

**LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED  
REGISTRATION INFORMATION**

**WHO IS ELIGIBLE:**

1. Individuals with visual impairments:
  - The legally blind - visual acuity, as determined by a competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.
  - Those unable to read standard printed material with normal corrective lenses.
  - Those unable to read comfortably for a reasonable length of time without special aids or devices other than regular glasses.
2. Individuals with physical disabilities:
  - Those unable to turn pages or hold a book because of muscle or nerve deterioration or paralysis.
3. Individuals who are unable to read standard printed material due to visual-perceptual disorders or neurological dysfunction. **Must be certified by a medical doctor. See page 4.**
4. Those with **temporary** conditions listed above.
5. **Qualified readers must be residents of the United States, including territories, insular possessions, and the District of Columbia, or American citizens domiciled abroad.**

**Revised July 2005**

## **SERVICES AVAILABLE:**

Materials obtained from the Library of Congress, National Library Service for the Blind and Physically Handicapped (NLS), as well as other materials purchased with State and donated funds are available for loan from the Hawaii State Library for the Blind and Physically Handicapped (LBPH):

1. **BOOKS:**

- Recorded Cassettes (RC)
- Braille Books (BR)
- Locally Produced Cassettes (HIC)
- Locally Produced Braille (HIB)
- Locally Produced Large Type (HIL)

2. **MAGAZINES:** on cassette and in large type and braille. Direct mail subscriptions from the producer available free of charge.

3. **CATALOGS:** Listings of books and magazines available in large type, cassette, braille and computer disk. Direct mail subscriptions from the producer available free of charge.

4. **MACHINES:** Special machines designed to play the NLS distributed cassettes. Machine repair for malfunctioning NLS equipment is provided by LBPH.

5. **DESCRIPTIVE VIDEOTAPES FOR THE BLIND (DVT).** For "Home Use Only".

6. **LARGE TYPE (LT) BOOKS AND MAGAZINES:** A Hawaii State Public Library System library card is needed to borrow the large type books and magazines.

7. **REGULAR PRINT BOOKS AND MAGAZINES ON DISABILITIES:** A Hawaii State Public Library System library card is needed to borrow these materials.
  
8. **RADIO READING SERVICE - HAWAII (RRS):** Closed circuit broadcast of local newspapers and magazines from LBPH over a subchannel of Hawaii Public Radio (KHPR). Special radio receiver from LBPH required.
  - Broadcast: Monday to Friday, 8:00 a.m. - 9:00 a.m. and 8:00 p.m. - 9:00p.m.
  - Presently available only on Oahu, Maui and Kona.
  
9. **TRANSCRIBING SERVICES** in large type, braille and cassette. Priority is given to textbooks. Other materials not already produced in the desired format may be transcribed upon request.

Procedures available upon registering.
  
10. **LBPH NEWSLETTER:** Published 4 times a year. Available in large type, cassette, braille, computer disk or e-mail. Also available on-line at:  
  
<http://www.librarieshawaii.org/locations/oahu/lbph.htm>
  
11. **LIST OF NEW LARGE TYPE BOOKS:** Mailed 4 times a year.

### **HOW TO APPLY:**

1. Complete the attached application form.
2. Have it signed by a "Competent Authority".

## WHO IS A “COMPETENT AUTHORITY”?

1. In cases of **blindness, visual disability, or physical limitations**, “Competent Authority” is defined to include doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or 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 NLS.

2. In the case of a **reading disability from an organic dysfunction (physically based), such as dyslexia**, “Competent Authority” is defined as doctors of medicine and doctors of osteopathy who may consult with colleagues in associated disciplines.

### APPLICATIONS FOR READING DISABILITIES MUST BE CERTIFIED BY A MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY, as stated in Public Law 89-522.

3. **Relatives of applicants are not authorized as the “Competent Authority”.**
4. Applicants are not authorized to sign their own forms, including those borrowing for an institution or agency.
5. A list of students’ names and their disabilities is needed.
6. School or classroom teachers **MUST RENEW** their application at the beginning of each school year and for each summer session.

7. Keep LBPH informed of new users or of persons who no longer wish to receive library services.

## **LENDING OF MATERIALS AND CLASSES OF BORROWERS:**

1. **Veterans:** In the lending of books, materials and playback machines, preference shall be given at all times to the needs of the blind and other physically disabled persons who have been honorably discharged from the armed forces of the United States.
2. **Institutions:** Reading materials and playback machines for the use of blind and physically disabled persons may be loaned to individuals who qualify, to institutions such as nursing homes and hospitals and to schools for the blind or physically disabled for the use of such persons only.

Reading materials and playback machines may also be used in public or private schools where disabled students are enrolled. However, **the students must be certified as eligible on an individual basis and must be the direct and only recipients of the materials and equipment.**

## **FOR MORE INFORMATION**

### **Contact LBPH:**

- M, W, Th, F: 8:30 a.m. - 4:30 p.m.
- T: 10:00 a.m. - 6:00 p.m.
- S, SU - CLOSED
- **Phone:** (808) 733-8444 (Voice/TTY)
- **E-mail:** [olbcirc@librarieshawaii.org](mailto:olbcirc@librarieshawaii.org)

**Neighbor Islands Only:** Call 1-800-559-4096 (Toll Free)

**RETURN THE APPLICATION FORM TO:**

Library for the Blind and Physically Handicapped  
402 Kapahulu Avenue  
Honolulu, HI 96815

**Neighbor island patrons** may return form to LBPH or:

**Hawaii:**

Hilo Public Library  
300 Waianuenu Avenue  
Hilo, HI 96720

Phone: (808) 933-8890 (Voice/TTY)

**Kauai:**

Lihue Public Library  
4344 Hardy Street  
Lihue, HI 96766

Phone: (808) 241-3222

**Maui:**

Kahului Public Library  
90 School Street  
Kahului, HI 96732

Phone: (808) 873-3097 (Voice)  
(808) 873-3087 (TTY)

**Guam:**

Guam Subregional Library for the Blind and Physically  
Handicapped  
Nieves M. Flores Memorial Library  
254 Martyr Street  
Agana, Guam 96910

(671) 472-6417

LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED  
APPLICATION FOR FREE LIBRARY SERVICE

PLEASE PRINT OR TYPE

DATE \_\_\_\_\_

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME AND TITLE OF RESPONSIBLE BORROWER

\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

\*\*\*\*\*

**TO BE COMPLETED BY COMPETENT AUTHORITY**

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I certify that the institution named on this form serves persons unable to read or use standard print material because of blindness, visual disabilities, physical limitations or reading disabilities. I further certify that the materials and equipment borrowed will be used by such persons only.

SCHOOL YEAR \_\_\_\_\_

Name of Institution

\_\_\_\_\_

Title/Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

ALL INFORMATION IS KEPT CONFIDENTIAL

Revised February 2005



## BOOKS/MAGAZINES

**Please check the items you wish to receive:**

- |   |  |
|---|--|
| <input type="checkbox"/> Books on Cassette Tape | <input type="checkbox"/> Magazines on Cassette Tape      |
| <input type="checkbox"/> Braille Books          | <input type="checkbox"/> Braille Magazines               |
| <input type="checkbox"/> Large Type Books*      | <input type="checkbox"/> Large Type Magazines (non-NLS)* |

**\* Hawaii State Public Library System Library Card required - indicate card number: \_\_\_\_\_**

## READING PREFERENCES

- I will select titles

**OR**

- Library will select books for me in the following categories.  
**LIMIT NUMBER TO TEN (10).**

### Fiction

- Adventure Stories  
 Animal Stories  
 Bestsellers  
 Classics  
 Contemporary/General Fiction  
 Family Stories  
 Historical Novels  
 Legal Stories  
 Mysteries/Detective  
 Occult/Horror  
 Political Stories  
 Romance  
 Science Fiction  
 Short Stories  
 Spy/Espionage  
 Thrillers/Suspense  
 War Stories  
 Westerns  
 Other \_\_\_\_\_

### Non-Fiction

- Autobiographies/Biographies  
 Bestsellers  
 Cooking/Diet & Nutrition  
 Current Affairs  
 Hawaiiana  
 History, U.S.  
 History, World  
 Humor (incl. Fiction)  
 Medicine & Health  
 Stage/Screen/TV (incl. Biography)  
 Nature (incl. Fiction)  
 Physical Science  
 Politics/Government - U.S.  
 Religion: Denomination \_\_\_\_\_  
 Social Science  
 Sports  
 Travel  
 War  
 Other \_\_\_\_\_

**DO NOT WANT**

**SOME OK**

|                |       |       |
|----------------|-------|-------|
| Sex            | _____ | _____ |
| Violence       | _____ | _____ |
| Rough Language | _____ | _____ |

Reading Level:    ( ) Pre-school  
                           ( ) Elementary Grade \_\_\_\_\_  
                           ( ) Junior High Grade \_\_\_\_\_  
                           ( ) Young Adult Grade \_\_\_\_\_  
                           ( ) Adult

**Foreign Language Materials:**

Spanish \_\_\_\_\_ Other \_\_\_\_\_

**MAILING INSTRUCTIONS FOR BOOKS: ONE ONLY.**

- ( ) "Turnaround" (one book will be sent when one book is returned)
- ( ) "On Demand" (send books only when I request them).

**CATALOGS:** NLS provides catalogs for **patrons to select their own books.** Please mark the preferred format you would like to receive. **ONE ONLY.**

Large Type ( )    Cassette ( )    Braille ( )    Computer Disk ( )

**LBPH NEWSLETTER:** LBPH publishes a newsletter 4 times a year. Please mark the preferred format you would like to receive. **ONE ONLY.**

Large Type ( )    Cassette ( )    Braille ( )    Computer Disk ( )

E-mail ( ) E-mail address: \_\_\_\_\_

The newsletter is also available on-line at:  
**<http://www.librarieshawaii.org/locations/oahu/lbph.htm>**

## EQUIPMENT/ACCESSORIES

FOR LIBRARY USE

Model/Serial Number

Please check the items you wish to receive.

- ( ) **Cassette Book Machine** (standard) \_\_\_\_\_
- ( ) **Easy Cassette Machine (E-1)** \_\_\_\_\_  
(Only for persons who cannot operate  
the controls of the standard cassette  
machine)
- ( ) **Headphone** (standard) \_\_\_\_\_
- ( ) **Pillowphone** \_\_\_\_\_  
(Only for persons confined to bed)
- ( ) **Extension Levers** \_\_\_\_\_  
(For those with limited use of their hands.  
For standard cassette player)
- ( ) **Headphone Amplifier \*** \_\_\_\_\_  
(For those with a hearing impairment.  
Form must be signed by a physician or  
audiologist)
- ( ) **Remote Control Unit \*** \_\_\_\_\_  
(For those confined to bed or with  
limited use of their hands)
- ( ) **Breath Switch \*** \_\_\_\_\_  
(For those with little or no use of  
extremities. Must be used with  
Remote Control Unit)
- ( ) **Radio Reading Service Receiver** \_\_\_\_\_

**\*Special application required. May take 4 weeks to receive.**

**INSTRUCTIONS FOR RECEIVING EQUIPMENT:**

- ( ) Send the equipment to address indicated on form.
- ( ) Will pick up equipment at LBPH.
- ( ) Will pick up at nearest public library.

Specify: \_\_\_\_\_

**Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with the recorded reading material provided by the National Library Service for the Blind and Physically Handicapped and its cooperating libraries, it MUST be returned to the issuing agency.**

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**FOR LIBRARY USE ONLY**

Patron ID No. HI1A \_\_\_\_\_

HSPLS No. \_\_\_\_\_ Large Type Only \_\_\_\_\_

Welcome Letter \_\_\_\_\_  
Instructions \_\_\_\_\_  
Loan Policy \_\_\_\_\_

LT Instructions \_\_\_\_\_  
DVT List \_\_\_\_\_  
TSS Procedures \_\_\_\_\_

Send copy of application to: Hawaii ( ) Kauai ( ) Maui ( ) Date Sent \_\_\_\_\_

Catalogs (list):