

Application for Library Services and Certificate of Eligibility – PART I

Please print all responses in CAPITAL LETTERS

NAME OF APPLICANT _____

C/O _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip _____

Telephone (_____) _____ Date of Birth _____ Gender _____

E-mail address _____

By law, preference in lending books and equipment is given to **VETERANS**. Please check here if you have been honorably discharged from the Armed Forces of the United States.

ALTERNATE CONTACT

In case we need to contact the Applicant but cannot, is there someone whom we can contact such as a CBVI caseworker, social worker, adult child? (If the Applicant is a child, give parent's name.)

Alternate Contact's Name _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

If this is a SCHOOL ACCOUNT, please indicate school name _____

Indicate the primary disability preventing applicant from reading regular printed material.

See definitions under eligibility criteria. Check only one.

Visual handicap

Blindness

Deaf-blind

Physical handicap

Reading disability (**Requires M.D. or D.O. certification**)

The **New Jersey State Library Talking Book & Braille Center** is supported by the **New Jersey State Library** and is funded by the **Institute of Museum and Library Services** through its **Grants to States** program.



TO BE COMPLETED BY CERTIFYING AUTHORITY

I certify that the Applicant named has requested library service and is unable to read or use standard printed material for the reason indicated above. (Please print or type.)

Authority Name _____

Title and Occupation _____

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail address _____

Authority Signature _____ Date _____

DEFINITIONS OF PHYSICAL LIMITATIONS:

VISUAL HANDICAP: Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses.

BLINDNESS: Visual acuity of 20/200 or less in the better eye with correcting glasses or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.

DEAF-BLIND: Severe auditory impairment in combination with legal blindness.

PHYSICAL HANDICAP: Unable to hold a book or turn pages as a result of physical limitations. Examples include: without arms or the use of arms; impaired or weakened muscle and nerve control; limitations resulting from strokes, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, arthritis, or similar conditions.

READING DISABILITY: Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. **IF THIS DISABILITY IS CHECKED, A MEDICAL (M.D.) OR OSTEOPATHIC (D.O.) DOCTOR MUST SIGN.**

This **CERTIFICATE OF ELIGIBILITY** must be completed and signed by a competent authority OTHER than the applicant's immediate family. **AN ORIGINAL SIGNED COPY OF THIS APPLICATION MUST BE SUBMITTED TO TBBC.** In cases of blindness, visual impairment or physical limitations, "competent authority" is defined to include doctors of medicine and osteopathy, optometrists, registered nurses, therapists, professional staff of hospitals, institutions and public welfare agencies (such as social workers, case workers, counselors, rehabilitation teachers and superintendents). In the absence of any of these, certification may be made by a professional librarian or by any person whose competence under specific circumstances is acceptable to the National Library Service (NLS) for the Blind and Physically Handicapped, Library of Congress, Washington, DC. NLS administers [the federal law](#) under which the New Jersey State Library Talking Book & Braille Center operates.

Application for Library Services and Certificate of Eligibility – PART II

In addition to any of the prior listed conditions, does applicant also have a hearing impairment?
If yes, indicate degree of hearing loss. Moderate Profound

A. MATERIALS AND SERVICES AVAILABLE

Book Formats (may select more than one format):

Digital Cassette Braille Large Print

B. EQUIPMENT

Digital Talking Book Player - Standard **OR** Advanced

Cassette Playback Machine

C. SPECIAL ATTACHMENTS (FOR CASSETE PLAYERS ONLY)

Extension levers

Pillow speaker - limited to readers who are bedridden.

Headphones. – issued solely for use where speakers are not permitted.

Remote control unit – limited to readers who are bed-ridden or have limited mobility.

Breath switch – available to readers who have severe physical impairments.

Amplifier/headphone system - available to readers who are severely hearing-impaired. This attachment is loaned from the Library of Congress. If requested, loan application forms will be sent to new customer.

RETURN OF EQUIPMENT

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the New Jersey State Library Talking Book & Braille Center, it must be returned.

D. SERVICES

Audiovision Radio Reading Service. Listen to local and national news through **your local TV cable provider via New Jersey Network** or with a special pre-tuned receiver. Internet streaming service is available for customers with an Internet account. Register at www.audiovison-nj.org.

Please indicate how you receive your television signal:

- TV antenna Satellite
- Cable Company (name of cable company _____)

NFB-NEWSLINE: newspapers, magazines and the New Jersey Information Channel by touch-tone phone. (Sponsored by the NJ Commission for the Blind and Visually Impaired.)

E. PERSONAL PREFERENCES:

1) I do **NOT** wish to receive books that contain:

- Strong Language. Violence. Explicit Description of Sex.

2) **Languages:** Will you borrow books in other languages besides English?

- NO YES Languages (Specify): _____

3) **My reading level is:** (Check all that apply)

- Adult
- PreK - K 1st grade 2nd grade 3rd grade 4th grade 5th grade
- 6th grade 7th grade 8th grade 9th grade High School

F. CIRCULATION OF MATERIALS (The loan period for books is three months.)

Do not select books for me. Send only the specific titles I request.

OR

I wish to have books selected for me from the following subjects

<i>SUBJECTS – Adult</i>		
<input type="checkbox"/> Biographies (specify)	<input type="checkbox"/> History	<input type="checkbox"/> Religion (specify)
<input type="checkbox"/> Black experience	<input type="checkbox"/> Horror	<input type="checkbox"/> Romances
<input type="checkbox"/> Business	<input type="checkbox"/> Humor	<input type="checkbox"/> Science Fiction
<input type="checkbox"/> Christian literature	<input type="checkbox"/> Jewish experience	<input type="checkbox"/> Sea Stories
<input type="checkbox"/> Classics	<input type="checkbox"/> Latino experience	<input type="checkbox"/> Short Stories
<input type="checkbox"/> Computers	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Sports (specify) _____
<input type="checkbox"/> Fantasy	<input type="checkbox"/> Nature and Animals	<input type="checkbox"/> Spy stories
<input type="checkbox"/> Gardening	<input type="checkbox"/> New Jersey Literature	<input type="checkbox"/> Travel
<input type="checkbox"/> Gothic	<input type="checkbox"/> Philosophy	<input type="checkbox"/> War (Non-fiction)
<input type="checkbox"/> Historical Fiction	<input type="checkbox"/> Poetry	<input type="checkbox"/> Westerns

<i>SUBJECTS – Children and Teenagers</i>		
<input type="checkbox"/> Adventure	<input type="checkbox"/> History - American	<input type="checkbox"/> Romance
<input type="checkbox"/> Animals	<input type="checkbox"/> History – Foreign	<input type="checkbox"/> School Stories
<input type="checkbox"/> Classics	<input type="checkbox"/> Humor	<input type="checkbox"/> Science (Specify): _____
<input type="checkbox"/> Family Stories	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Sports (Specify): _____
<input type="checkbox"/> Fantasy / Science Fiction	<input type="checkbox"/> Nursery Rhymes/ABC's	<input type="checkbox"/> Supernatural
<input type="checkbox"/> Friendship	<input type="checkbox"/> Poetry	<input type="checkbox"/> Westerns
<input type="checkbox"/> Historical Fiction		

Other subjects of interest to you that we did not list, or **favorite authors** whose books you prefer to read:

G. BI-MONTHLY PUBLICATIONS LISTING NEW BOOKS - Please indicate the one you want by checking the desired format.

TALKING BOOK TOPICS : Large Print Cassette

BRaille BOOK REVIEW : Large Print Braille

MAGAZINES: The New Jersey State Library Talking Book & Braille Center has a list of 75 magazines which are available at no charge to registered patrons. The magazines are in Braille or on cassette. If you would like a list of available magazines, please check here .

H. LIBRARY NEWSLETTER.

How would you like to receive our newsletter?

Large print

E-mail

Braille

email address: _____

Cassette

I. HOW DID YOU LEARN ABOUT OUR SERVICES?

Commission for the Blind & Visually Impaired

Public library

Conference

TBBC presentation

Family or Friend

TBBC website

Health care provider (doctor/nurse)

TV, radio, newspaper, magazine

Other (please explain):

MAIL THIS COMPLETED APPLICATION TO THE ADDRESS BELOW.
FOLD ALONG THE LINE AND STAPLE OR TAPE CLOSED.

**FREE MATTER
FOR THE BLIND OR
HANDICAPPED**

**NJ State Library Talking Book & Braille Center
Attn: Readers' Services
P.O. Box 501
Trenton, NJ 08625-0501**