

Michigan Braille and Talking Book Library

(A Service of the Bureau of Services for Blind Persons, Labor and Economic Opportunity)

702 W. Kalamazoo St., P.O. Box 30007, Lansing, Michigan 48909-7507

Toll Free: 1-800-992-9012

Local Phone: 1-517-284-2880

Fax: 1-517-284-2885

Email: btbl@michigan.gov

Web: www.michigan.gov/btbl

Application for Free Library Service

Applicant Name _____

Street Address _____

City _____ County _____ State MI Zip _____

Primary Telephone _____ Alt. Telephone _____

Birth Year _____ Gender _____

Email Address _____

Alternative contact if you cannot be reached:

Name _____

Telephone _____ Email _____

Veterans: Persons who are blind or have a print disability who have been honorably discharged from the United States military receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and specialized materials (Public Law 89-522).

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

NOTE: Personal information is confidential except for those portions defined by law as public information.

Indicate the primary disability preventing you from reading printed material.

- Blindness Physical Disability Deaf/Blindness
 Visual Impairment Reading Disability

Eligibility of blind and other print-disabled persons for loan of library materials

The following people are eligible for service: residents of the United States, including territories, insular possessions, and the District of Columbia, and American citizens living abroad, provided they meet one of the following criteria:

1. An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
2. An individual who has a perceptual or reading disability.
3. An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Please see www.loc.gov/nls/about/eligibility-for-nls-services for the full eligibility terminology.

Certifying Authority

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

To be completed by Certifying Authority

Name _____ Title _____
Organization _____ Email _____
Address _____ Phone _____
City _____ State _____ Zip _____

I certify that this applicant is eligible for NLS services.

Signature _____

Date _____

A typed or handwritten signature is acceptable after all certifying data is completed.

Reading Preferences (Optional): Complete the following if you want library materials sent by home delivery, USPS Free Matter for the Blind

Reading Preferences: Check A or B

A. Do not select books for me. Send only the specific titles that I request.

B. I wish to have books selected for me.

Note: If you want books selected for you, the library needs information about your reading interests. Please check all the types of books or subjects you prefer.

Age Range: Adult Titles Young Adult Titles Children's Titles, Grade: _____

Subject Category:

Adventure

Biography

Classics

Cooking

Historical Fiction

History

Horror/Paranormal

Modern Fiction

Mystery

Psychology/ Self-Help

Regional Interest

Religion

Religious Fiction/Amish

Romance

Science

Science Fiction/Fantasy

War/Military

Westerns

Please indicate additional genres, titles, authors, or topics: _____

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

Strong language

Violence

Explicit descriptions of sex

*Westerns and mysteries usually contain violence.

I am interested in receiving books in languages other than English (please list other languages):

Notice to Institutions: Institutions may use this application to request service. In this case, the applicant name on the first page of the application should be the name of the institution, with the contact person listed as the person filling the application out. Special rules and regulations may apply to institution accounts.