

 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  
ssu@mail.dol.state.vt.us

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

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Applicant's Name (Last, First Middle)

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Street Address

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City

State

Zip

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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 a relative or close friend, not living in your household, to be contacted if you cannot be reached for an extended period.

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Name

Telephone

My preferred format for information from the Library is:

Cassette

Large print

E-mail

## Eligibility and Certification

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Qualified readers must be residents of the US or American citizens living abroad.

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. Application must be signed by doctor of medicine or osteopathy.

**To be completed by certifying authority**  
(see definition below)

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

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Certifying professional's name	Title and occupation
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Address	City	State	Zip code
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Signature	Date	Phone
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Signature must be original. We cannot accept fax or photocopy.

## 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, who may consult with colleagues in associated disciplines. A family member is not eligible to sign this application as a certifying authority.

## Books, equipment, and other services

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Please check those you wish to receive:

**Talking Books on cassette and a cassette player** (playback only). Please choose **one** of the following cassette players:

Standard cassette player, plays 15/16 ips, 4-track Library of Congress cassettes, and also plays 1-7/8 ips, 2-track commercially recorded cassettes. Operates with a rechargeable battery, or electricity.

Easy cassette player, plays 15/16 ips, 4-track cassettes only. For persons who have difficulty with manual dexterity. Must be plugged into electricity for operation.

**Large Print Books**

**Braille Books**

**Downloadable audio books**

**Magazines**

**Descriptive Video Service: videos 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

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Special accessories for players are available; please check those needed:

- Amplifier**—solely for use by readers with profound hearing loss, requires a separate application.
- Extension lever for cassette player**—assists readers with limited use of their hands).
- 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.
- Remote control**—assists readers with limited use of their hands in turning the standard machine on and off, requires a separate application.
- Breath switch**—for use with the remote control unit for readers who have little or no use of their hands.

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading materials provided by the Library of Congress and its cooperating libraries, it must be returned to the Vermont Department of Libraries, Special Services Unit.

## Reading Preferences

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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 catalogs, "Talking Book Topics," "Braille Book Review," 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Adventure                                 | <input type="checkbox"/> Music, books about             |
| <input type="checkbox"/> Animals                                   | <input type="checkbox"/> Mysteries                      |
| <input type="checkbox"/> Best sellers, fiction                     | <input type="checkbox"/> Occult                         |
| <input type="checkbox"/> Best sellers, nonfiction                  | <input type="checkbox"/> Philosophy/psychology          |
| <input type="checkbox"/> Biographies                               | <input type="checkbox"/> Plays/drama                    |
| <input type="checkbox"/> Classics                                  | <input type="checkbox"/> Poetry                         |
| <input type="checkbox"/> Cooking                                   | <input type="checkbox"/> Religion:<br>denomination_____ |
| <input type="checkbox"/> Current events                            | <input type="checkbox"/> Romance novels                 |
| <input type="checkbox"/> Disabilities                              | <input type="checkbox"/> Science fiction                |
| <input type="checkbox"/> Espionage novels                          | <input type="checkbox"/> Sciences                       |
| <input type="checkbox"/> Fantasy                                   | <input type="checkbox"/> Short stories                  |
| <input type="checkbox"/> Foreign language<br>(please specify)_____ | <input type="checkbox"/> Sports                         |
| <input type="checkbox"/> Gentle/nostalgic fiction                  | <input type="checkbox"/> Travel                         |
| <input type="checkbox"/> Gothic novels                             | <input type="checkbox"/> Vermont interest               |
| <input type="checkbox"/> Government/politics                       | <input type="checkbox"/> War stories                    |
| <input type="checkbox"/> Health                                    | <input type="checkbox"/> Westerns                       |
| <input type="checkbox"/> Historical novels                         | <input type="checkbox"/> Other(s)_____                  |
| <input type="checkbox"/> History, United States                    |   |
| <input type="checkbox"/> History, World                            | My favorite authors are:                                |
| <input type="checkbox"/> Horror stories                            |   |
| <input type="checkbox"/> Humor                                     |   |

**I do not wish to receive books that contain:**

- Violence       Strong language  
 Explicit descriptions of sex

**The reading level most appropriate for me is:**

- |   |   |
|---|---|
| <input type="checkbox"/> Adult          | <input type="checkbox"/> Grades 4-6           |
| <input type="checkbox"/> High School    | <input type="checkbox"/> Grades 3-6           |
| <input type="checkbox"/> Jr. & Sr. High | <input type="checkbox"/> Grades 2-4           |
| <input type="checkbox"/> Grades 6-9     | <input type="checkbox"/> Kindergarten-grade 3 |
| <input type="checkbox"/> Grades 5-8     | <input type="checkbox"/> 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 the machines loaned to you when you are no longer using the recorded reading materials provided.
- 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.

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Signature of applicant or guardian

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

*This program is supported in part by the Institute of Museum and Library Services, a federal agency, through the Library Services and Technology Act.*