

APPLICATION FOR FREE BOOK AND NFB-NEWSLINE SERVICE



Mailing address

Talking Book and Braille Services

Oregon State Library
250 Winter Street NE
Salem OR
97301-3950

Phones

Toll Free:
1-800-452-0292

Salem:
503-378-3849

TTY Relay:
1-800-735-2900

e-mail
tbabs.info@state.or.us

Website
www.tbabs.org

Revised 4/09 (downloaded from
tbabs.org)

Name _____

C/O _____
(If applicable)

Mailing Address _____

City _____ County _____ State _____ ZIP _____

Telephone (____) _____

Patron E-mail _____

Date of Birth _____ Female _____ Male _____

Alternate Contact _____

Relationship _____ Telephone _____

E-Mail _____

Check here if you have been honorably discharged from
the Armed Forces of the United States. _____

Check Service (s) Desired

____ Audio Books – Please select books for me based on
the topics checked on the next page.

____ Request Only Books – I will call or submit book lists.

____ Braille Books

____ NFB-NEWSLINE – Please refer to insert.

____ NFB-NEWSLINE only – Please refer to insert

Book Service Options

Reading level(s) preferred: Adult
 Young Adult
 Juvenile (Grade Level _____)

Areas of Interests (Check as many as you wish):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Adventures | <input type="checkbox"/> Family stories | <input type="checkbox"/> Spy stories |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Short stories | <input type="checkbox"/> Gothics |
| <input type="checkbox"/> Folklore/Myths | <input type="checkbox"/> Animal stories | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Historical novels | <input type="checkbox"/> History | <input type="checkbox"/> Self-help |
| <input type="checkbox"/> Mysteries | <input type="checkbox"/> Career/Business | <input type="checkbox"/> Science |
| <input type="checkbox"/> Philosophy | <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Poetry | <input type="checkbox"/> Classics | <input type="checkbox"/> Biographies |
| <input type="checkbox"/> Politics | <input type="checkbox"/> Inspirational/ Religion | <input type="checkbox"/> War |
| <input type="checkbox"/> Romances | <input type="checkbox"/> Oregoniana | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Science fiction | <input type="checkbox"/> Parenting | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Crafts | <input type="checkbox"/> Cooking |

Do you have special interests or favorite authors?

If you wish to receive books in languages other than English, please list those languages here: _____

Check only if you do **not** wish to receive books that contain:

- | | |
|---|--|
| <input type="checkbox"/> Accented narrators | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Explicit descriptions of sex | <input type="checkbox"/> Strong language |

I prefer the bi-monthly *Talking Book Topics* catalog in:

- Large Print Cassette

For Braille Readers Only:

I prefer the bi-monthly *Braille Book Review* in:

- Large Print Braille

Equipment and Other Services:

Books and magazines are recorded in a special format. You must order special playback equipment from the library. The machines and accessories are the property of the U.S. Government and must be returned to the library when no longer in use.

_____ Playback machine

_____ Headphones for readers who **MUST** have them to use the program, such as readers in nursing home, hospitals or schools.

_____ Magazines: ___Audio or ___Braille

_____ Descriptive Videos
(Please refer to insert)

_____ Web-Braille
(Please refer to insert)

_____ Non-Partisan Voter's Guide (During Election Years)
___Cassette ___CD___Large Print ___Braille

_____ Downloadable Audio Books
_____ BARD and/or _____ Unabridged
(Please refer to insert)

Where did you hear about Talking Books? _____

Return of Equipment and Accessories

Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the National Library Service and its co-operating libraries, it must be returned to the issuing agency. **One recorded book or one recorded magazine must be borrowed or downloaded annually from NLS to retain use of equipment and accessories.**

Certification of Eligibility

Please have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, librarian, nurse, therapist, or other professional staff of a hospital, institution, or social welfare agency certify your eligibility in the space provided below. Qualified library users must be residents of the United States or United States citizens living abroad.

**Photocopies and faxes of certification signature not accepted.
Family members or self-certification not accepted.**

___1. **Legally Blind**—persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

___2. **Visually Disabled**—persons who need aids other than regular glasses for reading standard printed materials.

___3. **Physically Disabled**—persons unable to read or unable to use standard printed material as a result of physical limitations.

___4. **Deaf-Blindness**

Please Note: in category 5 only - Reading Disabled - eligibility must be certified by a doctor of medicine (MD) or osteopathy (DO).

___5. **Reading Disabled**—persons having a reading disability resulting from an organic dysfunction and of sufficient severity to prevent them from reading printed matter in a normal manner.

In addition to 1, 2, 3, or 5 above, is there also a hearing impairment? Yes___ No___

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

Certifier's Printed Name

Certifier's Signature

Telephone

Title/Occupation

Street

City

State

ZIP