

THE STATE LIBRARY OF OHIO

PLEASE PRINT OR TYPE

Application For Talking Book Machine and Regional Library Services Individuals

Name: _____

Address _____

City, State, Zip _____

Phone (____) _____ County _____

Birthdate _____ Sex: M _____ F _____

By law, preference in lending books and equipment is given to veterans. Please check if you have been honorably discharged from the U.S. Armed Forces .

The information provided on this application will not be released to other individuals, institutions, or agencies except as provided for in Section 149.43 Ohio Revised Code, The Public Records Act.

Type of Disability. Check all that apply:

- Legally Blind.** Corrected visual acuity of 20/200 or less in the better eye, or a visual field of 20 degrees or less.
- Visual Handicap.** Not legally blind but unable to read standard printed material without special aids or devices other than regular eyeglasses, regardless of optical measurement.
- Physical handicap, Other than Visual Impairment.** Please specify
Unable to read a book, hold a book, or turn a page because of physical limitations, e.g., paralysis, arthritis, muscle or nerve deterioration, extreme weakness.
- Reading Disability.** The result of an organic dysfunction, such as dyslexia, of sufficient severity to prevent the reading of printed material in a normal way.
- Deaf/Blindness.**

Certification. Must be completed for all applicants:

In cases of blindness, visual disability, or physical limitations, certifying authority is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists, professional staff of hospitals, institutions, and public welfare agencies. 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.

NOTE: In the cases of Reading Disability certification must be by a doctor of medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.

Name _____

Title and Occupation _____

Address _____

Phone (____) _____ Date _____ Signature _____

In addition to any of the disabilities listed on the previous page, do you have a hearing impairment?
If yes, indicate degree:

Moderate. Some difficulty hearing and understanding speech.

Profound. Cannot hear or understand speech.

Services Requested:

Talking Book Machine and Discs. Plays 8 rpm, 16rpm, and 33 rpm disc.

Cassette Player and Cassettes. Plays 1 7/8 ips, 15/16 ips, 2-track and 4-track cassettes.

Easy Cassette Player and Cassettes. Plays 15/16 ips, 4-track cassettes.

Braille Books.

Special Attachments Requested:

Headphones. Supplied only to individuals who require them to use the service where regular playback is not possible (Please Note: Commercial headphones, with adapter, may be purchased from a store to be used with Library of Congress equipment).

Specify Reason for Request _____

Pillowphone. For individuals confined to bed. For record or cassette player.

Amplifier with Headphones. For the hearing impaired. A special application, signed by a physician or audiologist, is necessary.

Remote Control Unit. For individuals confined to bed, or who have low mobility or greatly restricted use of hands or arms. A special application is necessary.

Key Extension Levers. For severely disabled individuals with limited use of hands or arms, who have difficulty manipulating key controls on cassette player.

Tone Arm Clip. For individuals with limited use of hands to help in placing tone arm on record. For disc player.

NOTE:

Playback equipment and special attachments are provided free to eligible persons on extended loan. If the equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries it must be returned to the issuing agency.

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REGIONAL LIBRARY SERVICE Individual Reading Preferences

I wish to have books selected for me in the categories checked below. I may also make specific title requests.

Fiction

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Historical novels | <input type="checkbox"/> Humor | <input type="checkbox"/> Romantic suspense |
| <input type="checkbox"/> Animals | <input type="checkbox"/> American | <input type="checkbox"/> Light/wholesome | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Bestsellers * | <input type="checkbox"/> Historical novels | <input type="checkbox"/> Love stories | <input type="checkbox"/> War stories |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Westerns |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Horror | <input type="checkbox"/> Religious fiction | |

Non-Fiction

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Cooking | <input type="checkbox"/> Health | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> History, American | <input type="checkbox"/> Catholic |
| <input type="checkbox"/> Aging/Retirement | <input type="checkbox"/> Current Events | <input type="checkbox"/> History, Foreign | <input type="checkbox"/> Islam |
| <input type="checkbox"/> Bestsellers * | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Inspirational/Self-improvement | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Ethnic interests | <input type="checkbox"/> Nature | <input type="checkbox"/> Protestant |
| <input type="checkbox"/> "Newsmakers" | <input type="checkbox"/> Asian | <input type="checkbox"/> Ohio interest | <input type="checkbox"/> Other |
| <input type="checkbox"/> Presidents | <input type="checkbox"/> Black interests | <input type="checkbox"/> Personal hygiene | <input type="checkbox"/> Science |
| <input type="checkbox"/> Stage/Screen | <input type="checkbox"/> European | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Other | <input type="checkbox"/> Jewish | <input type="checkbox"/> Plays | <input type="checkbox"/> Supernatural phenomena |
| <input type="checkbox"/> Books made into movies | <input type="checkbox"/> Native American | <input type="checkbox"/> Poetry | <input type="checkbox"/> Travel/Geography |
| <input type="checkbox"/> Business | <input type="checkbox"/> Other | <input type="checkbox"/> Psychology | <input type="checkbox"/> War |
| <input type="checkbox"/> Computers | | | <input type="checkbox"/> Other |

Favorite authors: _____

Books in foreign languages are available on request. Please contact the library for further details.

Mark here if you are willing to accept books that contain:

Explicit sex Yes No Rough language Yes No Violence Yes No

*PLEASE NOTE: Bestsellers very often contain sex, strong language and violence.

Person who is completing the form on behalf of the applicant:

Name _____

Address _____

City, State, Zip _____ Phone (___) _____

Return completed application to:

The State Library of Ohio
Talking Book Program
274 E. First Avenue
Columbus, OH 43201-3673

or:

Machine(s) Assigned:

(To be completed by Agency)

Date _____

Machine Lending Agency

(To be completed by Agency)

