

Tennessee Library for the Blind and Physically Handicapped
403 Seventh Avenue North
Nashville, TN 37243

E-mail: tlbph.tsla@tn.gov

Website: Tennessee.gov/tsla/lbph/

Telephone: (800) 342-3308, toll-free or (615) 741-3915 (local)

Application for Free Library Service: Individuals

Please complete this application and send it to the Tennessee Library for the Blind and Physically Handicapped at the above address.

Please print or type:

Name (First) _____ (Middle) _____ (Last) _____

Street address _____

City _____ County _____ State _____ ZIP _____

Telephone (Daytime) _____ Date of birth _____

Telephone (Evening) _____ Gender _____

E-mail address _____

Please give the name of a person to contact if you cannot be reached for an extended period:

Name _____ Telephone _____

Please check here if you have been honorably discharged from the armed forces of the United States.

Indicate the primary disability preventing you from reading regular printed material. See definitions under eligibility criteria (see page 2). Check only one box.

Blindness **Physical handicap** **Deaf-blindness**

Visual handicap **Reading disability**

In addition to any of the qualifying disabilities above, do you also have a hearing impairment? If yes, 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 in *Tennessee Code Annotated*, Section 10-8-102.

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

The following persons are eligible for service: Residents of the United States, including territories, insular possessions, the District of Columbia, and American citizens living abroad.

1. Blind persons whose visual acuity, as determined by 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.

2. Other physically handicapped persons are eligible as follows:

(a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of regular printed material.

(b) Persons certified by competent authority as unable to read or unable to use regular printed material because of physical limitations.

(c) Persons certified by competent authority 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:

• In cases of blindness, visual impairment, or physical limitations, “competent authority” includes doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and 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.

• **In the case of a 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.**

To Be Completed by Certifying Authority (Definitions of certifying authority are listed above.) I certify that the named applicant requesting library service is unable to read or use regular printed material for the reason indicated on this form.

Please print or type:

Name _____

Title/occupation _____ Organization _____

Street address _____ Phone _____

City _____ State _____ ZIP _____

Signature _____

Lending of Materials and Classes of Borrowers

Veterans. According to Public Law 89-522, blind and other physically handicapped persons who have been honorably discharged from the armed forces of the United States must receive preference in the lending of books, recordings, playback equipment, musical scores, instructional texts, and other specialized materials.

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 wish to have books selected for you, the library needs information about your reading interests. Please check the types of books or subjects you prefer. You may also write your reading interests in the space provided below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adventure stories | <input type="checkbox"/> Family Stories | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Animals and wildlife | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Psychology & self-help |
| <input type="checkbox"/> Bestsellers—Fiction | <input type="checkbox"/> Folklore | <input type="checkbox"/> Religion & inspiration |
| <input type="checkbox"/> Bestsellers—Non-fiction | <input type="checkbox"/> Gardening | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Bible | <input type="checkbox"/> Government, law & politics | <input type="checkbox"/> Science |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Health | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Business & economics | <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Sea stories |
| <input type="checkbox"/> Children's fiction:
Grade level _____ | <input type="checkbox"/> History—U.S. | <input type="checkbox"/> Short stories |
| | <input type="checkbox"/> History—World | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Children's nonfiction:
Grade level _____ | <input type="checkbox"/> Humor | <input type="checkbox"/> Spy stories |
| | <input type="checkbox"/> Music appreciation | <input type="checkbox"/> Stage & screen |
| <input type="checkbox"/> Christian Fiction | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Suspense stories |
| <input type="checkbox"/> Classic Novels | <input type="checkbox"/> Nature | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Cooking & Homemaking | <input type="checkbox"/> Occult & supernatural | <input type="checkbox"/> War & war stories |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Westerns |

Other preferences: _____

Check this box if you wish to receive books in English language only.

If you wish to receive books in other languages, list the languages: _____

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

Strong language

Violence

Explicit descriptions of sex

Patron's name _____

Books, Magazines, Materials, and Equipment Accessories Please check the box provided for any of the following items and/or services that you wish to receive.

Books recorded on digital cartridge with digital player

Braille and Audio Reading Download (BARD)

Books recorded on audiocassettes with standard cassette player

Braille books & magazines

Large print books

Magazines recorded on audiocassettes

Accessories for cassette book machines

Amplifier (issued solely for use by readers with profound hearing loss; ask for a separate application)

Breath switch

Extension levers

Headphones (issued solely for use where speakers are not permitted)

Remote control unit (issued for readers confined to bed or who have difficulty with mobility; ask for separate application)

Accessories for digital talking book player

Amplifier (issued solely for use by readers with profound hearing loss; ask for a separate application)

Headphones (issued solely for use where speakers are not permitted)

Pillow speaker (issued solely to readers confined to bed)

Music materials

Music instruction on audiocassette

Music instruction on digital cartridge

Music magazines in braille

Music scores in braille

Music scores in large print

(Note: Recorded music for recreational listening is not available through this program.)

Return of Equipment: Playback equipment and accessories are supplied to eligible persons on extended loan. If this equipment is not being used for reading recorded material provided by the Library of Congress and its cooperating libraries, please return it to the Tennessee Library for the Blind & Physically Handicapped.

**Tennessee Library for the Blind
and Physically Handicapped**

**Civil Rights Act of 1964 – Title VI
Data Collection Form**

In compliance with Tennessee Code Annotated 4—21—901 (Title VI Implementation Plans), the **Tennessee Library for the Blind and Physically Handicapped** is collecting the following demographic information. This information will be used for statistical purposes only and your participation in THIS PROCESS IS COMPLETELY VOLUNTARY. Your name will **NOT** be attached to the following data:

Please circle the word that best describes your racial or ethnic category. (These categories are from the U.S. Census.)

WHITE

AFRICAN-AMERICAN

AMERICAN INDIAN, ESKIMO, OR ALEUT

ASIA OR PACIFIC ISLANDER

HISPANIC ORIGIN (of any race)

OTHER RACE _____

If completed, please return with application.

NFB-NEWSLINE® APPLICATION/REGISTRATION FORM

1800 Johnson Street, Baltimore, Maryland 21230
866-504-7300 • (fax) 410.685.5653 • www.nfbnewsline.org

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

E-mail _____

I am registered with a state or private vocational rehabilitation agency for the blind or disabled. Yes No

If yes, please give name: _____

I am enrolled in a public school special education program for the blind or state residential school for the blind or disabled. Yes No

If yes, please specify: _____

I am registered with a cooperating regional library under the program of The National Library Service for the Blind and Physically Handicapped, Library of Congress.

Yes No If yes, please specify: _____

If you answered "no" to all the above questions, you must include with this application a letter from one of the following, which certifies that you are blind or unable to read newsprint due to a disability.

- Your doctor
- Social Security award letter
- President of a local chapter or state affiliate of the NFB
- Teacher or counselor of the visually impaired or disabled

I certify that I am blind or disabled and unable to read a printed newspaper.

SIGNATURE _____ DATE _____



*PLEASE RETURN THE COMPLETED FORM
TO THE ABOVE ADDRESS OR FAX NUMBER.*

What is NFB-NEWSLINE?

Lifetime learning, including detailed awareness of current events, is part of what makes a good citizen, a successful employee or employer, and a valuable participant in community life. Without ready access to information, none of us can reach his or her full potential. Until 1995, the nation's blind did not have the promise of ready access to a fundamental source of such information—the daily newspaper. But now the National Federation of the Blind has created NFB-NEWSLINE®.

NFB-NEWSLINE® is at last making it possible for blind individuals to gain access to newspapers at the same time as their sighted colleagues, friends, and family members. Blind professionals, for example, can now converse on relevant topics, no longer being underinformed about information critical to their professions or left out at social functions when the latest editorial is discussed. Beyond this, a wealth of local information, found primarily in newspapers, is now available to blind people, making participation in the life of the community possible on the basis of equality.

The Internet provides sighted individuals access to thousands of newspapers and magazines with just a quick search. NFB-NEWSLINE® is the only system that will bring blind individuals so much to choose from at the time when the subscriber wishes to read. More and more papers are beginning to understand that blind and visually impaired individuals, just as the sighted, need to have access to their local papers. The numbers of participating papers are steadily growing. If you wish to have your local paper on NFB-NEWSLINE®, or are connected with a newspaper which would like to provide the text of its paper to those who cannot read print, contact the National Federation of the Blind.