

**OAKLAND COUNTY LIBRARY FOR THE  
VISUALLY & PHYSICALLY IMPAIRED**

**PHONE: 248-858-5050**

**TOLL-FREE: 1-800-774-4542**

**FAX: 248-858-1536**

**TTY: 248-452-2247**

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**OAKLAND COUNTY LIBRARY FOR THE  
VISUALLY AND PHYSICALLY IMPAIRED  
1200 N TELEGRAPH DEPT 482  
PONTIAC MI 48341**

**FREE MATTER  
FOR THE  
BLIND OR  
HANDICAPPED**

**PLEASE SEND TO:**

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## ELIGIBILITY REQUIREMENTS

### BLINDNESS, VISUAL DISABILITY OR PHYSICAL LIMITATION

In cases of blindness, visual disability or physical limitation, eligibility for service must be certified by a “competent authority,” defined to include doctors of medicine or osteopathy; ophthalmologists; optometrists; registered nurses; therapists; or professional staff of hospitals, institutions, or public or welfare agencies (for example: 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. The certifying authority cannot be related to the applicant.

### READING DISABILITIES

Under Public Law 89-522, only persons whose reading disabilities are physically based are eligible for the NLS talking-book program. Furthermore, the reading disability must be certified by competent authority, as having a physical basis before an applicant is considered for the talking-book program. An individual whose reading disability does not have a physical origin is not eligible. Applications for service from individuals claiming a reading disability based on a physical handicap must establish the following facts:

- the reading disability must be of sufficient severity to prevent reading regular or standard printed material in a normal manner.
- the cause of the disability must be physically based, that is, it must be an organic dysfunction, and
- the person certifying the application must be medically able to judge whether the disability has a physical or organic basis.

**Therefore, eligibility for service must be certified by a DOCTOR OF MEDICINE OR OSTEOPATHY ONLY, who may consult with colleagues in associated disciplines.**

The following groups of individuals are not automatically eligible: those who have learning disabilities, dyslexia, attention deficit disorder, attention deficit-hyperactivity disorder, chronic-fatigue syndrome, autism, functional illiteracy, or mental retardation, unless there is a specific accompanying visual or physical handicap.

**PRIMARY DISABILITY (PLEASE CHECK ONLY ONE)**

- Legally Blind (visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees).
- Visual Handicap (inability to read standard printed material without special aids or devices other than glasses).
- Physical Handicap (inability to use standard printed material as a result of physical limitations other than visual).
- Reading Disability (a PHYSICALLY BASED learning disorder that prevents the reading of printed material in a normal manner.) **MUST BE CERTIFIED BY A DOCTOR OF MEDICINE (M.D.) OR OSTEOPATHY (D.O.) See Page 2 for clarification. NOTE: Competent Authority must sign original signature below. NO COPIES OF THE SIGNATURE ARE ACCEPTED.**
- Deaf and Blind (blindness combined with an inability to hear or understand speech).

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**TO BE COMPLETED BY COMPETENT AUTHORITY (See Page 2)**

I certify that the applicant has requested library service and is unable to read or use standard printed material for the reason indicated above. If an institutional applicant, I certify that qualifying residents are enrolled or reside therein.

Please check this box if individual is under **HOSPICE CARE**

SIGNATURE (not stamped) \_\_\_\_\_

NAME (please print) \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS/ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_ PHONE(     ) \_\_\_\_\_



## EQUIPMENT

The Library for the Visually & Physically Impaired will lend machines and accessories compatible with NLS recorded materials to eligible patrons. Please indicate below your equipment and materials preferences.

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### MATERIAL AVAILABLE (PLEASE MARK CHOICES)

- |  |  |
|--|--|
| <input type="checkbox"/> Books on Cassette | <input type="checkbox"/> Large Print Books     |
| <input type="checkbox"/> Digital Books     | <input type="checkbox"/> Magazines in Braille  |
| <input type="checkbox"/> Braille Books     | <input type="checkbox"/> Magazines on cassette |

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### ACCESSORIES

- |   |   |
|---|---|
| <input type="checkbox"/> Headphones       | (ONLY for readers who are moderately hearing impaired or who will listen to books in an institutional setting, such as a nursing home.) |
| <input type="checkbox"/> Pillow phone     | (ONLY for readers confined to bed.)   |
| <input type="checkbox"/> Extension Levers | (ONLY for readers with limited use of their hands-extends the cassette player function keys.)   |

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### ADDITIONAL ACCESSORIES

The following accessories are loaned from the Library of Congress in Washington, D.C. If you indicate a need for any of these attachments, additional application forms and instructions will be sent to you.

- |   |   |
|---|---|
| <input type="checkbox"/> Amplified Headphones | (ONLY for readers who are severely hearing impaired.)                   |
| <input type="checkbox"/> Breath Switch        | (ONLY for readers who have no manual dexterity.)                        |
| <input type="checkbox"/> Remote Control       | (ONLY for readers confined to bed or who have little manual dexterity.) |

## JUVENILE READING PREFERENCES

**Note: Juvenile books are categorized by grade level, not subject. Adult subject preferences below do not apply. (Check box for GRADE LEVEL)**

- Preschool-2**    **K-3**    **2-4**    **3-6**    **4-7**    **Fiction**  
 **5-8**    **6-9**    **9-12(Young Adult)**    **Non-Fiction**

## ADULT READING PREFERENCES

- English only (check box)**    **Other language only (Specify): \_\_\_\_\_**

**F= Fiction (based on imaginary characters or events)   NF= Non-fiction (based on fact)**

**(Please check box(es) for Subject Preferences Below)**

- | <b>F</b>  | <b>NF</b> | <b>F</b>  | <b>NF</b> |
|---|-----------|---|-----------|
| <input type="checkbox"/> <b>Adventure</b>                       |           | <input type="checkbox"/> <b>Mystery (Gen. or Detective)</b>     |           |
| <input type="checkbox"/> <b>African American Interest</b>       |           | <input type="checkbox"/> <b>Nature</b>                          |           |
| <input type="checkbox"/> <b>Animals</b>                         |           | <input type="checkbox"/> <b>Occult</b>                          |           |
| <input type="checkbox"/> <b>Autobiography</b>                   |           | <input type="checkbox"/> <b>Plays</b>                           |           |
| <input type="checkbox"/> <b>Bestsellers</b>                     |           | <input type="checkbox"/> <b>Poetry</b>                          |           |
| <input type="checkbox"/> <b>Biography (Gen. or Celebrity)</b>   |           | <input type="checkbox"/> <b>Political Interest</b>              |           |
| <input type="checkbox"/> <b>Classics</b>                        |           | <input type="checkbox"/> <b>Religion (Cath/Prot/Othr:_____)</b> |           |
| <input type="checkbox"/> <b>Contemporary Fiction</b>            |           | <input type="checkbox"/> <b>Religious Fiction</b>               |           |
| <input type="checkbox"/> <b>Crime</b>                           |           | <input type="checkbox"/> <b>Romance (Gen. or Specific:____)</b> |           |
| <input type="checkbox"/> <b>Fantasy</b>                         |           | <input type="checkbox"/> <b>Science (Gen. or Specific:____)</b> |           |
| <input type="checkbox"/> <b>Health(Gen. or Men or Women)</b>    |           | <input type="checkbox"/> <b>Science Fiction</b>                 |           |
| <input type="checkbox"/> <b>History (Gen. or U.S. or World)</b> |           | <input type="checkbox"/> <b>Short Stories</b>                   |           |
| <input type="checkbox"/> <b>Historical Novels</b>               |           | <input type="checkbox"/> <b>Sports (Gen. or Specific:_____)</b> |           |
| <input type="checkbox"/> <b>Horror</b>                          |           | <input type="checkbox"/> <b>Spy/Espionage</b>                   |           |
| <input type="checkbox"/> <b>Humor</b>                           |           | <input type="checkbox"/> <b>Suspense</b>                        |           |
| <input type="checkbox"/> <b>Inspiration (Gen. or Religious)</b> |           | <input type="checkbox"/> <b>Travel (U.S., Foreign or World)</b> |           |
| <input type="checkbox"/> <b>Jewish Interest</b>                 |           | <input type="checkbox"/> <b>War (Gen. or Specific:_____)</b>    |           |
| <input type="checkbox"/> <b>Legal Thriller</b>                  |           | <input type="checkbox"/> <b>Westerns</b>                        |           |
| <input type="checkbox"/> <b>Light Fiction</b>                   |           | <input type="checkbox"/> <b>Women's Interest</b>                |           |
| <input type="checkbox"/> <b>Medical Thriller</b>                |           | <input type="checkbox"/> <b>Other interests:_____</b>           |           |

## EXCLUSIONS

Please check appropriate box(es) if you DO NOT wish books selected for you containing:

- Explicit Descriptions of Sex
- Strong Language
- Graphic Violence

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## CIRCULATION OF MATERIALS

Materials will be selected for you by computer based on your juvenile grade level or adult subject preferences listed on the previous page. You may request specific titles as well, which will be prioritized above computer selections. Please check box and specify quantity of books next to ONE of the following:

I want \_\_\_\_\_(number of book titles) mailed to me on a weekly basis.

I want \_\_\_\_\_(number of book titles) mailed to me on a bi-weekly basis.

I want \_\_\_\_\_(number of book titles) mailed to me on a monthly basis.

I want books mailed to me on a rotating basis, so that a book is automatically mailed to me when I return a book.

OR: .....

I wish to select my own books without computer assistance. I will provide a list of requests. I want \_\_\_\_\_(number of book titles) mailed to me on a \_\_\_\_\_ basis.

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## CATALOGS

Publications listing newest books on cassette or in Braille.

*Talking Book Topics*

Large Print

Cassette

*Braille Book Review*

Braille

Large Print

# **Oakland County**

*Library for the  
Visually and Physically  
Impaired*

**APPLICATION**

**FOR FREE LIBRARY SERVICE**

—FOLD—

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FREE MATTER  
FOR THE  
BLIND OR  
HANDICAPPED**

To return, re-fold to show this address:  
**OAKLAND COUNTY LIBRARY FOR THE  
VISUALLY AND PHYSICALLY IMPAIRED  
1200 N TELEGRAPH DEPT 482  
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