

Iowa Library for the Blind and Physically Handicapped

524 Fourth Street, Des Moines, Iowa 50309-2364

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



Application for Free Library Service

Date: _____

Name _____
Last First Middle Initial

Address _____

City _____ County _____ State _____ Zip _____

Telephone _____ Email Address _____

Date of Birth ____/____/____ Male Female

Contact Person: Person to contact if you can't be reached or can assist with your account:

Name _____ Phone _____

Relationship _____ Email _____

By law, preference in lending of books and equipment is given to veterans. Please check here if you have been honorably discharged from the armed forces of the United States.

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.

Check the eligibility requirements under which you qualify

- 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.
- Physical Disability.** Inability to read or use standard printed materials as a result of physical limitations.
- Deaf Blind.**
- Reading Disability.** Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. [If this box is checked, doctors of medicine of osteopathy who may consult with colleagues in associated disciplines must certify]

To be completed by certifying authority: Have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, therapist, or a professional staff member of a hospital, institution, social welfare agency, or a library certify your eligibility because of one or more of the reasons above. Qualified library users must be residents of the United States.

I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated on this form, and that I am not a member of the applicant's family.

Printed Name _____

Title/Occupation _____

Facility Name _____

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

Telephone _____

Certifier Signature _____ **Date** _____

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.

Talking Books - send me books on digital cartridge and a digital player needed to use them.

Send me these optional attachments:

- Headphones for private listening.
- Pillow speaker – solely for use by patrons who are confined to bed
- High Volume Player with headphones – solely for the use by patrons with severe hearing loss. (You will receive a separate application form for this.)
- Breath-activated switch – solely for use by patrons with severe physical disabilities. (You will receive a separate application form for this.)
- Remote control unit – solely for use by patrons with very limited mobility. (You will receive a separate application form for this.)

Braille Books - send me braille books.

Large Print Books - send me large print books.

Braille and Audio Reading Dowload (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.

NFB Newline – send me more information about NFB Newline service which provides newspapers in electronic speech over the telephone

Sacred Text Program – send me more information about materials provide in audio through the library's sacred text program.

For Kids:

1,000 Books Before Kindergarten – send me more information about the library's program for children birth – 5 years old.

Books for Kids Program – send me more information about the library's program for children birth – 18 years old. The program sends books monthly to children.

What would you like to read?

Please check the listening/reading levels you prefer:

- Adult Junior High 4th – 6th Grade Preschool
 Young Adult/High School Kindergarten – 3rd Grade

Indicate types of books you enjoy reading:

Fiction

- Adventure Romance: Historical, Modern, Traditional)
 Christian Fiction Mystery: American, British, Cozy)
 Family Westerns
 Historical Fiction Modern Fiction
 Horror Science Fiction
 Literature (Classics, Modern) War Stories

Non Fiction

- Adventure Humor
 Animal Stories Hobbies
 Cooking History (Foreign, United States)
 True Crime Health (Specify _____)
 Poetry Sports (Specify _____)
 Inspirational Religion (Specify _____)
 Science War (Specify _____)
 Travel (United States, Foreign)
 Biographies (Celebrity, Historical, Political, Religious)

Favorite Subjects and Genres: _____

Favorite Authors: _____

Special Interests: _____

My preferred language for reading is: English Other: _____

I would prefer catalogs and newsletters in:

- Large Print Braille Audio Email

Choose one option for receiving books

I wish to have the library select books for me. The library will send book from the categories you indicated on the previous page or from requests you send us. Each book or book cartridge you send back will automatically be replaced with a new one.

I wish to receive only books I request. You will need to call us with lists of requests from our bimonthly catalog of new books, mail in the order form from the bimonthly catalog or make requests through the online catalog in order for us to be able to have books to send to you . No books will be sent if there are no requests in your file.

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

Explicit Sex Violence Strong Language

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 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 impaired individuals. This information is required by the National Library Service for the Blind and Physically Handicapped 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).

School Information (Pre-K – 12th)

School Name _____

School Address _____

Student Current Grade _____

Teacher/TVI Name _____

Teacher/TVI Phone Number _____

Teacher/TVI Email _____

For Library Staff Use Only

- EOS
- PIMMS
- BG Profile
- Cartridges Created (if needed)
- Machine Hold Placed (if needed)
- Follow Up Information Sent to Patron
- Follow Up Call Completed