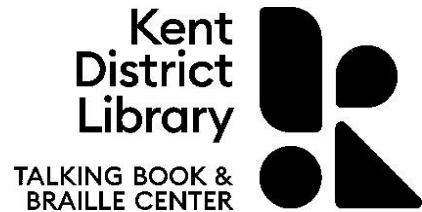


Return Application to:
Attn: TBBC
814 West River Center Dr NE
Comstock Park, MI 49321
Phone: 616.784.2007
Email: tbbcstaff@kdl.org
Website: kdl.org/tbbc



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*)

- | | |
|--|--|
| <input type="checkbox"/> Veterans Affairs Agency | <input type="checkbox"/> School |
| <input type="checkbox"/> Healthcare Professional | <input type="checkbox"/> Friend/Family Member |
| <input type="checkbox"/> Rehabilitative Professional | <input type="checkbox"/> TV/Radio Ad |
| <input type="checkbox"/> Library/Librarian | <input type="checkbox"/> Internet/Social Media |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | |

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| Descriptions of Sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| Explicit Descriptions of Sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Some |
| Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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

- | | | |
|---|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> History | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Horror/Paranormal | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Michigan Interest | <input type="checkbox"/> Sci-Fi/Fantasy |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Modern Fiction | <input type="checkbox"/> War/Military |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Mystery | <input type="checkbox"/> 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.