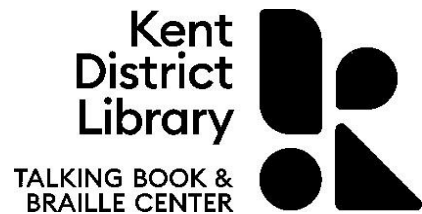


Return Application to:

3350 Michael Ave SW

Wyoming MI 49509

Phone: 616.647.3988**Toll-free:** 877.243.2466**Email:** tbbcstaff@kdl.org**Website:** kdl.org/tbbc

Application for Talking Book & Braille Center Service

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, or reading disabilities. 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 _____ Relationship _____

Phone _____ Email _____

☐ 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 ☐ Physical Disability ☐ Deaf/Blindness
☐ Visual Impairment ☐ Reading Disability

Eligibility of blind and other print-disabled persons:

The following people are eligible for service: 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.

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 applicant is eligible for TBBC services.

Signature _____ Date _____

A typed or handwritten signature is acceptable.

Please print or type:

Name _____ Title _____

Organization _____ Phone _____

Street _____

City _____ State _____ Zip _____

Email _____

Material & Reading Preferences

BARD (Braille and Audio Reading Download) provides access to thousands of audio and braille books, magazines, and music scores available from NLS via download. All active NLS patrons with an email account are eligible for BARD service. Download books instantly to your personal devices using the free BARD Mobile App, which includes built-in playback capability so you can enjoy talking books anytime, anywhere.

Service Delivery (check all that apply)

- ☐ I would like to use BARD on my personal mobile device to access downloadable materials. Please provide your email address for BARD registration.
- ☐ Please loan me a free digital talking book player and send materials by mail. Select the types of materials to be mailed. (check all that apply)
 - ☐ Talking Books
 - ☐ Braille
 - ☐ Magazines – a list of available subscriptions will be sent
- ☐ I would like to receive other materials by mail. (check all the apply)
 - ☐ Large Print
 - ☐ Described DVDs

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
- ☐ Headphones

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

Frequency

- ☐ Send/Return: send another cartridge 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 |
| Explicit Descriptions of Sex | ☐ Yes | ☐ No | ☐ Some |
| Violence | ☐ Yes | ☐ No | ☐ Some |

Preferred Reading Level

☐ Adult ☐ Young Adult ☐ Juvenile – Grade level _____

Publication Subscriptions

Talking Book Topics – Bi-monthly catalog of new audiobooks

☐ Large Print ☐ Audio ☐ Online at loc.gov/nls ☐ None

Braille Book Review – Bi-monthly catalog of new Braille books

☐ Large Print ☐ Braille ☐ Online at loc.gov/nls ☐ None

InFocus – Statewide quarterly newsletter

☐ Large Print ☐ Braille ☐ Online at michigan.gov/btbl ☐ None

Selection of Materials (check one)

☐ Do **not** select materials for me. Send only specific titles I request.

☐ Select materials for me. See below for reading preferences:

Subject Category

☐ Adventure	☐ History	☐ Religion
☐ Biography	☐ Horror/Paranormal	☐ Romance
☐ Christian Fiction	☐ Michigan Interest	☐ Sci-Fi/Fantasy
☐ Classics	☐ Modern Fiction	☐ War/Military
☐ Historical Fiction	☐ Mystery	☐ Westerns

List Any Additional Favorite Genres, Authors and/or Series

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notice to Institutions

Institutions may use this application to request service. In this case, the applicant name on the first page of the application should be the name of the institution, with the contact person listed as the person filling the application out. Special rules and regulations may apply institution accounts.