



HAWAII STATE LIBRARY FOR THE BLIND AND PRINT DISABLED

402 Kapahulu Avenue, Honolulu, Hawaii, 96815; (808) 733-8444, www.librarieshawaii.org/lbpd

APPLICATION FOR FREE LIBRARY SERVICE: INDIVIDUALS

Audio, braille and large print books are available to those who are unable to read standard printed materials as a result of blindness or other visual or physical disability. Residents of the United States and American citizens living abroad are eligible for service. Please fill out all sections completely and print clearly.

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Telephone: (Day) _____ (Evening) _____

Date of Birth: _____ Gender: _____

Alternate contact if you cannot be reached for an extended period:

Name: _____ Telephone: _____

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

Indicate the primary disability preventing you from reading regular printed material.
Check one box only. See eligibility criteria on next page.

- Blindness Physical disability Deaf-blindness
 Visual impairment Reading disability

If you also have a hearing impairment please indicate the degree of hearing loss.

- Moderate – some difficulty hearing and understanding speech.
 Profound – cannot hear or understand speech.

Notice: Records relating to recipients of Library of Congress reading materials are confidential except for those portions defined by local law as public information.

ELIGIBILITY AND CERTIFICATION

Eligibility Criteria: The following people are eligible for service:

1. **Blind:** Those whose visual acuity is certified as being 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.
2. **Visually impaired:** Those certified as having a visual impairment, with correction and regardless of optical measurement, which prevents the reading of regular printed material
3. **Physically disabled:** Those certified as unable to read or unable to use regular printed material because of physical limitation
4. **Reading disabled:** Those certified 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:

1. **In cases of blindness, visual impairment or physical limitations,** applicants must be certified by a competent authority, which includes doctors of medicine or osteopathy, ophthalmologists, optometrists, registered nurses, therapists, and professional staff of hospitals, institutions, and welfare agencies. Certification may also be made by any person whose competence under specific circumstances is acceptable to the Library of Congress.
2. **In the case of a reading disability,** applicants must be certified only by doctors of medicine or doctors of osteopathy.
3. Relatives may not sign as the competent authority.

TO BE SIGNED AND COMPLETED BY CERTIFYING AUTHORITY:

I certify that the named applicant requesting library service is unable to read or use regular printed materials for the reason indicated on this form.

Signature: _____ Date: _____

Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

READING PREFERENCES

- Do not select books for me. Send only titles that I request.
 Select books for me.

If you wish to have books selected, please tell us about your reading interests.
Please select no more than 10 subject categories from the list below.

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> History | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Hobbies and Crafts | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Business | <input type="checkbox"/> Humor | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Career | <input type="checkbox"/> Literature | <input type="checkbox"/> Short Stories |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Medicine & Health | <input type="checkbox"/> Spies and Espionage |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Mystery | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Nature | <input type="checkbox"/> Stage and Screen |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Occult | <input type="checkbox"/> Suspense |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Gothics | <input type="checkbox"/> Poetry | <input type="checkbox"/> War/War Stories |
| <input type="checkbox"/> Government | <input type="checkbox"/> Psychology | <input type="checkbox"/> Westerns |

Preference: Fiction Nonfiction Both

Reading level: Adult Young Adult Child (Grade) _____

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

- Strong language Violence Explicit descriptions of sex

Other preferences: _____

Catalogs: NLS provides catalogs to help patrons select books; please select the format you would like to receive:

- Large print Audio Braille

Newsletters: LBPH publishes a large print newsletter 4 times a year; please tell us how you would like to receive it:

- Mail Email Do not send

BOOKS, MAGAZINES AND EQUIPMENT

Please select the format of reading materials you wish to receive:

- | | |
|--|--|
| <input type="checkbox"/> Audio books & magazines | <input type="checkbox"/> Music instruction/appreciation in audio |
| <input type="checkbox"/> Braille books & magazines | <input type="checkbox"/> Music instruction/appreciation in braille |
| <input type="checkbox"/> Large print books* | <input type="checkbox"/> Music scores in large print |

*Hawaii State Public Library System Library Card required for large print materials. Please provide HSPLS library card number: _____

BARD is a service for downloading braille and audio books to personal devices. If you would like to access library materials using your mobile device, please check this box.

Please choose mailing preference. Mark one only:

- "Turnaround" (books are sent after books are returned)
- "On Demand" (books are sent only when requested)

Please select the equipment you wish to receive:

- Digital Talking-Book Player SN: _____
- Headphones (Standard) SN: _____
- Flash drive adapter and cable (for Talking-Book Player)
- High volume player and headphones
(For users with profound hearing loss; requires separate application)
- Radio Reading Service receiver SN: _____

Please select how you would like to receive the equipment:

- Send the equipment to address indicated on form
- Will pick up equipment at LBPD
- Will pick up equipment at nearest public library _____

Playback equipment and accessories are supplied to eligible persons on extended loan. If they are not being used for recorded materials provided by the Library of Congress and its cooperating libraries, they must be returned to the issuing agency.

APPLICANT AGREEMENT

It is the responsibility of the library user to:

1. Notify LBPD of any address or phone number changes or of machines needing repair.
2. Keep machine mailing container box to return machine when in need of repair, recalled by the library, or no longer needed. Return them to LBPD or your island's regional library.
3. Take care of books, magazines and machines. Keep away from food, drink and smoke.
4. Do not loan books, magazines or machines to other individuals or institutions.
5. Return books and/or magazines within the prescribed one-month loan period.

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- I understand that to retain the use of the machine provided, I must borrow at least one book or magazine a year from LBPD.
 - I understand that failure to return books and machines in a timely manner may result in suspension and/or cancellation of service.
 - I understand that failure to notify LBPD of change of address or phone may result in cancellation of services.
 - I understand the above responsibilities and agree to abide by the published policies and procedures of LBPD.

Signature of Applicant: _____ **Date:** _____

Please deliver or mail this application to LBPD. Our address is 402 Kapahulu Avenue, Honolulu, Hawaii, 96815.

FOR LIBRARY USE ONLY

Patron ID No. HI1A _____

HSPLS No. (for large print only) _____

Registration information provided: Yes () No ()

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

Catalogs (list):