Application for Library Service.

Please print or type

Name (Last)_________________(First)______________________
(Middle) ________________

Street Address
______________________________________________________
______________________________________________________

City _____________ County ________________

State _______ Zip ____________

Primary Telephone ______________________

Date of Birth_____________________

Alternate Telephone __________________

Email Address ________________________
Alternative contact if you cannot be reached for an extended period:

Name__________________________________________
Telephone________________________________________
Email__________________________________________

Veterans: Persons who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and specialized materials (Public Law 89-522).

☐ Check here if you were honorably discharged from the United States military.

Indicate the primary disability preventing you from reading printed material.

☐ Blindness
   ☐ Deaf/Blindness
☐ Visual Impairment
   ☐ Physical Disability
   ☐ Reading Disability
If you also have a hearing impairment, please indicate the degree of hearing loss:

☐ Moderate – Some difficulty hearing and understanding speech

☐ Profound – Cannot hear or understand speech

NOTE: Personal information is confidential except for those portions defined by law as public information. To learn what information provided on this application form may be released to other individuals, institutions, or agencies, please consult the agency to which you are submitting this application.

Eligibility of blind and other print-disabled persons for loan of library materials

The following people are eligible for service: residents of the United States, including territories, insular possessions, and the District of Columbia, and American citizens living abroad, provided they meet one of the following criteria:

1. An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
2. An individual who has a perceptual or reading disability.

3. An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Please see [www.loc.gov/nls/about/eligibility-for-nls-services](http://www.loc.gov/nls/about/eligibility-for-nls-services) for the full eligibility terminology.

**Certifying Authority**
Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).
To be completed by Certifying Authority

Name ____________________________
Title ____________________________
Organization ______________________
Email ______________________________
Address ____________________________
Phone ______________________________
City ________________________________
State __________________ Zip _________
☐ I certify that this applicant is eligible for NLS services.
Signature
____________________________________
Date ______________

A typed or handwritten signature is acceptable after certifying data is completed.
BARD (Braille and Audio Reading Download) is a web-based, password-protected service that provides access to thousands of audio and braille books, magazines, and music scores available from NLS. The service is available as an application on a Windows or Mac computer or on an iOS or Android device. The mobile application, known as BARD Mobile, includes built-in playback capability so you can enjoy talking books anytime, anywhere.

Service delivery for library materials (check all that apply)

☐ I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire) and Internet or cellular access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile application. Please provide your email address for BARD registration.

☐ I have a personal mobile device and would like to access the free BARD Mobile application, but I would also like materials sent to my home by USPS. Please select the types of materials you want mailed to your home. (Check all that apply.)
  ☐ Digital talking books and magazines on cartridge/flash drive
  ☐ Hardcopy braille books and magazines
☐ Music appreciation/braille or large-print scores/instructional talking books and magazines on cartridge/flash drive

☐ I do NOT have a personal mobile device. I want my library to send books by USPS to my home. I would like materials in the following format. (Check all that apply)
  ☐ Digital talking books and magazines on cartridge/flash drive
  ☐ Hardcopy braille books and magazines
  ☐ Music appreciation/braille or large-print scores/instructional talking books and magazines on cartridge/flash drive

(Note: The NLS Music program does not provide recorded music for recreational listening.)

How did you learn about the NLS free library service? Check up to three:
☐ Veterans Affairs/Defense Health Agency ☐ Other Health Care Professional
☐ School ☐ Vocational Rehabilitation Center
☐ Friend/Family ☐ Public Library
☐ Consumer/Support Group ☐ Event/Expo
☐ TV Ad  ☐ Radio Ad
☐ Other Ad _____________________________________________
☐ Internet/Social Media _________________________________
☐ Other ________________________________________________

Reading Preferences (Optional): Complete the following if you want library materials sent by home delivery, USPS Free Matter for the Blind

Reading Preferences: Check A or B
☐ A. Do not select books for me. Send only the specific titles that I request.
☐ B. I wish to have books selected for me.

Note: If you want books selected for you, the library needs information about your reading interests. Please check all the types of books or subjects you prefer.

Age Range: ☐ Adult Titles  ☐ Young Adult Titles
☐ Children’s Titles, Grade: ___

Subject Category:
☐ Adventure    ☐ Bestsellers/Fiction ☐
Bestsellers/Nonfiction
☐ Biography    ☐ Classics  ☐ History
☐ Mystery  ☐ Psychology/Self-Help  ☐ Romance
☐ Science Fiction  ☐ War/Military  ☐ Westerns

Please indicate additional titles, authors, genres, or topics:
________________________________________________________________________________
________________________________________________________________________________

☐ I do not wish to receive books that contain (check all that apply):
☐ Strong language  ☐ Violence
☐ Explicit descriptions of sex
☐ I am interested in receiving books in languages other than English

(please list other languages):_________________________________________