



KANSAS TALKING BOOK PROGRAM

INDIVIDUAL APPLICATION

Please read Eligibility and Certification criteria on page 2

Please Print or Type. Send completed form to your local Talking Book Service Center

Name _____ Phone _____

Street _____ Birth Date _____ Sex _____

City _____ County _____ State _____ Zip _____

E-mail address _____

Contact Person _____ Phone _____

(Whom shall we contact if we have a question about your book order?)

Please list others who may be helping you with this program _____

____ By law, preference in lending of books and equipment is given to veterans. Please check here if you have been honorably discharged from the United States Armed Forces.

Check ONLY one:

- Blindness
- Visual Impairment
- Reading Disability (see B2 on Page 2)
- Deaf and Blind
- Physical Impairment

Does the applicant also have a hearing impairment?

- Moderate (some hearing loss)
- Profound (cannot hear or understand speech)

To be Completed by Certifying Authority: (see page 2)

I certify that the applicant named has requested library services and is unable to read or use standard printed material for the reason indicated above. (Please print or type.)

Name _____

Title and Occupation _____

Phone _____ Street _____

City _____ County _____ State _____ Zip _____

Signature _____ Date _____

Statement of Confidentiality/Waiver

In accordance with authorizations in Kansas law, the personal information provided in this completed form will be held in confidence by the Kansas Talking Book Service and will not be available for examination by individuals, institutions or government agencies outside the network. You may periodically receive calls to rate your service satisfaction with Talking Books. The information on this application may only be shared with the applicant or the person identified as "contact person."

Eligibility of Blind and Other Physically Handicapped Persons for Loan of Library Materials

The following persons are eligible for loan services:

1. Legally blind persons.
2. Other physically handicapped persons as follows:
 - a. Persons whose visual disability, with correction, prevents the reading of standard printed material.
 - b. Persons unable to read or unable to use standard printed materials as a result of physical limitations.
 - c. Persons having a **reading disability** resulting from **organic dysfunction** and of sufficient severity to prevent their reading printed material in a normal manner (See B.2 below).

Certifying Authority:

1. In cases of blindness, visual impairment, 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 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.
 2. In the case of **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.
- C. Qualified readers must be residents of the United States, including territories, and the District of Columbia, or American citizens domiciled abroad.

Books, Magazines and Equipment

You may borrow any of the following items. Check those you wish to receive.

Talking Books on Cassettes with

- Cassette machine** (books and magazines)
- Digital Player** (available on a limited basis in 2009; books only)
- Braille books and magazines

Accessories for Specialized Needs

- Headphones (only for use where speakers are not permitted)
- Pillow “speaker” (issued solely to readers confined to bed)
- Amplifier (only for use by readers with profound hearing loss—a special application must be signed by a physician or licensed audiologist)
- Remote control (must be confined to bed or have little or no dexterity)
- Extension lever (for readers with limited use of their hands)
- Breath switch (for persons with little or no use of hands, must be used with remote)

Book Selection

Select one of the following:

____ Please select books for me in the categories checked below.

____ I will select titles from Talking book catalogs sent to me or through the online services, <http://www.klas.com/kstb>.

Reading Preferences of Applicant: (check as many as you want)

____ Animals	____ Mystery/Suspense	Favorite author(s):
____ Bible & Religion	____ Romance	_____
____ Biographies	____ Science Fiction	_____
____ Family stories/gentle stories	____ Western	_____
____ Historical fiction	Other interests _____	____ Fiction
____ History—U.S.	_____	____ Nonfiction

____ I do not wish to receive books that contain:

Violence Explicit sex Strong language

____ Applicant reads English only. ____ Applicant also reads in _____ language.

____ I am interested in receiving magazines.

____ I am interested in receiving descriptive videos.

How did you learn about Talking Books? Friend Family member

Medical professional Caregiver Other _____

Return of Equipment

Playback equipment and special attachments are supplied to eligible persons on extended loan. If the loaned equipment is not being used in conjunction with recorded reading material provided by the Library of Congress, it must be returned to the loaning library.

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