

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



## Talking Book & Braille Center Institution Application

Please print or type: Date \_\_\_\_\_

Name of Institution \_\_\_\_\_

Street \_\_\_\_\_ Apt/Rm # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Name of Primary Point of Contact \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Institutional acknowledgment for NLS services and devices.**  
Required for institutions serving patrons who are minors under 18 years old.

As an institution that serves users who are minors, we acknowledge that such users will receive NLS services and equipment and that the institution will have access to the entire NLS catalog of reading material on their behalf. We acknowledge that we will be responsible for receiving any necessary parental or guardian consent. All materials and equipment (including digital talking book cartridges, hard copy braille, players, and accessories) must be returned when no longer needed.

I have the authority to enter in binding agreements on behalf of my institution and by signing below, I acknowledge the preceding on behalf of my institution.

Name of Legally Authorized Representative \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature: \_\_\_\_\_

*A typed or handwritten signature is acceptable.*

**Type of Institution:**

- |  |  |
|--|--|
| <input type="checkbox"/> School for Blind/Disabled   | <input type="checkbox"/> Nursing/Convalescent Home |
| <input type="checkbox"/> Hospital                    | <input type="checkbox"/> Public Library            |
| <input type="checkbox"/> School/College/Universities | <input type="checkbox"/> Other: _____              |

**Demonstration Account:**

- Check if your organization will **exclusively** demonstrate NLS library services to eligible individuals, who will submit their own applications for service.

**Number of persons who will be served:**

Talking-book Readers \_\_\_\_\_ Braille Readers \_\_\_\_\_

(Note: A patron can be both a talking-book reader and a braille reader.)

**Preferred Reading Level (*check all that apply*)**

- Adult     Young Adult     Juvenile – Grade level \_\_\_\_\_

**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> ) _____ |  |

**What items and/or services do you want to receive? (*check all that apply*)**

- Digital Talking Book Machine and Talking Book cartridges Qty (max 5) \_\_\_\_\_
- Braille eReaders and electronic Braille Book cartridges Qty (max 2) \_\_\_\_\_
- Headphones Qty (max 5) \_\_\_\_\_
- Hardcopy Braille
- BARD (Braille and Audio Reading Download): A service that provides online access to audio and braille books, magazines, and music scores available from NLS. It is available via computer or through the BARD Mobile app for iOS, Android, or Kindle Fire devices, which includes built-in playback capability. Public libraries are eligible for BARD demonstration accounts ONLY.

All records pertaining to the KDL Talking Book & Braille Center remain confidential, as required by the Michigan Library Privacy Act.

# Eligibility

## 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](http://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 institution serves people who are 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 \_\_\_\_\_