



VERMONT APPLICATION FOR FREE LIBRARY SERVICE

Vermont Department of Libraries, Special Services Unit
578 Paine Turnpike North, Berlin, VT 05602
Toll free in VT 1.800.479.1711 Local 802.828.3273
lib.ssu@state.vt.us

Application information is confidential and will be used only in relation to your library service. Please print or type.

Applicant's Name (Last, First Middle)

Street Address

City

State

Zip

Phone

E-mail Address

Sex [] Male [] Female

Date of Birth (Month/Day/Year)

[] Check here if you have been honorably discharged from the armed forces of the United States.

[] Check here if you have had talking book service before. Where and when?

Please give the name of someone not living in your household to contact if you cannot be reached for an extended period.

Name

Telephone

My preferred format for information from the Library is:

[] Large print

[] E-mail

Eligibility and Certification

Please check the primary disability preventing you from reading standard print:

- Blindness**—Visual acuity of 20/200 or less in the better eye.
- 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 materials as a result of physical limitations, e.g., paralysis, lack of arms or hands, extreme weakness.
- Reading disability**—Disability must be physically based (an organic dysfunction) and of sufficient severity to prevent reading regular or standard printed materials in a normal manner. In cases of reading disability, application must be signed by doctor of medicine or osteopathy.

To be completed by certifying authority

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

Certifying professional's name

Title and occupation

Address

City

State

Zip code

Signature

Date

Phone

Definition of "Certifying Authority"

In cases of blindness, visual impairment, or physical disability, certifying authorities include doctors of medicine or osteopathy, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions, public agencies (e.g., social workers, counselors, or rehabilitation

teachers), or librarians. In the case of a reading disability the certifying authority must be a doctor of medicine or osteopathy. A family member may not sign as a certifying authority.

Books, equipment, and other services

Please check those you wish to receive:

- Books recorded on digital cartridge with digital player
- Downloadable books (BARD)
- Large print books
- Braille books
- Magazines
- Descriptive video service: videos or DVDs with added narration.
- NFB NEWSLINE Service: telephone newspaper service.
- Music: not music for listening, but instructional recordings and braille or large print music scores and magazines.

Machine accessories for special needs

Please check if needed:

- Amplifier**—solely for use by readers with profound hearing loss, requires a separate application.
- Headphones**—solely for patrons with a hearing loss, or for patrons residing in a group setting where headphones are necessary for private listening.
- Pillow speaker**—solely for readers confined to bed.

Reading Preferences

Select the type of book service you desire (choose only one):

- I only want to select my own books. I will send the library requests from "Talking Book Topics" or other sources.
- In addition to selecting books myself, I would like the library to select books for me when my requests are not available. My reading interests are:

FICTION

- Adventure
- Classics
- Espionage novels
- Fantasy
- Gentle/nostalgic fiction
- Gothic novels
- Historical novels
- Horror stories
- Mysteries
- Plays/drama
- Poetry
- Romance novels
- Science fiction
- Short stories
- Vermont interest
- War stories
- Westerns

Other(s) _____

My favorite authors are:

NONFICTION

- Adventure
- Animals
- Biographies
- Cooking
- Current events
- Disabilities
- Government/politics
- Health
- History, United States
- History, World
- Humor
- Music, books about
- Occult/paranormal
- Philosophy/psychology
- Religion: specific? _____
- Sciences
- Sports
- Travel
- Vermont interest

Other(s) _____

I do not wish to receive books containing:

- Violence
- Strong language
- Explicit sex

The reading level most appropriate for me is:

- Adult
- High School
- Jr. & Sr. High
- Grades 6-9
- Grades 5-8
- Grades 3-6
- Grades 2-4
- Kindergarten-grade 3
- Preschool-grade 2

My preferred language for reading is:

- English
- Other (please specify) _____

Applicant agreement

It is the responsibility of the talking book program users to:

- Return equipment loaned to you when you are no longer using it.
- Notify the library of any address or telephone number changes.
- Take reasonable care of materials and machines.
- Borrow books and/or magazines at least once a year.
- Read and return books within 6 weeks of receipt to allow others the opportunity to read.

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

Signature of applicant or guardian

Once we have received your application, we will call you to discuss our services in greater detail.