

Iowa Library for the Blind and Physically Handicapped

524 Fourth Street, Des Moines, Iowa 50309-2364

515-281-1323 or 800-362-2587 library@blind.state.ia.us



Application for Free Library Service

Date: _____

Name _____
Last First Middle

Address _____

City _____ County _____ State _____ Zip _____

Telephone _____ Email Address _____

Date of Birth ____/____/____ ☐ Male ☐ Female

Contact Person: Person to contact if you can't be reached or can assist with your account:

Name _____ Phone _____

Relationship _____ Email _____

☐ 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.

☐ Email me a username/password for the online catalog.

☐ By checking this box, you are indicating that you would like us to send you occasional emails notifying you of special events and other opportunities. We honor your privacy and will never share your information with outside groups.

Check the eligibility requirements under which you qualify

☐ **Blindness.** Visual acuity of 20/200 or less in the better eye with correcting lenses, or the widest diameter of visual field is no greater than 20 degrees.

☐ **Visual Impairment.** Inability to read standard print materials with correction and regardless of optical measurements.

☐ **Physical Disability.** Inability to read or use standard printed materials as a result of physical limitations.

☐ **Deaf Blind.**

☐ **Reading Disability.** Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. [If this box is checked, doctors of medicine or osteopathy who may consult with colleagues in associated disciplines must certify]

To be completed by certifying authority: Have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, therapist, or a professional staff member of a hospital, institution, social welfare agency, or a library certify your eligibility because of one or more of the reasons above. Qualified library users must be residents of the United States.

I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated on this form, and that I am not a member of the applicant's family.

Printed Name _____

Title/Occupation _____

Facility Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone _____

Certifier Signature _____ **Date** _____

Which library services would you like?

All books and equipment can be sent and returned through the mail free of charge. Please select below the services you would like to receive. You may check multiple services.

Books:

- ☐ **Talking Books** - send me books on digital cartridge and a digital player needed to use them.
 - ☐ **Braille Books** - send me braille books.
 - ☐ **Large Print Books** - send me large print books.
-

Send me these optional attachments and equipment to be used with Talking Books:

- ☐ Headphones for private listening.
 - ☐ Pillow speaker – solely for use by patrons who are confined to a bed
 - ☐ High Volume Player with headphones – solely for the use by patrons with severe hearing loss. (You will receive a separate application form for this.)
 - ☐ Breath-activated switch – solely for use by patrons with severe physical disabilities. (You will receive a separate application form for this.)
 - ☐ Remote control unit – solely for use by patrons with very limited mobility.
-

Please send me information on other services:

- ☐ **Braille and Audio Reading Download (BARD) service** – send me instructions on how to register and download talking books or Web Braille books over the internet from the BARD website, BARD Express and the mobile app.
- ☐ **Magazines** – send me more information about magazines available in audio and braille formats.
- ☐ **IRIS (Iowa Radio Reading Information Service)** – send me more information about IRIS which provides radio reading service broadcasting 24 hours a day providing free news and information.

☐ **NFB-Newsline** – send me more information about NFB (National Federation for the Blind) - Newsline service which provides newspapers in electronic speech over the telephone, mobile app, email and/or website.

☐ **Sacred Text Program** – send me more information about materials provided in audio and braille through the library's sacred text program.

☐ **Currency Reader** – send me information on how to receive a free currency reader from the Bureau of Engraving and Printing (BEP).

Programs For Kids:

☐ **1,000 Books Before Kindergarten** – send me more information about the library's early literacy program for children, birth – 5 years old.

☐ **Books for Kids Program** – send me more information about the library's program for children, birth – 18 years old. The program sends audio, braille and large print books monthly to children.

Programs for Adults:

☐ **Book Discussion Groups-** contact me about the book discussion groups the library hosts over the phone throughout the year.

Choose one option for receiving books

☐ **I wish to have the library select books for me.** The library will send books from the categories you indicated on the next page or from requests you send us. Each book or book cartridge you send back will automatically be replaced with a new one.

☐ **I wish to receive only books I request.** You will need to call us with lists of requests from our bimonthly catalog of new books. Mail in the order form from the bimonthly catalog or make requests through the online catalog in order for us to be able to have books to send to you . No books will be sent if there are no requests in your file.

If the library selects books for you, do we need to exclude books containing?

☐ Explicit Sex ☐ Violence ☐ Strong Language

What would you like to read?

Please check the listening/reading levels you prefer:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Preschool | <input type="checkbox"/> Kindergarten–3 rd Grade |
| <input type="checkbox"/> 4 th –6 th Grade | <input type="checkbox"/> Junior High | <input type="checkbox"/> Young Adult/High School |

Indicate types of books you enjoy reading:

Fiction

- | | |
|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Family | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Modern Fiction |
| <input type="checkbox"/> Horror | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Literature | <input type="checkbox"/> War Stories |

Non Fiction

- | | |
|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Animal Stories | <input type="checkbox"/> Hobbies |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> History |
| <input type="checkbox"/> True Crime | <input type="checkbox"/> Health (Specify _____) |
| <input type="checkbox"/> Poetry | <input type="checkbox"/> Sports (Specify _____) |
| <input type="checkbox"/> Inspirational | <input type="checkbox"/> Religion (Specify _____) |
| <input type="checkbox"/> Science | <input type="checkbox"/> War (Specify _____) |
| <input type="checkbox"/> Travel (<input type="checkbox"/> United States, <input type="checkbox"/> Foreign) | |
| <input type="checkbox"/> Biographies (<input type="checkbox"/> Celebrity, <input type="checkbox"/> Historical, <input type="checkbox"/> Political, <input type="checkbox"/> Religious) | |

Favorite Subjects and Genres _____

Favorite Authors: _____

Special Interests: _____

My preferred language for reading is: ☐ English ☐ Other: _____

I would prefer catalogs and newsletters in:

- | | | | |
|--------------------------------------|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Braille | <input type="checkbox"/> Audio | <input type="checkbox"/> Email |
|--------------------------------------|----------------------------------|--------------------------------|--------------------------------|

How did you learn about the NLS free library service (check all that apply?)

- | | |
|--|--|
| <input type="checkbox"/> Rehabilitative Professional | <input type="checkbox"/> TV Ad |
| <input type="checkbox"/> Healthcare Professional | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Online Ad |
| <input type="checkbox"/> Library/Librarian | <input type="checkbox"/> News/Other Website/Social Media |
| <input type="checkbox"/> School | <input type="checkbox"/> Other _____ |
-

School Information (Pre-K – 12th)

School Name _____

School Address _____

Student Current Grade _____

Teacher/TVI Name _____

Teacher/TVI Phone Number _____

Teacher/TVI Email _____

Equipment Policy: Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with reading material provided by the Library of Congress and its cooperating libraries, it must be returned to an issuing agency. Your cooperation in returning these items in a timely manner is appreciated.

Confidentiality: The information required on this application pertains to eligibility for free library services for the blind and physically impaired individuals. This information is required by the National Library Service for the Blind and Physically Handicapped of the Library of Congress to fulfill the requirements of Public Law 89-522. Complete and accurate information will speed up the application process. All library records, including this application, are considered to be confidential in accordance with the Code of Iowa Chapter 22.7(13).