

**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

**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:

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).

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() _____

PLEASE CHECK THE LIBRARY SERVICES THAT YOU WISH TO RECEIVE

- Large Print Books** - for the moderately visually impaired
 - Talking Books on digital cartridge plus a Digital Talking Book player**
 - Braille and Audio Reading Download (BARD)**. Send me instructions to register for BARD, so I can download talking books and magazines from the BARD website to my Digital Talking Book player
 - Braille Books and/or Braille Magazines**
 - NFB-NEWSLINE service** - I want to listen to national newspapers electronically read to me over the telephone.
-

STANDARD ACCESSORIES

- Headphones** - for the moderately hearing impaired or those who will listen to books in an institutional setting, such as a nursing home
 - Pillow Phone** - for readers confined to a bed
-

SPECIAL ACCESSORIES

The following accessory is available from the National Library Service for the Blind and Physically Handicapped in Washington, D.C. If you need this accessory, we will send you a special application to complete.

- Amplified Headphones** - for the severely hearing impaired ONLY; a physician's certifying signature is required for amplified headphones.

**PLEASE CHECK THE FREQUENCY AT WHICH
YOU WOULD LIKE YOUR BOOKS SHIPPED**

- Send/Return** (Send another book each time one is returned)
- Weekly** (Send _____ number of books each week)
- Bi-Weekly** (Send _____ number of books every other week)
- Monthly** (Send _____ number of books once a month)
- On Demand** (Send books only when I contact you by phone, by email, or by standard mail with my requests.)
-

CHECK YOUR PREFERRED READING LEVEL

- Adult** **Young Adult** **Juvenile Reader**

Juvenile Grade Level: ___ 6-9 ___ 5-8 ___ 4-7 ___ 3-6 ___ 2-4 ___ K-3 ___ P-2

**WILL YOU ACCEPT BOOKS CONTAINING
THE FOLLOWING?**

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Strong Language | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explicit Descriptions of Sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

PLEASE CHECK THE CATALOG YOU WISH TO RECEIVE

- Talking Book Topics** - A bi-monthly large print catalog of new digital books
- Braille Book Review** - A bi-monthly catalog of new Braille books in:
___ Braille format or ___ Large Print format

PLEASE CHECK YOUR FAVORITE READING INTERESTS
- FICTION -

- Adventure—Bestsellers
 - Adventure—Action
 - Adventure—Sea Stories
 - Adventure—Spy
 - Christian Fiction
 - Family—Modern
 - Family—Traditional
 - Historical Fiction-Foreign / Specify Country: _____
 - Historical Fiction-United States / Specify Era: _____
 - Horror—Bestsellers
 - Horror—Short Stories
 - Literature—Classics
 - Literature—Modern
 - Modern Writing
 - Mystery—Bestsellers
 - Mystery—Detective
 - Mystery—Courtroom/Legal Thriller
 - Mystery—Historical
 - Mystery—Short Stories
 - Romance—Bestsellers
 - Romance—Historical
 - Romance—Modern
 - Romance—Short Stories
 - Romance—Traditional
 - Science Fiction—Bestsellers
 - Science Fiction—Fantasy
 - Science Fiction—Short Stories
 - Sports—Fiction
 - War Stories / Specify War: _____
 - Westerns--Bestsellers
 - Westerns—Short Stories

 - OTHER INTERESTS, OR FAVORITE AUTHORS (Please List)
-
-

PLEASE CHECK YOUR FAVORITE READING INTERESTS
- NON-FICTION -

- Adventure
- Aging
- Art/Architecture
- Biography—Autobiography
- Biography—Bestsellers
- Biography—Celebrities/Entertainers
- Biography—Historical
- Biography—Musical
- Biography—Political
- Business
- Careers
- Computers
- Cooking
- Crime Stories
- Disabilities / Specify Disability: _____
- Ethnic Issues
- Folklore/Mythology
- Health - Specify Topic: _____
- History-Foreign / Specify Country: _____
- History—United States / Specify Era: _____
- Hobbies / Specify Hobby: _____
- Inspirational
- Books ABOUT Music or Musicians / Musical Style: _____
- Philosophy
- Plays
- Poetry
- Psychology
- Religion / Specify Religion: _____
- Science / Specify Topic: _____
- Social Issues
- Sports / Specify Sport: _____
- Travel—Foreign
- Travel—United States
- War / Specify War: _____
- OTHER INTERESTS (Please List) _____

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Oakland County

Library for the

Visually and Physically

Impaired

APPLICATION

FOR FREE LIBRARY SERVICE

—FOLD—

FROM: _____

FREE MATTER
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To return, re-fold to show this address:
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