Talking Book Center
1 Churchville Avenue
Staunton, VA 24401

Phone: 1-540-885-6215
Fax: 1-540-332-3906
www.TalkingBookCenter.org

Application for free Talking Book Center library service from the National Library Service for the Blind and Print Disabled

Application form for Individuals

Name_____
(Last) (First) (Middle initial)

C/O_____
(Agency Contact If filling out for resident or client)

Address_____
Street Apt./Room

_____
City State Zip County

(Do you pay taxes in the City _____or the county _____?)

Telephone (_____)_____ E-mail _____

☐ Female ☐ Male Birth year_____

Relative or Alternate Contact Information: Tell us whom to contact if you cannot be reached:

Name_____ Telephone (_____)_____

Address _____
City State Zip

Notice: Records relating to patrons of the Talking Book Center are confidential as established in the Government Data Collection and Dissemination Practices Act, Chapter 38 of Title 2.2 of the Code of Virginia.

☐ Veterans - 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.

Certification and Eligibility

Qualified library users must be residents of the United States.

Individuals: Have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, therapist, or a professional staff member of a hospital, institution, social welfare agency, or a library certify your eligibility below, except that only doctors of medicine or doctors of osteopathy can certify a person with a reading disability.

I certify that _____is unable to read or use standard print for the reason(s) indicated. Check all that apply.

☐ **Blindness:** Visual Acuity of 20/200 or less in the better eye with correcting lenses, or a Visual Field of 20 degrees or less.

☐ **Visual Impairment:** Inability to read standard printed materials without special aids or devices other than regular glasses.

☐ **Physical Disability:** Inability to read or use standard printed material due to physical limitations, e.g. paralysis, without arms or hands, extreme weakness.

☐ **Deaf/Blind:** Difficulty or inability to hear speech and read standard printed materials.

☐ **Reading Disability:** Organic Dysfunction, of sufficient severity to prevent reading of printed material in a normal manner. Please note: Federal law mandates that only doctors of medicine or osteopathy are allowed to certify cases of reading disability.

Certifier Printed Name Title and Occupation

Address City State Zip

(_____)_____ _____
Telephone Email Address

Signature Date

IF CERTIFIED BY DBVI STAFF MEMBER, CASELOAD CODE:

Do you also have a **Hearing Impairment**?

Please indicate: ☐ **Moderate** ☐ **Profound**

Books and Equipment

Equipment policy: Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the issuing agency. Your cooperation with returning these items in a timely manner is required.

All books and equipment are sent and returned through the mail free of charge. Please select below the services you would like to receive. Check all that apply.

Materials and Services Requested:

- ☐ Digital books with Digital Talking Book Machine
- ☐ Braille and Audio Reading Download (BARD) – allows download of books and magazines from the internet to tablets or smartphones

Accessories for Digital Talking Book Machines

- ☐ Pillow speaker for people confined to bed
- ☐ Remote-control unit
- ☐ Headphones

Braille books:

- ☐ Braille – Books, Music, and/or Magazines
- ☐ Send information on downloading eBraille books

Reading Preferences

Preferred listening/reading level (choose one):

- ☐ Preschool
- ☐ Kindergarten-3rd grade
- ☐ 4th-6th grade
- ☐ Junior High
- ☐ High School
- ☐ Adult

Content: (Indicate preferences)

- ☐ No explicit sexual content
- ☐ No strong language
- ☐ No violent content

Preferred Option for Receiving Books:

- ☐ **I wish to have the Library staff select books for me.**
- ☐ **I wish to receive only books I request. Do not select books for me.**

Preferred Types of Books I Want to Receive:

☐ Adventure	☐ Health	☐ Sea Stories
☐ Animals/Wildlife	☐ History	☐ Self-Help/Psychology
☐ Bestsellers, Fiction	☐ Historical Fiction	☐ Science
☐ Bestsellers, Nonfiction	☐ Humor	☐ Science Fiction
☐ Bible	☐ Horror	☐ Short Stories
☐ Biographies	☐ Inspirational Books	☐ Sports
☐ Business	☐ Mysteries	☐ Suspense
☐ Classic Novels	☐ Nature	☐ Supernatural
☐ Children's Fiction	☐ Poetry	☐ Travel
☐ Christian Fiction	☐ Politics/Government	☐ War Stories
☐ Cooking	☐ Religion	☐ Westerns
☐ Fantasy	☐ Romance	☐ Young Adult

Favorite authors_____

_____

Other interests: _____

_____

List any languages, other than English, in which you would like to receive books:

Other Services: You will receive a monthly newsletter from the Talking Book Center. Please choose **one** preferred format.

☐ Large print ☐ Email ☐ No newsletter

☐ I am interested in learning about the **Valley Voice Radio Reading Service**

☐ I am interested in learning about the free iBill Currency Reader

☐ I am interested in learning about other services that the **VA Department for the Blind and Vision Impaired** provides to eligible Virginians.

Call us if you have questions or other requests: 1-540-885-6215

Please ensure that this page is facing outward - fold on line, staple

---

TALKING BOOK CENTER
1 CHURCHVILLE AVENUE
STAUNTON, VA 24401

FREE MATTER FOR THE BLIND

TALKING BOOK CENTER
1 CHURCHVILLE AVENUE
STAUNTON, VA 24401

www.TalkingBookCenter.org