



**APPLICATION FOR TALKING BOOKS SERVICES
FOR INDIVIDUALS IN CORRECTIONAL FACILITIES**

Last Name _____ First Name _____ M.I. _____

SCDC ID Number _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ (m/d/yyyy) Gender: M or F

Applicant Signature _____ Date: ___/___/___

(Legal guardian or POA may sign if applicant is unable to sign)

Primary Disability

Indicate the primary disability preventing you from reading standard print material.

- Blind or Legally Blind
- Visual impairment or low vision
- Physical disability (Check **only** if unable to hold books or turn pages)
- Reading disability

Books and Equipment

The following items and services are offered. Check all you wish to receive.

- Digital player and digital audio books
- Audio Magazines (a list will be sent to you)
- Headphones (One pair of headphones will be issued when originally requested but will not be replaced if lost, stolen, or misplaced).

Reading Preferences (please choose one)

1. **I would like to select my own books.** All patrons are subscribed to the Talking Book Topics catalog to select their books. Please choose your titles from the catalog.

2. **I wish to have books selected for me.** I like the following (check all that apply):

- Mysteries Romance Westerns History
- Action/Adventure Inspirational Books Christian Fiction
- Science Fiction Fantasy Biography/ Autobiography
- Other (tell us what subjects or authors you like on the lines BELOW):

I do not want to receive books that contain:

- Some* Violence Violence Extreme Violence
- Some* strong language Strong language

- Some* descriptions of sex Descriptions of sex
- Some* explicit descriptions of sex Explicit descriptions of sex
- Check here for books recorded in a language *other than English* if needed and specify language _____

Professional Certification of Disability Condition Required

The professional certifying authority must provide all information and their signature in this section. Please see section on qualified certifying authorities at the end of this document. Applications without proper and complete certification are not accepted and will be returned.

PLEASE PRINT LEGIBLY:

Full Last Name: _____ **Full First Name:** _____

Title and Occupation: _____

Business/Organization Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: () _____ - _____

By my signature, I certify that the applicant is eligible for services.

Signature: _____ **Date:** __/__/____

Application Submission

Please fold completed application so that our return address is showing. Tape or staple the top to keep it closed. Send by US Postal Service.

**South Carolina State Library
Talking Books Services
1500 Senate Street
Columbia, SC 29201**

**FREE MATTER FOR
THE BLIND & HANDICAPPED**

**South Carolina State Library
Talking Books Services
1500 Senate Street
Columbia, SC 29201**

Please keep the following pages for your records.

The following professionals may sign as a Certifying Authority:

Doctors of medicine, doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; professional staff of hospitals, institutions, and public or welfare agencies (e.g., wardens, mental health professionals, social workers, case workers, counselors, rehabilitation teachers, and superintendents). In the absence of any of these, professional librarians or other professionals, whose competence under specific circumstances meet federal requirements, may make certification.

Eligibility: The following persons are eligible:

- Legally blind persons (visual acuity is 20/200 or less in the better eye)
- Persons with low vision whose best corrected vision does not allow the reading of standard printed material
- Persons unable to hold or turn pages due to physical limitations
- Persons having a reading disability resulting from organic brain dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.

Statement of Confidentiality/Waiver

The information provided on this application is exempt from disclosure under the S.C. Freedom of Information Act [Section 30-4-40 (a) (4), 1976, S.C. Code of Laws], except for agencies and individuals involved in library services for the blind and physically disabled, without permission of the applicant.

Lending of Materials and Classes of Borrowers

Eligible readers must be residents of the United States, including the several states, territories, insular possessions, and the District of Columbia; or, American citizens domiciled abroad.

Return of Equipment

Equipment/accessories are supplied on extended loan; if not being used for recorded reading materials provided by the S.C. State Library, equipment must be returned to the S.C. State Library. Equipment (working or non-working) remains the property of the federal government and must be returned if not being used. Equipment loaned to those in the corrections system is the responsibility of the borrowing individual and 1) must be either returned to Talking Book Services if not being used or 2) transferred with the individual if they move to another facility or released.

Library Contact Information:

Location: 1500 Senate Street, Columbia, SC

Call toll-free: 1-800-922-7818 **In Columbia:** 803-734-4611

Email: tbsbooks@statelibrary.sc.gov

Fax: 803-734-4610

Website: <http://sctalkingbook.org/>

TBS Online Catalog: <http://webopac.klas.com/scbph>

Hours: 8:30 am-5:00 pm, Monday-Friday, closed on Federal & State Holidays