

Iowa Library for the Blind and Print Disabled

524 Fourth Street, Des Moines, Iowa 50309-2364

515-281-1323 or 800-362-2587 library@blind.state.ia.us



Iowa Department
for the Blind

Application for Free Library Service

Date: _____

Name _____
Last First Middle

Address _____

City _____ County _____ State _____ Zip _____

Date of Birth ____/____/____

Telephone _____ Alternative Telephone _____

Email Address _____

Contact Person: Person to contact if you can't be reached for an extended period:

Name _____ Phone _____

Relationship _____ Email _____

Qualified library users must be residents of the United States.

☐ **Veterans:** Persons who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and specialized materials (Public Law 89-522).

☐ Email me a username/password for the online catalog.

☐ By checking this box, you are indicating that you would like us to send you occasional emails notifying you of special events and other opportunities. We honor your privacy and will never share your information with outside groups.

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

- ☐ **Blindness.** Visual acuity of 20/200 or less in the better eye with correcting lenses, or the widest diameter of visual field is no greater than 20 degrees.
- ☐ **Visual Impairment.** Inability to read standard print materials with correction and regardless of optical measurements.
- ☐ **Deaf/Blindness.**
- ☐ **Physical Disability.** Inability to read or use standard print materials as a result of physical limitations.
- ☐ **Reading Disability.** Inability to read or use standard print materials as a result of a perceptual or reading disability.

Certifying Authority

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian.)

Print Name _____

Title _____

Organization _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone _____

Date _____

National Library Service for the Blind and Print Disabled Parental/Guardian Acknowledgement

As the parent/guardian of the Iowa Library for the Blind and Print Disabled patron, I acknowledge that my child will receive services and equipment and that my child will have access to the entire National Library Service for the Blind and Print Disabled (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.

☐ **I acknowledge that my child can receive NLS Library Services**

Parent/Guardian: _____
First Last Middle

Email _____

Relationship to patron: ☐ Parent ☐ Guardian

Please sign your name to give your acknowledgement of NLS Services:

Signature

Which library services would you like?

All books and equipment can be sent and returned through the mail free of charge. Please select below the services you would like to receive. You may check multiple services.

Books:

- ☐ **Braille and Audio Reading Download (BARD) service** – send me instructions on how to register and download talking books or Web Braille books over the internet from the BARD website, BARD Express and the mobile app.
 - ☐ **Talking Books** - send me books on digital cartridge and a digital player needed to use them.
 - ☐ Send Headphones with the digital player.
 - ☐ **Braille Books** - send me braille books.
 - ☐ **Electronic Braille** – send me a braille eReader to access electronic braille.
 - ☐ **Large Print Books** - send me large print books.
-

Please send me information on other services:

- ☐ **Magazines** – send me more information about magazines available in audio and braille formats.
- ☐ **IRIS (Iowa Radio Reading Information Service)** – send me more information about IRIS which provides radio reading service broadcasting 24 hours a day providing free news and information.
- ☐ **NFB-Newsline** – send me more information about NFB (National Federation for the Blind) - Newsline service which provides newspapers in electronic speech over the telephone, mobile app, email and/or website.
- ☐ **Sacred Text Program** – send me more information about materials provided in audio and braille through the library's sacred text program.
- ☐ **Currency Reader** – send me information on how to receive a free currency reader from the Bureau of Engraving and Printing (BEP).

Reading Preferences

Complete the following if you would like library materials sent by home delivery, USPS Free Matter for the Blind.

Receiving Books (Choose One Option):

☐ **I wish to have the library select books for me.** The library will send books from the categories you indicate below or from requests you send us. Each book or book cartridge you send back will automatically be replaced with a new one.

☐ **Do not select books for me. Send only the specific titles I request.** Requests can be made by contacting the library or through the library's online catalog.

What would you like to read?

Subject Category:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Bestsellers/Fiction | <input type="checkbox"/> Bestsellers/Nonfiction |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Classics | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> History |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Politics | <input type="checkbox"/> Psychology/Self-Help |
| <input type="checkbox"/> Religious Fiction | <input type="checkbox"/> Romance | <input type="checkbox"/> Science |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> War/Military | <input type="checkbox"/> Westerns |

Please indicate additional titles, authors, genres, or topics:

If the library selects books for you, do we need to exclude books containing?

- ☐ Explicit Sex ☐ Violence ☐ Strong Language

My preferred language for reading is: ☐ English ☐ Other: _____

How did you learn about the NLS free library service (check up to 3 that apply?)

- | | |
|---|--|
| <input type="checkbox"/> Consumer/Support Group | <input type="checkbox"/> Event/Expo |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> School | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Other Health Care Professional | <input type="checkbox"/> TV Ad |
| <input type="checkbox"/> Vocational Rehabilitation Center | <input type="checkbox"/> Other Ad (Specify: _____) |
| <input type="checkbox"/> Veterans Affairs/Defense Health Agency | |
| <input type="checkbox"/> Internet/Social Media (Specify: _____) | |
| <input type="checkbox"/> Other (Specify: _____) | |
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Equipment Policy: Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with reading material provided by the Library of Congress and its cooperating libraries, it must be returned to an issuing agency. Your cooperation in returning these items in a timely manner is appreciated.

Confidentiality: The information required on this application pertains to eligibility for free library services for the blind and physically disabled individuals. This information is required by the National Library Service for the Blind and Print Disabled of the Library of Congress to fulfill the requirements of Public Law 89-522. Complete and accurate information will speed up the application process. All library records, including this application, are considered to be confidential in accordance with the Code of Iowa Chapter 22.7(13).