Application for Free Library Service - Individual
Ohio Library for the Blind and Physically Disabled
State Library of Ohio Talking Book Program

Please Print or Type:

Name

Address

City, State, ZIP

Phone

County

Date of Birth

Gender:  □ Female  □ Male

☐ By law, preference in lending books and equipment is given to veterans. Please check if you have been honorably discharged from the U.S. Armed Forces.

The information provided on this application will not be released to other individuals, institutions, or agencies except as provided for in Section 149.43 Ohio Revised Code, The Public Records Act.

Type of Disability. Check all that apply:

☐ Legally blind. Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.

☐ Visually impaired. Not legally blind but unable to read standard printed material without special aids or devices other than regular eyeglasses, regardless of optical measurement.

☐ Physical handicap. Unable to read a book, hold a book, or turn a page because of physical limitations, e.g., paralysis, arthritis, muscle or nerve deterioration, extreme weakness.

☐ Reading Disability. The result of an organic dysfunction, such as dyslexia, of sufficient severity to prevent the reading of printed material in a normal way.

☐ Deaf-blindness.

Certification. Must be completed for all applicants:

In cases of blindness, visual disability, or physical limitations, certifying authority is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists, professional staff of hospitals, institutions, and public welfare agencies. 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.

Note: In the cases of Reading Disability certification must be by a doctor of medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.

Name

Title and Occupation

Address

Phone  Date  Signature
In addition to any of the disabilities listed on the previous page, do you have a significant hearing impairment?  □ Yes  □ No

Services Requested:

□ Books recorded on digital cartridge with digital player

□ Braille and Audio Reading Download (BARD)

Please enter a valid E-mail address to register for BARD (required):

If you have purchased your own player, please describe:

□ Books recorded on audiocassettes with standard cassette player

□ Braille books

□ Braille magazines

□ Magazines recorded on audiocassettes

□ Music (Note: Recorded music for recreational listening is not available through this program.)

□ Music instruction on digital cartridge

□ Music instruction on audiocassette

□ Music magazines in braille

□ Music scores in braille

□ Music scores in large print

□ Playaway self-playing pre-loaded digital talking books

□ Described standard and Blu-Ray DVDs

□ Described VHS videocassettes

□ Web-Braille - a web-based service to download braille books, magazines, and music scores

□ NEWSLINE - telephone and online newspaper service

Special Equipment Attachments Requested:

□ Headphones. Cassette Player Only. (Note: Commercial headphones may be purchased from a store to be used with Library of Congress equipment.)

□ Pillow Speaker. For individuals confined to bed.

□ Key Extension Levers. Cassette Player Only. For severely disabled individuals with limited use of hands or arms, who have difficulty manipulating key controls on cassette player.

Note: Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used for reading recorded material provided by the Library of Congress and its cooperating libraries, please return it to the issuing agency.

http://olbpd.cpl.org  ~  216-623-2911  ~  1-800-362-1262 (Ohio only)
Reading Preferences. Select one:

☐ Do not send books for me. Send only the specific titles that I request.

☐ I wish to have books selected for me.

Note: If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer. You may also write your reading interests in the space provided below:

☐ Adventure  ☐ Ethnic Interest - Jewish  ☐ Poetry
☐ Aging and retirement  ☐ Fantasy  ☐ Politics and government
☐ Animals and wildlife  ☐ Folklore  ☐ Psychology and self-help
☐ Autobiographies  ☐ Health  ☐ Religion
☐ Bestsellers fiction  ☐ Historical novels - American  ☐ Religion - Catholic
☐ Bestsellers non-fiction  ☐ Historical novels - World  ☐ Religion - Islam
☐ Bible and bible stories  ☐ History - American  ☐ Religion - Judaism
☐ Biographies  ☐ History - World  ☐ Religion - Protestant
☐ Biographies - Newsmakers  ☐ Horror  ☐ Religious fiction
☐ Biographies - Presidents  ☐ Humor  ☐ Romance
☐ Biographies - Stage/Screen  ☐ Inspirational  ☐ Romantic suspense
☐ Books made into movies  ☐ Light/wholesome stories  ☐ Science
☐ Business and economics  ☐ Love stories  ☐ Science fiction
☐ Children and young adult  ☐ Medicine  ☐ Sea stories
☐ Classics  ☐ Music appreciation  ☐ Short stories
☐ Computers  ☐ Mysteries  ☐ Sports
☐ Cooking and homemaking  ☐ Mysteries - light and cozy  ☐ Spy and espionage
☐ Crafts and hobbies  ☐ Native American interest  ☐ Supernatural and occult
☐ Current events  ☐ Nature  ☐ Suspense
☐ Disability  ☐ Ohio interest  ☐ Thrillers
☐ Ethnic Interest - Asian  ☐ Personal finance  ☐ Travel and geography
☐ Ethnic Interest - Black  ☐ Personal hygiene  ☐ War
☐ Ethnic Interest - European  ☐ Philosophy  ☐ War stories
☐ Ethnic Interest - Hispanic  ☐ Plays  ☐ Westerns

Other reading interests: ________________________________________________

Favorite authors: _______________________________________________________

☐ I wish to receive books in English language only.

If you wish to receive books in other languages, please list languages: ____________________________________________________________

Note: Bestsellers often contain descriptions of sex, strong language, and violence. I am willing to accept books that contain: (Check all that apply)

☐ Explicit sex  ☐ Strong language  ☐ Violence

www.library.ohio.gov ~ 614-644-6895 ~ 1-800-686-1531 (Ohio only)
Person who is completing the application on behalf of the applicant:

Name

Address

City, State, ZIP

Phone

Application Agreement

It is the responsibility of the library user to:

1. Return all library materials and equipment when they are no longer being used.

2. Notify the library of any name, address, or telephone changes.

3. Take reasonable care of library materials and equipment.

4. Borrow or download at least one book or magazine per year.

5. Read and return books within six weeks, to allow others the opportunity to read.

I understand the above responsibilities and agree to follow them.

Please sign

Signature of the applicant or the person completing the application on behalf of applicant

Returned completed application to:

State Library of Ohio
Talking Book Program
274 E. First Avenue
Columbus, Ohio 43201-3673

OR

Ohio Library for the Blind
and Physically Disabled
17121 Lake Shore Boulevard
Cleveland, Ohio 44110-4006

Machines Assigned: (To be completed by Agency)