

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



Application for Talking Book & Braille Center Service

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 ever served in the United States Military

Parental acknowledgment for NLS services and devices.

Required patrons who are minors under 18 years old.

As the parent/guardian of the applicant or patron, I acknowledge that my child will receive services and equipment and that my child will have access to the entire NLS catalog of reading material. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed.

Parent/Guardian Acknowledgment

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

Relationship to Patron _____ Email Address _____

Parent/Guardian Signature: _____

A typed or handwritten signature is acceptable.

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.

Visit www.loc.gov/nls/about/eligibility-for-nls-services for full eligibility rules.

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

Service Delivery (check all that apply)

- BARD:** I have a personal mobile device (iOS, Android, or Kindle Fire), an email address, and internet or cellular service. I want to download digital audio and/or eBraille materials to read instantly with the free BARD Mobile App.
- Digital Talking Book Player:** I would like to receive a player and books on cartridge via USPS.
- Braille eReader:** I am a Braille reader and want a refreshable braille display
- Hardcopy Braille:** I am a Braille reader and would like to receive hardcopy braille materials via USPS.
- Large Print:** I would like to receive Large Print books via USPS.
- Described DVDs:** I would like to receive audio described DVDs via USPS.

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:

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 – catalog of new audiobooks

- None Audio Online at loc.gov/nls

Braille Book Review – catalog of new Braille books

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

InFocus – Statewide quarterly newsletter

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

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

_____	_____
_____	_____
_____	_____

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 (NLS) in Washington, DC. All records pertaining to this service remain confidential, as required by the Michigan Library Privacy Act.

Use of Government Property: NLS program equipment, materials, and products, both online and physical, are federal property. Users shall acknowledge the purpose for which these items were intended and accept responsibility for accessing these items. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed.