

APPLICATION FOR FREE BOOK AND NFB-NEWSLINE SERVICE



Mailing address

Talking Book and Braille Services

Oregon State Library
250 Winter Street NE
Salem OR
97301-3950

Phones

Toll Free:
1-800-452-0292

Salem:
503-378-3849

TTY Relay:
1-800-735-2900

E-mail
tbabs.info@state.or.us

Website
www.tbabs.org

Revised 10/08 (downloaded from
tbabs.org)

Name _____

C/O _____
(If applicable)

*Mailing Address (school) _____

City County State ZIP

*Contact Telephone (____) _____

*Permanent Address (home) _____

City County State ZIP

*Home Telephone (____) _____

*E-mail _____

Date of Birth _____ Female ____ Male ____

Alternate Contact _____

Relationship _____ Telephone _____

Check here if you have been honorably discharged from
the Armed Forces of the United States. _____

Check Service (s) Desired

____ Books – Please select books for me based on the
topics checked on the next page.

____ NFB-NEWSLINE – Please refer to insert.

____ Downloadable Audio Books – Please refer to insert.

____ Non-Partisan Voter's Guide:

____ Cassette ____ CD ____ Large Print ____ Braille

Book Service Options

Reading level (s) preferred: ___Adult
___Young Adult
___Juvenile (Grade Level_____)

Areas of Interests (Check as many as you wish):

___Adventures	___Family stories	___Spy stories
___Nature	___Short stories	___Gothic
___Folklore/Myths	___Animal stories	___Travel
___Historical novels	___History	___Self-help
___Mysteries	___Career/Business	___Science
___Philosophy	___Bestsellers	___Westerns
___Poetry	___Classics	___Biographies
___Politics	___Inspirational/ Religion	___War
___Romances	___Oregoniana	___Humor
___Science fiction	___Parenting	___Sports
___Gardening	___Crafts	___Cooking

Do you have special interests or favorite authors?

If you wish to receive books in languages other than English, please list those languages here:

Check only if you do **not** wish to receive books that contain:

___Accented narrators	___Violence
___Explicit descriptions of sex	___Strong language

I prefer the bi-monthly *Talking Book Topics* catalog & quarterly Newsletter in:

___Large Print ___Cassette ___Computer Diskette

For Braille Readers Only:

I prefer the bi-monthly *Braille Book Review* in:

___Large Print ___Braille ___Computer Diskette

Media, Accessories, and Other Services:

Equipment and accessories are available on extended loan. The cassette machine is needed to play National Library Service 4-track recorded material. Please check as many of the following items as you would like to use so we can send the proper equipment:

___ Cassette Books ___ Cassette Magazines

___ Braille Books ___ Braille Magazines

___ Descriptive Videos ___ Web-Braille
(Please refer to insert) (Please refer to insert)

___ Headphones for readers, who must have them to use the program, such as readers in nursing homes, hospitals, and schools.

___ Pillow speaker for readers confined to bed.

___ Extension Lever ___ Breath Switch

___ Amplifier for use by readers with profound hearing loss. **

___ Remote control for use by readers confined to bed or those with difficulty in mobility. Turns machine on and off only. **

** Requires an additional application which will be sent by the State Library after registration.

Where did you hear about Talking Books? _____

Return of Equipment and Accessories
Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the National Library Service and its co-operating libraries, it must be returned to the issuing agency. **One recorded cassette or one recorded magazine must be borrowed annually from NLS to retain use of equipment and accessories.**

Certification of Eligibility

Please have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, librarian, nurse, therapist, or other professional staff of a hospital, institution, or social welfare agency certify your eligibility in the space provided below. Qualified library users must be residents of the United States or United States citizens living abroad.

**Photocopies and faxes of certification signature not accepted.
Family members or self-certification not accepted.**

___1. **Legally Blind**—persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting glasses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

___2. **Visually Disabled**—persons who need aids other than regular glasses for reading standard printed materials.

___3. **Physically Disabled**—persons unable to read or unable to use standard printed material as a result of physical limitations.

___4. **Deaf-Blindness**

Please Note: in category 5 only - Reading Disabled - eligibility must be certified by a doctor of medicine (MD) or osteopathy (DO).

___5. **Reading Disabled**—persons having a reading disability resulting from an organic dysfunction and of sufficient severity to prevent them from reading printed matter in a normal manner.

In addition to 1, 2, 3, or 5 above, is there also a hearing impairment? Yes___ No___

I certify that the applicant is unable to read or use standard printed material for the reason checked above.

Certifier's Printed Name

Certifier's Signature Telephone

Title/Occupation

Street City State ZIP