



Washington Talking Book & Braille Library

2021 9th Avenue, Seattle, WA 98121-2783

(800) 542-0866 • (206) 615-0400

FAX (206) 615-0437 • wtbbl@sos.wa.gov • www.wtbbl.org

Application for Free Library Service for Individuals

Name _____ Date of Birth _____

C/O _____

(If applicable – including name of senior living community)

Address _____

Street (or P.O. Box)

Apt./Room

City _____ State _____ ZIP Code _____

Phone _____ Primary Language _____

Email Address _____

Email me a username/password for the WTBBL online catalog.

Please send me occasional emails including the library's quarterly newsletter, library events, recommended reads, and library service alerts.

By law, preference in lending books and equipment is given to veterans. Please check this box if you have been honorably discharged from the armed forces of the United States.

In compliance with RCW 42.56.310, application information is confidential and will be used only in relation to your library service.

Please give the name of a person to contact if you cannot be reached:

Name _____ Relationship _____

Phone _____ Email _____

Certification of Eligibility

Eligibility must be certified by one of the following:

- Optometrist or Ophthalmologist
- Doctor of medicine or osteopathy
- Psychologist or therapist
- Registered nurse
- Educator, certified reading specialist, or superintendent
- Librarian
- Social worker, case worker, or counselor
- Rehabilitation teacher
- Other professional staff of hospitals, institutions, public or social welfare agencies

Please select at least one qualification for library service:

- Blindness** Visual acuity of 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.
- Visual Impairment** Inability to read standard printed materials without special aids or devices other than regular glasses.
- Physical Disability** Inability to turn pages or comfortably hold a book for extended periods of time as a result of physical limitations.
- Deafness and Blindness**
- Reading Disability** Inability to read standard printed materials due to perceptual difficulties.

To be completed by certifying authority (as 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.

Certifier Signature*	Printed Name	Date
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Title and Occupation

Address	City	State	ZIP Code
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Phone	Email
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**A typed signature may be used if filling out and submitting application electronically.*

Books and Equipment

All books and equipment are sent and returned through the USPS free of charge. Please select below the services you would like to receive. You may check multiple services.

Talking books:

- Send me books on digital cartridges, and a digital player* needed to use them. Send me these optional accessories for use with the talking book player:
 - Headphones for private listening
 - A remote control
 - A breath-activated switch for individuals with limited or no dexterity

**High volume players for the hearing impaired are available. Please Contact the library for an application to request one.*

- Please sign me up for BARD access to either use the mobile app on my personal device, or to download from the BARD website.

Braille books:

- Send me physical braille books.
- Send me a refreshable, electronic braille display (eReader).
- Send me cartridges with electronic braille books on them to read on an eReader/braille display, and an adapter cable to connect them to the device.
- I would like BARD access to download electronic braille books.

Young Adult and Juvenile Large Print books:

- Send me young adult and juvenile large print books.

Children's Print/Braille books:

- Send me print/braille storybooks.

Choose one option for receiving physical books and cartridges:

- I wish to have the library select books for me.** The library will send books from the **subjects you indicate on the next page**, or from requests you send us. Each book you send back will automatically be replaced.
- I wish to receive only books I request.** Please call us with lists of requests from Talking Book Topics, the audio and online NLS new book catalog or make requests through the WTBBL online catalog in order for us to replace the books you return. No books will be sent if there are no requests made.

*Library materials are on extended loan to certified patrons.
Your cooperation in returning materials no long being used is appreciated.*

Reading Preferences

Please check the listening/reading levels you prefer:

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Middle Grade | <input type="checkbox"/> Kindergarten-3 rd Grade |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Elementary | <input type="checkbox"/> Preschool |

Please list any favorite authors, series, or subjects (not listed below), as well as requests for books in any other language: _____

If we are selecting books for you, please select at least one subject interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Horror/Paranormal | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Animal stories | <input type="checkbox"/> Humor | <input type="checkbox"/> Science Fiction |
| <input type="checkbox"/> Bestsellers | <input type="checkbox"/> Literary fiction | <input type="checkbox"/> Spies & Espionage |
| <input type="checkbox"/> Biographies | <input type="checkbox"/> Mysteries | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Classics | <input type="checkbox"/> Non-Fiction | <input type="checkbox"/> Thriller & Suspense |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Northwest Interest | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Government & Politics | <input type="checkbox"/> Poetry | <input type="checkbox"/> True Crime |
| <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Psych. & Self-Help | <input type="checkbox"/> War Stories |
| <input type="checkbox"/> History | <input type="checkbox"/> Romance | <input type="checkbox"/> Westerns |

- Periodically send me a digital cartridge listing recently recorded books with a short description for each, and an order form to submit requests. (Talking Book Topics).
- Please contact me with information about requesting audio and braille magazines.

Optional Demographic Information

In order to better serve our community, as well as for funding purposes, please fill out the information below. Your responses are confidential.

To which race/ethnic group do you belong? _____

What is your gender identity? _____

Are you a member of the LGBTQIA+ community? Yes No

How did you hear about free library service from WTBBL? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Bookmark/brochure | <input type="checkbox"/> Library/Librarian | <input type="checkbox"/> Optometrist/Ophthalmologist |
| <input type="checkbox"/> Friend/family member | <input type="checkbox"/> School | <input type="checkbox"/> VA/Defense Health Agency |
| <input type="checkbox"/> WTBBL Outreach | <input type="checkbox"/> Television Ad | <input type="checkbox"/> Social worker/Activities Dir. |
| <input type="checkbox"/> Healthcare professional | <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Consumer/Support Group |
| <input type="checkbox"/> Internet/Social Media | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Vocational Rehab. Center |
| <input type="checkbox"/> Other: _____ | | |