

Individual Application

Check here if you have been honorably discharged from the U.S. Armed Forces. Honorably discharged United States military veterans who are blind or have a print disability receive preference in enrollment and the lending of materials. (Public Law 89-522)

Applicant name: Last _____ First _____ (MI) _____

Mailing address: _____

City _____ State _____ Zip code _____

Phone numbers: _____; _____

Email: _____ Gender: M F N/A

Applicant date of birth (mm/dd/yyyy): _____

Alternate contact person (name, relationship, phone):

If the applicant is under 18, the following must be completed:

As the **parent/legal guardian of the minor applicant**, I acknowledge that the minor will receive services and equipment and will have access to the entire NLS catalog of reading material. All materials and equipment (including digital talking-book cartridges, hard-copy braille, players, and accessories) must be returned when no longer needed.

Name of parent/legal guardian:

(Last) _____ (First) _____ (MI) _____

Relationship to patron: _____ Email: _____

Signature: _____ Date:(mm/dd/yyyy) _____

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Books, Equipment, and Other Services (check all desired):

- Audiobooks and digital player and headphones
- BARD app (Braille & Audio Reading Downloads)
- Large print books
- Descriptive DVDs
- Audio/Braille magazines
- Braille books

(Optional) Does the applicant have home Wi-Fi access? Yes No

Reading Preferences (please choose one):

I will **select my own books**; send only the specific titles I request.

OR

I wish to have books **selected for me** (check all desired):

- Romance
- Suspense
- Adventure
- Mysteries
- Inspirational
- Science Fiction
- Westerns
- History
- Fantasy
- Historical Fiction
- Biographies
- Autobiographies

Specific titles, authors, topics, or genres: _____

Check to receive audio Bible (choose one): KJV NIV ESV

Check if you DO NOT want books that contain:

- Some strong language
- Strong language
- Some violence
- Violence
- Extreme violence
- Some descriptions of sex
- Descriptions of sex
- Explicit descriptions of sex

Check to request books in language(s) other than English. Language(s) desired: _____

Notes: _____

Certification Information

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, providing they meet one of the following criteria:

- An individual who is blind or has a visual impairment that makes them unable to read print books comfortably.
- An individual who has a perceptual or reading disability.
- An individual who has a physical disability that makes it difficult to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

More info: (<https://www.loc.gov/nls/how-to-enroll/apply-for-nls-services/>)

NOTE: Personal information is confidential except 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 visit: <https://www.loc.gov/legal>

Applicant's Primary Disability and Condition:

- Blind/Legally blind; Condition: _____
- Visual impairment/Low vision; Condition: _____
- Physical disability; Condition: _____
- Reading disability; Condition: _____
- Deafblind (must be able to read braille)

Check if Applicant is also Hearing Impaired (not a primary disability)

Certifying Authority:

Eligibility must be certified by a "competent authority," such as an MD, DO, ophthalmologist, optometrist, psychologist, registered nurse, therapist, educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, school librarian. In the absence of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress. **(continued on next page)**

To be completed by Certifying Authority:

Name: _____ Title: _____

Organization: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I certify that this applicant is eligible for Talking Book services:

Signature: _____ Date: _____

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

FREE MATTER
FOR THE
BLIND AND
HANDICAPPED

TO:

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

Application for Free Talking Book Services