



APPLICATION FOR INDIVIDUALS

Check here if you have been honorably discharged from the armed forces of the U.S. 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 materials. (Public Law 89-522)

Last Name _____ First Name _____ M.I. _____

Parent name (if minor) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number(s) _____

Email _____

Date of Birth: _____ I am: Male Female Other

Alternate contact person (name, relationship, & phone):

Applicant Signature _____ Date: _____
(Legal guardian or POA may sign if applicant is unable to sign)

Primary Disability and Condition

- Blind/ Legally Blind, Condition: _____
- Visual impairment/ low vision, Condition: _____
- Physical disability, Condition: _____
- Deaf and blind (must be able to read Braille)
- Reading disability, Condition: _____

Does applicant also have a hearing impairment?

- Moderate
- Profound (cannot hear or understand speech)

Reading Preferences (please choose one)

I prefer to **select my own books**. Send only the specific titles I request from you.

OR

I wish to have books **selected for me. I like:**

<input type="checkbox"/> Romance	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Westerns	<input type="checkbox"/> Historical Fiction
<input type="checkbox"/> Suspense	<input type="checkbox"/> Inspirational	<input type="checkbox"/> History	<input type="checkbox"/> Biographies
<input type="checkbox"/> Adventure	<input type="checkbox"/> Science Fiction	<input type="checkbox"/> Fantasy	<input type="checkbox"/> Autobiographies

Other titles, authors, genres, or topics: _____

I do not wish to receive books that contain:

<input type="checkbox"/> Some strong language	<input type="checkbox"/> Some Violence	<input type="checkbox"/> Some descriptions of sex
<input type="checkbox"/> Strong language	<input type="checkbox"/> Violence	<input type="checkbox"/> Descriptions of sex
	<input type="checkbox"/> Extreme Violence	<input type="checkbox"/> Explicit descriptions of sex

Check here for books recorded in a language other than English if needed and **specify language** _____

Books, Equipment and Other Services

The following items and services are offered. I would like:

Audio books and digital player **Headphones**

Large print books

Descriptive videos (for blind and low vision patrons only)

Magazines (in audio or Braille; ask about availability)

BARD (Braille & Audio Reading Downloads)

Braille books

(Note: By policy, some materials may not available to all patrons.)

Eligibility

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 loc.gov/nls/about/eligibility-for-nls-services for the full eligibility terminology.

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 Talking Book Services.

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 _____ Phone _____

Address _____

City _____ State _____ Zip _____

I certify that this applicant is eligible for TBS services.

Signature _____ Date _____

NOTE: A typed/handwritten signature is acceptable after certifying data is completed.

**Talking Book Services
1500 Senate Street
Columbia, SC 29201-3815**

**FREE MATTER
FOR THE
BLIND AND
HANDICAPPED**

**Talking Book Services
1500 Senate Street
Columbia, SC 29201-3815**

How did you learn about the TBS free library service? Select up to three:

- | | |
|---|--|
| <input type="checkbox"/> Veterans Affairs/Defense Health Agency | <input type="checkbox"/> Other Health Care Professional |
| <input type="checkbox"/> School | <input type="checkbox"/> Vocational Rehabilitation Center |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Consumer/Support Group | <input type="checkbox"/> Event/Expo |
| <input type="checkbox"/> TV Ad | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Other Ad (specify below) | <input type="checkbox"/> Internet/Social Media (specify below) |

Other (specify below)
