ Yes	☐ No	☐ Some
Sex:	☐ Yes	☐ No	☐ Some

Are you interested in receiving books in languages other than English? (specify):

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY

NLS NATIONAL LIBRARY SERVICE FOR THE BLIND AND PRINT DISABLED LIBRARY OF CONGRESS

LIBRARY COOPERATIVE SUPERIORLAND

bsbp Bureau of Services for Blind Persons