

Return Application to:
3350 Michael Ave SW
Wyoming MI 49509
Phone: 616.647.3988
Toll-free: 877.243.2466
Email: tbbcstaff@kdl.org
Website: kdl.org/services/tbbc



Application for Free Library Service: Individuals

Audiobooks and Braille materials are available to those who are unable to read standard print as a result of blindness, visual impairment or physical limitations. See eligibility criteria definitions on page 2. All records pertaining to this service remain confidential, as required by the Michigan Library Privacy Act.

Please print or type: **Date** _____

Name (Last) _____ (First) _____ (MI) _____

Street _____ Apt/Rm # _____

City _____ Zip _____ County _____

Phone _____ Date of Birth _____ Gender M ___ F ___

Email _____

Person to call if you cannot be reached and/or to assist with your account:

Name _____ Phone _____

Check here if you have been honorably discharged from the US military

How did you hear about our program? (*check all that apply*)

Veterans Affairs Agency

School

Healthcare Professional

Friend/Family Member

Rehabilitative Professional

TV/Radio Ad

Library/Librarian

Internet/Social Media

Other (*please specify*) _____

Kent District Library Talking Book & Braille Center serves eligible patrons residing in Kent, Ionia, and Montcalm Counties, under the direction of the Braille & Talking Book Library in Lansing, Michigan, and is a member of the National Library Service for the Blind & Print Disabled in Washington, DC.

Eligibility

Select the primary qualification below that prevents you from reading regular print. **Check only one box.**

- Blindness:** Visual acuity of 20/200 or less in the better eye with correction glasses or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.
- Visual Impairment:** Unable to read standard printed materials without special aids other than regular glasses.
- Physical Disability:** Unable to hold a book or turn pages as a result of weakened muscle or nerve control due to strokes, arthritis, multiple sclerosis, polio, or other physical conditions that impair the use of arms or hands.
- Deaf-Blindness:** Severe auditory impairment in combination with legal blindness.
- Reading Disability:** Organic dysfunction, such as dyslexia, of sufficient severity to prevent reading. **NOTE: This selection requires the signature of a medical or osteopathic physician**

Certification

Certifying authority includes professionals such as a doctor, nurse, rehabilitation teacher, counselor, therapist, social worker or other professional staff. In the absence of these, certification may be made by library staff on a limited basis.

To be completed by certifying authority

I certify that the named application requesting service is unable to read or use regular printed material for the reason indicated above, and that I am not a member of the applicant's family.

Signature _____ Date _____

Please print or type:

Name _____ Title _____

Organization _____ Phone _____

Street _____

City _____ State _____ Zip _____

Email _____

Material & Reading Preferences

Format of Material (check all that apply)

- Talking Books Braille Described DVDs
 Large Print Magazines Downloadable Books (BARD)

Equipment (check one)

- I would like to use an app on my personal mobile device (smartphone, tablet, Kindle, etc) to access downloadable materials. Instructions will be sent.
 Please loan me a free digital talking book player and have audiobooks and magazines on cartridge sent by mail.

Accessories available for use with the Digital Talking Book Player

- High volume player/headphones – solely for use by readers with profound hearing loss. A separate application will be sent
 USB right-angle adaptor – for use of a personal USB drive with the Talking Book player
 Cartridge cable – used to connect a personal Talking Book cartridge to a computer
 Headphones

Return of Equipment

Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used for reading recorded material provided by the Library of Congress and its Cooperating libraries, please return it to the issuing agency by mail using Free Matter for the Blind postage.

If you opted to have materials mailed to you, fill out the following sections:

Frequency

- Send/Return: send another book each time one is returned
 On-Demand: books are sent **only** when requested and the library is notified
 Send ____ (#) books: Weekly Bi-weekly Monthly

Content (check accepted/preferred level of content in each category)

- Strong Language Yes No Some
Descriptions of Sex Yes No Some
Violence Yes No Some

Preferred Reading Level

- Adult Young Adult Juvenile – Grade level _____

