

# APPLICATION FOR FREE LIBRARY SERVICE: INDIVIDUALS

Arkansas State Library  
Services for the Blind and Physically Handicapped  
900 W. Capitol, Suite 100, Little Rock, AR 72201  
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.

## Please Print or Type:

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

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

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

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

**HOME PHONE #:** \_\_\_\_\_ **WORK 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. This person should not live in the same household.

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 must be physically based (an organic dysfunction) and of sufficient severity to prevent reading regular or standard printed materials in a normal manner. **Application must be signed by doctor of medicine or osteopathy.**

## TO BE COMPLETED BY CERTIFYING AUTHORITY

Definition of “Certifying Authority”:

1. In cases of **blindness, visual impairment, or physical disability**, certifying authorities include doctors of medicine or osteopathy, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions, and public agencies (e.g., social workers, counselors, or rehabilitation teachers). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.
2. In the case of a **reading disability** the certifying authority must be a doctor of medicine or osteopathy, who may consult with colleagues in associated disciplines.
3. Family members and friends are **NOT** eligible to sign as a certifying authority unless **they are a doctor, nurse, etc, as indicated in part 1.**

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** \_\_\_\_\_

(Signature must be original. We cannot accept fax or photocopy.)

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 ON CASSETTE AND IN BRAILLE.**

**PLEASE CHECK THE FORMAT(S) YOU WISH TO BORROW:**

**BOOKS** on **cassette** and a cassette player.

**BRAILLE** Books

**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).

**Amplifier**

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

**Remote control**

Assists readers who have limited use of their hands in turning the cassette machine on and off—(requires a special application which will be sent to you).

**Breath switch**

For use with the remote control unit for readers who have little or no use of their hands.

**Extension levers**

For cassette player (assists readers with limited use of their hands in operating the standard cassette player controls).

**Pillow speaker**

Solely for readers confined to bed.

## READING PREFERENCES

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

**MAGAZINES (PLEASE SEND ME A CATALOG OF AVAILABLE 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**
- Narrators with an accent

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

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

**How did you learn about us?**

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

- Personal Physician
- Eye Care Professional
- School System
- Another talking book or Braille reader
- Church
- Public Library
- Newspaper
- Radio
- Television
- State or local Agency
- Other: \_\_\_\_\_

**Notes to Applicant:**

Mail (do not fax) your application to the library. Once your application is received, the library will send additional information concerning services. This will include one or more of the library's latest catalogs for ordering books and the equipment you requested.

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@ASL.LIB.AR.US](mailto:NLSBOOKS@ASL.LIB.AR.US)

Home page: [WWW.ASL.LIB.AR.US/ASL\\_LBPH.HTM](http://WWW.ASL.LIB.AR.US/ASL_LBPH.HTM)

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, Little Rock, AR 72201, on the 1<sup>st</sup> floor.

**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:**

Arkansas State Library

Services for the Blind and Physically Handicapped

900 W. Capitol, Suite 100

Little Rock AR 72201-1081