



APPLICATION FOR FREE LIBRARY SERVICE

Name (Last) _____ (First) _____ (M.I.) _____

Care Of (If applicable) _____

Fill out both addresses below, then check which one you want us to use at first.
You may switch between addresses depending on the season.

School Address _____

City _____ County _____ State _____ ZIP _____

Teacher Phone (____) _____ E-mail _____

Home Address _____

City _____ County _____ State _____ ZIP _____

Home Phone (____) _____ E-mail _____

Date of Birth ____ / ____ / ____ Female Male

Alternate Contact (Name/Relation) _____

Phone (____) _____ E-mail _____

How did you hear about Talking Books? _____

What device to you want to use?

Accessories:

Digital player

USB Adaptor / Cable

Mobile device

Headphones

Please submit your completed application by mail, fax, or scan/email

**Talking Book and
Braille Library**
Oregon State Library
250 Winter Street NE
Salem, OR 97301

Toll Free (in state): 800-452-0292
Phone: 503-378-5389
Fax: 503-373-7439
Email: talkingbooks.info@state.or.us
Web: TalkingBooks.Oregon.gov

Certification of Eligibility

Please have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, care giver, therapist, librarian, teacher, activity director, or other professional staff of a hospital, care facility, or social welfare agency sign at the bottom of this page to certify your eligibility (**see #5: Reading Disability for exception**). Qualified library users must be residents of the United States or United States citizens living abroad.

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. Common examples include (but are not limited to): macular degeneration, glaucoma, cataracts, diabetic retinopathy, etc.

3. **Physically Disabled**—persons unable to read or unable to use standard printed material as a result of physical limitations. Common examples include (but are not limited to): multiple sclerosis, stroke, Parkinson's, paraplegia, etc.

4. Deaf-Blindness

5. **Reading Disabled**—persons having a reading disability (i.e. neurological dyslexia) resulting from an organic dysfunction and of sufficient severity to prevent them from reading printed matter in a normal manner. **Please Note: in category 5 only - Reading Disabled - eligibility must be certified by a doctor of medicine (MD) or osteopathy (DO).**

NOTE: Section below to be completed by certifying authority. Family member or self-certification NOT accepted

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

Certifier's Printed Name and Title/Occupation

Certifier's Signature

Telephone

Street _____ City _____ State _____ ZIP _____