

**Please return by mail, fax, or email to:**

West Virginia Library Commission  
Special Services  
Culture Center  
1900 Kanawha Blvd. E.  
Charleston, WV 25305

Call: 304-558-4061 or 1-800-642-8674  
Fax: 304-558-6016  
Email: talkbks@wvlc.lib.wv.us

**Please Print or Type:**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (County) (State) (Zip)

Telephone \_\_\_\_\_  
(Area Code + Daytime) (Area Code + Evening)

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
(00-00-0000) (M/F)

Please give the name of a person to contact if you cannot be reached for an extended period:

Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
(Area Code + Daytime)

Please check here if you have been honorably discharged from the armed forces of the United States

Indicate the primary disability preventing you from reading regular printed material.

See definitions under eligibility criteria. Check only one box.

Blindness     Physical Impairment     Deaf-blindness     Visual Impairment  
 Reading Disability

In addition to any of the qualifying disabilities above, do you also have a hearing impairment? If yes, indicate the degree of hearing loss.

Moderate - Some difficulty hearing and understanding speech.  
 Profound - Cannot hear or understand speech.

## Books, Magazines, Materials, and Equipment Accessories:

### I would like to receive the following materials:

- Audio books and magazines
- Braille books and magazines
- Large print books

### Equipment for playback:

### Tell us how you would like to read your books and/or magazines:

- I would like to access library materials using an app on my mobile device (Kindle, tablet, or smartphone). Please note the app provides immediate access to library materials.
- I would like to receive audio books and magazines on cartridge through the mail. Please loan me a free talking book player and mail me my books and magazines. Please note: delivery of materials may take up to 10 days on average.

### Accessories for playback equipment:

- Headphones - Issued solely for use where speakers are not permitted.
- Remote Control
- Breath Switch
- USB Adapter
- Digital Talking book cartridge cable

### Special Services

- Newline - newspaper service accessed through one's telephone
- Descriptive videos

### Music Instruction Materials in Accessible Format

Note: Recorded music for recreational listening is not available through this program

### Return of Equipment:

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this 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 West Virginia Library Commission.

### How did you learn about the NLS Free Library Service?

- |   |  |
|---|--|
| <input type="checkbox"/> Veterans Affairs/Defense Health Agency | <input type="checkbox"/> Other Healthcare Professional |
| <input type="checkbox"/> Vocational Rehabilitation Center       | <input type="checkbox"/> Friend/Family                 |
| <input type="checkbox"/> Library                                | <input type="checkbox"/> School                        |
| <input type="checkbox"/> TV Ad                                  | <input type="checkbox"/> Internet/Social Media         |
| <input type="checkbox"/> Radio Ad                               | <input type="checkbox"/> Consumer/Support Group        |

- Event: \_\_\_\_\_
- Other: \_\_\_\_\_

## Lending of Materials and Classes of Borrowers:

**Veterans:** According to Public Law 89-522, blind and other physically handicapped persons who have been honorably discharged from the armed forces of the United States must receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and other specialized materials.

**Institutions:** Please fill out the Application for Free Library Services for Institutions.

**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 from the categories below.

**Note:** If you wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer. You may also write your reading interests in the space provided below.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adventure Stories          | <input type="checkbox"/> Gardening              | <input type="checkbox"/> Poetry                    |
| <input type="checkbox"/> Animals & Wildlife         | <input type="checkbox"/> Gothic Novels          | <input type="checkbox"/> Politics                  |
| <input type="checkbox"/> Best Sellers - Fiction     | <input type="checkbox"/> Health                 | <input type="checkbox"/> Psychology                |
| <input type="checkbox"/> Best Sellers - Non Fiction | <input type="checkbox"/> Hobbies and Crafts     | <input type="checkbox"/> Religion                  |
| <input type="checkbox"/> Bible                      | <input type="checkbox"/> Horror                 | <input type="checkbox"/> Romance                   |
| <input type="checkbox"/> Biographies                | <input type="checkbox"/> Humor                  | <input type="checkbox"/> Science - Fiction         |
| <input type="checkbox"/> Black Concern              | <input type="checkbox"/> Historical Fiction     | <input type="checkbox"/> Science - Non Fiction     |
| <input type="checkbox"/> Business & Economics       | <input type="checkbox"/> History - U.S.         | <input type="checkbox"/> Self Help                 |
| <input type="checkbox"/> Career and Job Training    | <input type="checkbox"/> History - World        | <input type="checkbox"/> Short Stories             |
| <input type="checkbox"/> Children's Fiction         | <input type="checkbox"/> Homemaking             | <input type="checkbox"/> Spies and Espionage       |
| Grade level ___                                     | <input type="checkbox"/> Humor                  | <input type="checkbox"/> Sports                    |
| <input type="checkbox"/> Children's Non Fiction     | <input type="checkbox"/> Inspirational          | <input type="checkbox"/> Stage and Screen          |
| Grade level ..                                      | <input type="checkbox"/> Mysteries - Cozy       | <input type="checkbox"/> Suspense                  |
| <input type="checkbox"/> Christian - Fiction        | <input type="checkbox"/> Mysteries - Hardboiled | <input type="checkbox"/> Travel                    |
| <input type="checkbox"/> Christian - Romance        | <input type="checkbox"/> Mysteries - Medical    | <input type="checkbox"/> Westerns                  |
| <input type="checkbox"/> Classics                   | <input type="checkbox"/> Mysteries - Police     | <input type="checkbox"/> War - Fiction             |
| <input type="checkbox"/> Cooking                    | <input type="checkbox"/> Mysteries - Suspense   | <input type="checkbox"/> War - Non Fiction         |
| <input type="checkbox"/> Current Affairs            | <input type="checkbox"/> Nature                 | <input type="checkbox"/> Westerns                  |
| <input type="checkbox"/> Drama                      | <input type="checkbox"/> Occult - Fiction       | <input type="checkbox"/> West Virginia             |
| <input type="checkbox"/> Family Stories             | <input type="checkbox"/> Occult - Non Fiction   | <input type="checkbox"/> Young Adult - Fiction     |
| <input type="checkbox"/> Fantasy                    | <input type="checkbox"/> Philosophy             | <input type="checkbox"/> Young Adult - Non Fiction |

**Other Preferences or Authors:** \_\_\_\_\_

Check this box if you wish to receive books in English only. If you wish to receive books in other languages, list the languages \_\_\_\_\_

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

Language                       Violence                       Sex

## Eligibility of Blind and Reading Disabled for Loan of Library Materials:

The following persons are eligible for the National Library Service: Residents of the United States, including territories, insular possessions, the District of Columbia, and American citizens living abroad.

- Blind persons whose visual acuity, as determined by competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends as an angular distance no greater than 20 degrees.
- Other physically handicapped persons are eligible as follows:
  - (a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular printed material.
  - (b) Persons certified by competent authority as unable to read or unable to use regular printed material because of physical limitations.
  - (c) Persons certified by competent authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent reading regular printed material in a conventional manner.

### Certifying authority:

- In cases of blindness, visual impairment, or physical limitations, "competent authority" includes doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and Public or private welfare agencies (e.g., social workers, case workers, 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 the case of a reading disability from organic dysfunction, competent authority is defined as doctors of medicine and doctors of osteopathy who may consult with colleagues in associated disciplines.

### To be completed by Certifying Authority: (Definitions are listed above)

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.

#### Please Print or Type:

Name \_\_\_\_\_ Title/Occupation \_\_\_\_\_

Organization \_\_\_\_\_ Address \_\_\_\_\_

City/County/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

(Area Code+ Daytime)

(Area Code + Evening)

Signature \_\_\_\_\_ Date \_\_\_\_\_