

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



Thank you for your interest in the Arkansas Library for the Blind and Print Disabled. We provide a variety of ways to read. BARD, the Braille and Audio Reading Download service, is easy to use and gives you instant access to more than 150,000 titles via your computer, tablet, or smartphone. Digital audio playback equipment and digital audio books are also available from the library, as well as braille, and electronic braille(via BARD). We look forward to helping you read the way you want to read.

Please print or type:

NAME (Last) _____ (First) _____ (Initial) _____
(Legal)

MAILING ADDRESS: _____

CITY: _____ **AR** **ZIP:** _____

PHONE: _____ **ALT. PHONE:** _____

DATE OF BIRTH: _____

PARENTAL/GUARDIAN SIGNATURE (If patron is under 18 years old)

I acknowledge that my child/ward will receive services and equipment, and will have access to the entire NLS catalog of reading material. All materials and equipment, including digital talking (audio) book cartridges, hard copy braille, players, and accessories, must be returned when no longer needed.

Signature X _____ **Date** _____

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.

ALTERNATE CONTACT

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

Name: _____

Home Phone #: _____ Work Phone #: _____

Address: _____

City/State/Zip _____

ELIGIBILITY AND CERTIFICATION

Check the main reason you are unable to read standard print.

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 audio, braille and ebraille formats.

Please check the format(s) you wish to borrow:

Audio Book Player with Audio Book Cartridges

Braille Books and Magazines

Braille and Audio Reading Download (for iOS and Android)

Braille eReader

ACCESSORIES: Special accessories for players are available.

Please check those needed:

Headphones

Only for use where speakers are not permitted (for patrons with 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 a 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.

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.

I would like to do both of the above.

Magazines

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

My preferred language for reading is:

English

Other(s) _____

Do you have Wi-Fi capability?

Yes

No

Reading level most appropriate for me is:

Preschool

Grade 4-5

Grade 10-12

Kindergarten – Grade 1

Grade 6-7

Adult

Grade 2-3

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.

Veteran's Affairs

Internet/Social Media (Please Specify Below)

Health Care Professional

Radio

School System

Television

Friend/Family

State or Local Agency (Please Specify Below)

Public Library

Other: _____

Event/Expo

Please Specify _____

Applicant Agreement:

It is the responsibility of Arkansas Library for the Blind and Print Disabled patrons to:

- 1. Return equipment loaned to you when you are no longer using the materials provided by the library.
- 2. Promptly notify the library of any address change.
- 3. Take reasonable care of materials and equipment.
- 4. Borrow or download books/and or magazines once a year.

R. Return books by the end of their loan periods. (60 days for audio books; 45 days for braille)

By submitting this application, I agree to follow these rules.

Signature of applicant/guardian X _____

You can submit your application the following ways:

MAIL THIS APPLICATION TO:

FAX TO:

EMAIL TO:

Arkansas Library for the Blind and Print Disabled
900 W. Capitol Ave. Suite 100
Little Rock, AR 72201-9709

501-682-1529

NLSbooks@ade.arkansas.gov

(electronic signatures accepted)

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.