

# APPLICATION FOR FREE LIBRARY SERVICE: INDIVIDUALS

Arkansas State Library  
Services for the Blind and Print Disabled  
900 West Capitol Ave. Suite 100  
Little Rock, AR 72201-9709  
CALL TOLL FREE: (866) 660-0885

## Residency or U.S. Citizenship:

Readers must be residents of the United States, including the 50 states, territories, insular possessions, and the District of Columbia, or American citizens temporarily living abroad.

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## Please Print or Type:

**NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_  
(Legal)

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **County** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **ALT. PHONE #:** \_\_\_\_\_

E-mail Address \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ Gender:  Female  Male

Please give the name of a person to be contacted if you cannot be reached for an extended period of time.

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

By law, preference in lending of books and equipment is given to veterans. Please check here if you have been honorably discharged from the armed forces of the United States of America.

## **ELIGIBILITY AND CERTIFICATION**

Check the main reason you are unable to read standard print: Check only one box.

**BLINDNESS** -- Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field is no greater than 20 degrees.

**VISUAL IMPAIRMENT** -- Unable to read standard printed materials without special aids or devices other than regular glasses.

**PHYSICAL DISABILITY** -- Difficulty reading or using standard printed materials due to physical limitations, e.g., paralysis, lack of use of arms or hands, extreme weakness.

**READING DISABILITY** -- Disability that prevents reading regular or standard printed materials in a normal manner.

**Eligibility must be certified by one of the following: public or welfare agencies (such as an educator, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, dyslexia specialist, school psychologist, superintendent, librarian or library paraprofessionals), registered nurse, therapist, professional staff of hospitals, institutions, doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, or psychologist. Certifying authorities are not permitted to certify relatives.**

I certify that the applicant named is unable to read or use standard printed material for the reason indicated above.

Please print or type:

**CERTIFIER'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**TITLE/OCCUPATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

In addition to any of the previously indicated conditions, do you also have a hearing loss? If yes, please indicate the degree:

Moderate (some hearing loss)

Profound (cannot understand speech)

**READING MATERIALS ARE AVAILABLE FOR LOAN IN DIGITAL, AND BRAILLE AND E-BRAILLE FORMATS. PLEASE CHECK THE FORMAT(S) YOU WISH TO BORROW:**

**BOOKS** and player in **digital** format.

**Braille/E-Braille Books and Magazines**

**Braille and Audio Reading Download** (for iOS and Android)

**ACCESSORIES: special accessories for players are available; please check those needed:**

**Headphones**

Only for use where speakers are not permitted (for patrons with a hearing loss, or for patrons living in a group setting where headphones are necessary for private listening).

**High-Volume Player**

Only for use by readers with profound hearing loss—(requires a special application which will be sent to you).

**Pillow speaker**

Solely for readers confined to bed.

**Breath Switch**

For readers who have little or no use of their hands. (Requires special application which will be sent to you.)

**Remote Control**

Assists readers who have limited use of their hands in turning the digital machine on and off.

## READING PREFERENCES

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Select the type of book service you desire (choose only one):

- I would like to select my own books.
- I would like to have books selected for me based on my reading interests indicated below.
- I would like to do both of the above.

**Note:** If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books you would like to **borrow**, or write your reading interests in the space provided below.

- |                                                                |                                             |                                                |
|----------------------------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> ADVENTURE STORIES                     | <input type="checkbox"/> ESPIONAGE          | <input type="checkbox"/> PIONEER/FRONTIER      |
| <input type="checkbox"/> ANIMALS, WILDLIFE                     | <input type="checkbox"/> FANTASY            | <input type="checkbox"/> POETRY                |
| <input type="checkbox"/> BEST SELLERS                          | <input type="checkbox"/> FOLKLORE           | <input type="checkbox"/> PSYCHOLOGY, SELF-HELP |
| <input type="checkbox"/> BIBLE, RELIGION<br>DENOMINATION _____ | <input type="checkbox"/> GARDENING          | <input type="checkbox"/> ROMANCE               |
| <input type="checkbox"/> BIOGRAPHIES                           | <input type="checkbox"/> GOTHIC NOVELS      | <input type="checkbox"/> SCIENCE               |
| <input type="checkbox"/> BUSINESS/ECONOMI                      | <input type="checkbox"/> GOVERNMENT/POLITI  | <input type="checkbox"/> SCIENCE FICTION       |
| <input type="checkbox"/> CAREER, JOB<br>TRAINING               | <input type="checkbox"/> HEALTH             | <input type="checkbox"/> SHORT STORIES         |
| <input type="checkbox"/> CHILDREN'S FICTION                    | <input type="checkbox"/> HISTORICAL FICTION | <input type="checkbox"/> SPORTS                |
| <input type="checkbox"/> CHILDREN'S<br>NONFICTION              | <input type="checkbox"/> HISTORY -- U.S.    | <input type="checkbox"/> SPY STORIES           |
| <input type="checkbox"/> CLASSICS                              | <input type="checkbox"/> HISTORY - WORLD    | <input type="checkbox"/> STAGE, SCREEN         |
| <input type="checkbox"/> COMPUTERS                             | <input type="checkbox"/> HOMEMAKING         | <input type="checkbox"/> SUSPENSE              |
| <input type="checkbox"/> COOKING                               | <input type="checkbox"/> HUMOR              | <input type="checkbox"/> TRAVEL                |
| <input type="checkbox"/> DRAMA                                 | <input type="checkbox"/> MUSIC              | <input type="checkbox"/> WAR, WAR STORIES      |
| <input type="checkbox"/> FAMILY STORIES                        | <input type="checkbox"/> APPRECIATION       | <input type="checkbox"/> WESTERNS              |
|                                                                | <input type="checkbox"/> MYSTERIES          |                                                |
|                                                                | <input type="checkbox"/> NATURE             |                                                |
|                                                                | <input type="checkbox"/> PHILOSOPHY         |                                                |

**Magazines**

**Music: NOT** recorded music for recreational listening, but instructional recordings and Braille or large print music scores and magazines.

Other categories are: \_\_\_\_\_

**My preferred language for reading is:**

- English  Other(s) \_\_\_\_\_

**I do NOT wish to borrow books that contain:**

- VIOLENCE**  **SEX**  **STRONG LANGUAGE**

**Reading level most appropriate for me is:**

- |                                               |                                    |                                      |
|-----------------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Preschool            | <input type="checkbox"/> Grade 4-5 | <input type="checkbox"/> Grade 10-12 |
| <input type="checkbox"/> Kindergarten-grade 1 | <input type="checkbox"/> Grade 6-7 | <input type="checkbox"/> Adult       |
| <input type="checkbox"/> Grade 2-3            | <input type="checkbox"/> Grade 8-9 |                                      |

## How did you learn about us?

Please tell us where you learned about the Arkansas Library for the Blind and Print Disabled. It will help us plan our educational and outreach programs.

- |                                                                 |                                                |
|-----------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Personal Physician                     | <input type="checkbox"/> Newspaper             |
| <input type="checkbox"/> Eye Care Professional                  | <input type="checkbox"/> Radio                 |
| <input type="checkbox"/> School System                          | <input type="checkbox"/> Television            |
| <input type="checkbox"/> Another talking book or Braille reader | <input type="checkbox"/> State or local Agency |
| <input type="checkbox"/> Church                                 | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Public Library                         |                                                |

## Notes to Applicant:

You can email, fax or snail mail your application. Electronic signatures are accepted. Once your application is received, the library will contact you concerning services. We will send you a Digital Talking Book machine and other equipment if you have requested it on your application.

If you have any questions concerning this information, or need additional assistance in completing this application form, please call the Library at:

(866) 660-0885, toll free in Arkansas

(501) 682-1155

FAX (501) 682-1529

TDD (501) 682-1002

E-mail: [nlsbooks@ade.arkansas.gov](mailto:nlsbooks@ade.arkansas.gov)

Home page: [library.arkansas.gov/services/lbpd](http://library.arkansas.gov/services/lbpd)

The library is open during the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday, and is closed on Arkansas State holidays. After hours, patrons may call the library and leave a message. Visitors are welcome to visit the library, located at 900 W. Capitol Ave. Suite 100, Little Rock, AR 72201.

## CONFIDENTIALITY:

Records relating to recipients of Library of Congress reading material are confidential except for those portions defined by local law as public information. To find out the extent to which the information provided on this application form may be released to other individuals, institutions, or agencies, consult the agency to which you are submitting this application.

## MAIL THIS APPLICATION TO:

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## EMAIL TO:

[NLSbooks@ade.arkansas.gov](mailto:NLSbooks@ade.arkansas.gov)