

2300 Stuyvesant Avenue Trenton, NJ 08618-3226 1-800-792-8322 www.njstatelib.org/tbbc

## **Application for Library Services and Certificate of Eligibility**

NAME		
C/O		
STREET ADDRESS		APT NO
CITY	STATE	ZIP
PHONE()	DATE O	F BIRTH
EMAIL		
By law, preference in lending be if you have been honorably disc		iven to <b>VETERANS</b> . Please check here Forces of the United States. □
Please indicate the primary disa	bility preventing you fro	om reading regular printed material.
☐ Visual	☐ Blindness	☐ Deaf-blind
☐ Physical	Physical Reading Disability (Requires M.D. or D.O. certification)	
ALTERNATE CONTACT		
PHONE ()	EMAIL	
If this is an account for use at	SCHOOL, please indic	eate school name and address
SCHOOL NAME		
ATTN:		
ADDRESS		
CITY	STATE	ZIP

Completed applications may be faxed or emailed, in addition to mailing via US Post

TO BE CON	APLETED BY CERTIF	<u>YING AUTHORITY</u>	, 
I certify that the Applicant nan standard printed material for th	1		
Authority Name			
Title and Occupation			
Street			
City	State	Zip	
Telephone	Email		
Authority Signature		Date	
DEFINITIONS OF PHYSIC	AL LIMITATIONS.		

DOB

## <u>DEFINITIONS OF PHYSICAL LIMITATIONS:</u>

APPLICANT NAME

VISUAL HANDICAP: Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses.

**BLINDNESS**: Visual acuity of 20/200 or less in the better eye with correcting glasses or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.

**DEAF-BLIND**: Severe auditory impairment in combination with legal blindness.

PHYSICAL HANDICAP: Unable to hold a book or turn pages as a result of physical limitations. Examples include: without arms or the use of arms; impaired or weakened muscle and nerve control; limitations resulting from strokes, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, arthritis, or similar conditions.

**READING DISABILITY**: Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. IF THIS DISABILITY IS CHECKED, A MEDICAL (M.D.) OR OSTEOPATHIC (D.O.) DOCTOR MUST SIGN.

This CERTIFICATE OF ELIGIBILITY must be completed and signed by a competent authority OTHER than the applicant's immediate family. AN ORIGINAL SIGNED **COPY OF THIS APPLICATION MUST BE SUBMITTED TO TBBC.** In cases of blindness, visual impairment or physical limitations, competent authority is defined to include doctors of medicine and osteopathy, optometrists, registered nurses, therapists, professional staff of hospitals, institutions and public welfare agencies (such as social workers, case workers, counselors, rehabilitation teachers and superintendents). In the absence of any of these, certification may be made by a professional librarian or by any person whose competence under specific circumstances is acceptable to the National Library Service (NLS) for the Blind and Physically Handicapped, Library of Congress, Washington, DC. NLS administers the federal law under which the New Jersey State Library Talking Book & Braille Center operates.

A. BOOK FORMATS (may select more than one format):				
☐ Audio ☐ Braille ☐ Large Print (CHILDREN'S AND YOUTH ACCOUNTS ONLY)				
B. BOOK SELECTION (boo	ks sent from TBBC have a 3 n	nonth circulation period)		
1. Choose to have only titles you request sent to you. To select titles you can call our library, or search our library catalog, <a href="http://opac.njlbh.org/opacnj">http://opac.njlbh.org/opacnj</a> , or search the Talking Book Topics catalogs at <a href="http://www.loc.gov/nls/tbt">http://www.loc.gov/nls/tbt</a> , AND/OR				
2. Download books through the Braille and Audio Reading Download (BARD) service. Once your TBBC account is active you can apply for BARD at <a href="https://nlsbard.loc.gov">https://nlsbard.loc.gov</a> . There is a mobile app for BARD for use with an iPhone, iPad or iPod Touch AND/OR				
3. Let TBBC select books base	3. Let TBBC select books based on your personalized subject and/or author list.			
$\square$ <b>No, do not</b> select books for $\square$	me. I will call the library with r	ny requests or download books.		
☐ <b>Yes</b> , I wish to have books se	elected for me from the subjects	indicated below:		
☐ Baby books (Young Readers)	☐ History (specify)	☐ Religion (Specify)		
☐ Biography (Specify)	☐ Horror / Supernatural	☐ Romance		
☐ African American experience	□ Humor	☐ School Stories (Young Readers)		
☐ Business / Economics	☐ Inspirational	☐ Sea Stories		
☐ Christian fiction	☐ Jewish experience	☐ Science Fiction		
☐ Classics	□ Mystery	☐ Sports(specify)		
☐ Contemporary fiction	☐ Nature and Animals	☐ Spy stories		
□ Fantasy	☐ New Jersey settings	☐ War stories		
☐ Friendship (Young Readers)	□ Nursery Rhymes (Young Readers)	□ Westerns		
☐ Historical Fiction (specify)	□ Poetry	☐ Women's experience		
Other subjects or authors				

## C. PERSONAL PREFERENCES:

1) Will you accept books containin	g:		
Strong language	□ YES	□ NO	□ SOME
Graphic Violence	□ YES	□ NO	□ SOME
Explicit description of sex	□ YES	□ NO	□ SOME
2) Will you accept:			
Fiction	□ YES	□ NO	
Non-Fiction	□ YES	□ NO	
		<u> </u>	ı
☐ English ☐ Spanish  4) Reading level: ☐ Adult ☐ PreK - K ☐ 1 <sup>st</sup> grade ☐ 2 <sup>nd</sup> g☐ 6 <sup>th</sup> grade ☐ 8 <sup>th</sup> g	grade □3 <sup>rd</sup> gr		ade □5 <sup>th</sup> grade
D. EQUIPMENT			
Audiobook players and special attac extended loan to qualifying readers.	•	ral property. T	They are offered on
Audiobook Player   Basic	OR [	Advanced	
☐ Do not send me an audiobook pla	yer. I will use n	ny own device a	and register it in BARD
SPECIAL ATTACHMENTS			
☐ <b>Pillow speaker</b> – limited to	readers who ar	e bedridden.	
☐ Light Weight Headphone	$\mathbf{s}$ – limited to rea	nders living in a	group setting
☐ <b>Breath switch</b> – limited to	readers with sev	ere physical im	pairments.

E.MAGAZINE AND NEWS SER	VICES (OPTIONAL)	)
☐ Audio or Braille magazines ( <a href="https://doi.org/line.1001/journal.org">https://doi.org/line.1001/journal.org/line.1001/journal.org</a>	p://www.loc.gov/nls/r	reference/guides/magazines.html)
Check here to request a large print li	st of available audio a	nd Braille magazines.
Audio magazines have a 1 month l	oan period.	
$\square$ <b>NEWSLINE</b> – 300+ national ne Newsline is sponsored by the New J		• •
☐ Audiovision ( <a href="http://www.njstate">http://www.njstate</a> braille/news reading services/audio via Internet or cable TV .		
F. NEW BOOK LISTINGS - Plea	se indicate the title and	d format you want to receive.
TALKING BOOK TOPICS:	☐ Large Print	☐ Audio
<b>BRAILLE BOOK REVIEW</b> :	☐ Large Print	☐ Braille
G. TBBC NEWSLETTER.		
How would you like to receive our r	newsletter?	
☐ E-mail ☐ Large p	rint [	□ Braille
H. HOW DID YOU LEARN ABO	OUT OUR SERVICE	<u>S?</u>
I. NEW JERSEY COMMISSION (CRVI) Provides services in the or		
(CBVI) - Provides services in the ar health through informed choice and impaired, their families and the com	partnership with perso	
Information on CBVI can be found of	on their website:	
http://www.state.nj.us/humanservice	es/cbvi/home/index.htm	<u>nl</u>
☐ Check here if you wish to be co	ontacted by or receive	information from CBVI

FREE MATTER FOR THE BLIND OR HANDICAPPED

NJ State Library Talking Book & Braille Center Attn: Readers' Services P.O. Box 501 Trenton, NJ 08625-0501