

Application for Free Library Service for Individuals

Andrew Heiskell Braille and Talking Book Library
40 West 20th Street, New York, NY 10011-4211
(212) 206-5400; (212) 206-5425 (24-hour voicemail); (212) 206-5458 (TDD)
email: ahlbph@nypl.org webpage: talkingbooks.nypl.org

Please fill out completely and print clearly. If you are completing this form for someone other than yourself, please obtain his or her consent. Patrons are responsible for the care and return of the materials and equipment.

LAST NAME: _____

FIRST NAME: _____ INITIAL: _____

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

STREET ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (DAY): _____ (NIGHT): _____

E-MAIL: _____

Interest level (you may check more than one)

Adult Teenage Child (grade level) _____

Books and/or Magazines (you may check more than one)

Cassettes with playback machine Braille

Additional Equipment & Services (optional, you may check more than one)

Amplifier (special application needed with a signature from an audiologist)
 Extension Levers Headphones Descriptive Videos

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

Newsletter format large print cassette braille E-mail

Catalog format large print cassette braille

Language preferences

Do you wish to receive English-language materials? yes no

List other languages you wish to receive: _____

Reading preferences (check one)

Please do not select books for me. Send only titles I request.

Please select reading materials for me on a regular basis from the categories I've checked below. (I may also select specific titles whenever I wish.)

Fiction

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Historical | <input type="checkbox"/> Romance | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Animal stories | <input type="checkbox"/> Jewish heritage | <input type="checkbox"/> Science fiction | <input type="checkbox"/> Other |
| <input type="checkbox"/> Best sellers | <input type="checkbox"/> Literary classics | <input type="checkbox"/> Short stories | _____ |
| <input type="checkbox"/> Black heritage | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Sports stories | _____ |
| <input type="checkbox"/> Gothics | <input type="checkbox"/> Occult | <input type="checkbox"/> War stories | _____ |

Non-Fiction

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Current events | <input type="checkbox"/> About music | <input type="checkbox"/> Science |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Plays | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Best sellers | <input type="checkbox"/> Fine arts | <input type="checkbox"/> Poetry | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Health | <input type="checkbox"/> Psychology | <input type="checkbox"/> War / Military |
| <input type="checkbox"/> Black heritage | <input type="checkbox"/> History | <input type="checkbox"/> Religion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Business | <input type="checkbox"/> Humor | (specify) | _____ |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Jewish heritage | _____ | _____ |

Favorite Authors: _____

Favorite Series: _____

Please note: The following restrictions are optional (check only if applicable).

I do not wish to receive books with: Violence Sex Strong language

By law, preference in lending books and equipment is given to veterans. Check here if honorably discharged from the U.S. Armed Forces.

Records relating to recipients of library reading materials are confidential, except for those portions defined by local law as public information.

People who, for physical reasons, are unable to use standard print are eligible for this service.

This section must be filled out by a certifying authority.

I certify that the applicant has requested library service and is unable to read or use standard print material for the reason indicated below.

CERTIFIER'S NAME: _____ AFFILIATION: _____

TITLE: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

CERTIFIER'S SIGNATURE: _____ DATE: _____

Specific eligibility requirements include one or more of the following criteria, which must be documented by a certifying authority such as a physician, nurse, optometrist, therapist, hospital or nursing home professional, social worker, or librarian. The certifying authority should indicate the primary disability preventing the applicant from reading standard print material as listed below:

Blind persons whose visual acuity is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

Visually impaired persons who, with correction and regardless of optical measurement, are unable to read standard print material.

Physically disabled persons who are unable to hold or handle standard print material. Please specify the disability: _____

Reading disability, resulting from an organic dysfunction and of sufficient severity to prevent the applicant from reading standard print material in a normal manner. Important: This condition must be documented by a doctor of medicine.

If the applicant also has a hearing impairment, please indicate the severity:

Moderate (some difficulty hearing and understanding speech)

Profound (cannot hear or understand speech)