

Michigan Braille and Talking Book Library

(A Service of the Bureau of Services for Blind Persons, Labor and Economic Opportunity)

702 W. Kalamazoo St., P.O. Box 30007, Lansing, Michigan 48909-7507

Toll Free: 1-800-992-9012

Local Phone: 1-517-284-2880

Fax: 1-517-284-2885

Email: btbl@michigan.gov

Web: www.michigan.gov/btbl

Application for Free Library Service

Name (Last) _____ (First) _____ (Middle) _____

Street Address _____

City _____ County _____ State MI Zip _____

Primary Telephone _____ Alt. Telephone _____

Birth Year _____ Gender _____

Email Address _____

Alternative contact if you cannot be reached:

Name _____

Telephone _____ Email _____

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).

Check here if you were honorably discharged from the United States military.

NOTE: Personal information is confidential except for those portions defined by law as public information.

Indicate the primary disability preventing you from reading printed material.

- Blindness Physical Disability Deaf/Blindness
 Visual Impairment Reading Disability

Eligibility of blind and other print-disabled persons for loan of library materials

The following people are eligible for service: residents of the United States, including territories, insular possessions, and the District of Columbia, and American citizens living abroad, provided they meet one of the following criteria:

1. An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
2. An individual who has a perceptual or reading disability.
3. An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Please see www.loc.gov/nls/about/eligibility-for-nls-services for the full eligibility terminology.

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).

To be completed by Certifying Authority

Name _____ Title _____
Organization _____ Email _____
Address _____ Phone _____
City _____ State _____ Zip _____

I certify that this applicant is eligible for NLS services.

Signature _____

Date _____

A typed or handwritten signature is acceptable after all certifying data is completed.

BARD (Braille and Audio Reading Download) provides access to thousands of audio and braille books, magazines, and music scores available from NLS via download. All active NLS patrons with an email account are eligible for BARD service. Download books instantly to your personal devices using the free BARD Mobile App, which includes built-in playback capability so you can enjoy talking books anytime, anywhere.

Service delivery for library materials (check all that apply)

- I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire) and Internet or cellular access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile application. Please provide your email address for BARD registration.

- I have a personal mobile device and would like to access the free BARD Mobile application, but I would also like materials sent to my home by USPS. Please select the types of materials you want mailed to your home. (Check all that apply.)
 - Digital talking books and audio magazines on cartridge
 - Hardcopy braille books and braille magazines
 - Headphones

- I do NOT have a personal mobile device. I want my library to send books by USPS to my home. I would like materials in the following format. (Check all that apply.)
 - Digital talking books and audio magazines on cartridge
 - Hardcopy braille books and braille magazines
 - Headphones

Catalogs

- Talking Book Topics, a bi-monthly catalog of newly recorded books:
 - Large Print
 - Audio
 - I do not want a catalog
- Braille Book Review, a bi-monthly catalog of new Braille books:
 - Large Print
 - Braille
 - I do not want a catalog

How did you learn about the NLS free library service? Check up to three:

- Veterans Affairs/Defense Health Agency
- School
- Friend/Family
- Consumer/Support Group
- TV Ad
- Other Ad (specify)
- Other (specify)
- Other Health Care Professional
- Vocational Rehabilitation Center
- Public Library
- Event/Expo
- Radio Ad
- Internet/Social Media (specify) _____

Reading Preferences (Optional): Complete the following if you want library materials sent by home delivery, USPS Free Matter for the Blind

Reading Preferences: Check A or B

- A. Do not select books for me. Send only the specific titles that I request.
- B. I wish to have books selected for me.

Note: If you want books selected for you, the library needs information about your reading interests. Please check all the types of books or subjects you prefer.

Age Range: Adult Titles Young Adult Titles Children’s Titles, Grade: _____

Subject Category:

- | | | |
|--|---|--|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Biography | <input type="checkbox"/> Christian Fiction/Amish |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> History |
| <input type="checkbox"/> Horror/Paranormal | <input type="checkbox"/> Modern Fiction | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Regional Interest | <input type="checkbox"/> Religion | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Science Fiction/Fantasy | <input type="checkbox"/> War/Military | <input type="checkbox"/> Westerns |

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

I do not wish to receive books that contain (check all that apply):

- Strong language
- Violence
- Explicit descriptions of sex

*Westerns and mysteries usually contain violence.

Notice to Institutions: Institutions may use this application to request service. In this case, the applicant name on the first page of the application should be the name of the institution, with the contact person listed as the person filling the application out. Special rules and regulations may apply institution accounts. Please contact the library to discuss institutional accounts further.

Institution Notes (Schools- list eligible students and their qualifying disability here):
