

Library and Resources Center
Department for the Blind and Vision Impaired (DBVI)
395 Azalea Avenue, Richmond, Virginia 23227
Toll Free 800-552-7015 Voice/TDD or 804-371-3661
Application for Library Service

1. Applicant Information:

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Numbers (including area code):

Home: _____ Cell: _____ Work: _____

E-Mail Address: _____

Birth Year: _____

Gender: M F

Alternate Contact Person

Name: _____ Phone (include area code): _____

Address: _____

Veterans: Check here if you have been honorably discharged from the Armed Forces of the United States. Preference for service is given, by law, to veterans.

2. Certification and Eligibility:

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.

National Library Service (NLS) requires certification of blindness, vision impairment, or physical impairment, by doctors of medicine, osteopathy, ophthalmologists, optometrists, registered nurses, therapists, and professional staff of hospitals, institutions, and public or welfare agencies (e.g., social workers, caseworkers, counselors, rehabilitation teachers, and superintendents). In the absence of any 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. In cases of reading disability, competent authority is defined as: doctors of medicine and osteopathy, who may consult with colleagues in associated fields.

I certify that the applicant is unable to read or use standard print for the reason(s) indicated. Check all that apply.

- Blindness** ~ Corrected Visual Acuity of 20/200 or less in the better eye, or a Visual Field of 20 degrees or less.
- Vision Impairment** ~ Inability to read standard printed materials without special aids and/or devices other than regular eye glasses
- Deaf/Blind** ~ Difficulty or inability to hear speech and read standard printed materials.
- Physical Impairment** ~ Inability to read or use standard printed material due to physical limitations, e.g. paralysis, without arms or hands, extreme weakness.
- Reading Disability** ~ Organic Dysfunction of sufficient severity as to prevent reading printed material in a normal manner.

Name: _____

Title/Occupation: _____

Phone (including area code): _____

Address: _____

Signature: _____ Date _____

Our audio books must be played on special equipment supplied by the National Library Service (NLS) and distributed by DBVI. This playback equipment is supplied free to eligible persons, on extended **loan** for as long as our services are used. If this equipment is not being used in conjunction with our services, it must be returned to the library.

3. Materials and Services Requested – check all that apply:

- Books recorded on Digital Cartridge with Digital Talking Book Machine
- Braille and Audio Reading Download (BARD)
- Books and/or Magazines recorded on audio cassette tape with cassette player
- Magazines recorded on audio cassette
- Braille – Books, Music and/or Magazines:
- Books produced in larger than standard print
- Descriptive Videos (popular movies with described action)
- Information about services from the Department for the Blind and Vision Impaired (DBVI)

Books are loaned for **45-days**
Descriptive Videos are loaned for **two weeks**

Accessories for Cassette Players and Digital Talking Book Machines

- Amplifier (Cassette Players only)
- Breath Switch (Cassette Players only)
- Extension Levers (Cassette Players only)
- Headphones (Cassette Players and Digital Talking Book Machines)
- Headphone Adapter (required with Headphones for Digital Talking Book Machines only)
- USB Flash-Drive AT-Port (Digital Talking Book Machines Players only)

You will receive a bi-monthly publication, **Talking Book Topics** and/or **Braille Book Review**, which list available new titles. Please check **one** preferred format:

- Large Print Cassette Braille

4. Preferred Service:

- Send only the specific titles I request. Do not select for me.
 The library may select titles for me.

5. Reading Preferences:

- No Strong Language No Explicit Sex No Violence

- | | | |
|---|--|---|
| <input type="checkbox"/> Adventure Stories | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Animals/Wildlife | <input type="checkbox"/> Folklore | <input type="checkbox"/> Psychology/Self-Help |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Gardening | <input type="checkbox"/> Religion/Creed |
| <input type="checkbox"/> Bible | <input type="checkbox"/> Gothic Novels | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Government/Law | <input type="checkbox"/> Science |
| <input type="checkbox"/> Business/Economics | <input type="checkbox"/> Politics | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Career/Jobs | <input type="checkbox"/> Health | <input type="checkbox"/> Sea Stories |
| <input type="checkbox"/> Children's Fiction | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Short Stories |
| Add Grade Level _____ | <input type="checkbox"/> History – Us | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Children's Non-Fiction | <input type="checkbox"/> History – World | <input type="checkbox"/> Spy Stories |
| Add Grade Level _____ | <input type="checkbox"/> Humor | <input type="checkbox"/> Stage and Screen |
| <input type="checkbox"/> Classic Novels | <input type="checkbox"/> Music Appreciation | <input type="checkbox"/> Suspense Stories |
| <input type="checkbox"/> Cooking/Homemaking | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Nature | <input type="checkbox"/> War |
| <input type="checkbox"/> Family Stories | <input type="checkbox"/> Occult/Supernatural | <input type="checkbox"/> Westerns |
| | <input type="checkbox"/> Philosophy | |

Other: _____

List your favorite Authors: _____

If you wish to receive books in languages other than English, please list them: _____

Call us if you have questions or other requests: 800-552-7015

Please ensure the next page is facing outward and then fold, staple and drop in the mail

Library and Resource Center
395 Azalea Avenue
Richmond, Virginia 23227

**FREE MATTER for the Blind or Handicapped
E040 Domestic Mail Manual, Section 135**

**Library and Resource Center
Department f/t Blind and Vision Impaired
395 Azalea Avenue
Richmond, Virginia 23227-3623**