



Washington Talking Book & Braille Library

2021 9th Avenue, Seattle, WA 98121-2783

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

Application for Free Library Service for Institutions

Institutions such as hospitals, nursing homes, schools, and rehabilitation centers, which regularly serve clients or students meeting the eligibility requirements on page 2, can apply for free library service in order to:

- Demonstrate the service to new library users
- Provide library service to eligible short-term residents (long-term residents & older students are encouraged to register for individual library accounts)
- Facilitate group or educational activities with residents/students who cannot use standard print

Public Libraries are eligible to apply for limited BARD access as well as talking book materials to demonstrate services available through WTBBL.

Institution Name _____

Primary Contact _____

Address _____

Street (or P.O. Box)

Suite

City

ZIP Code

Phone _____ Extension _____

Email Address _____

Please give the name of an alternate contact if the primary cannot be reached:

Name _____ Phone _____

Position _____ Email _____

Certification of Eligibility

Eligibility must be certified by one of the following:

- Doctor of medicine or osteopathy
- Librarian
- Psychologist or therapist
- Registered nurse
- Educator, certified reading specialist, or superintendent
- 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

Title and Occupation

Address

City

State

ZIP Code

Phone

Email

**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. Your cooperation in returning materials no longer needed or in use is appreciated.

Please provide an estimate number of persons benefitting from library service:

Talking Books: _____ Braille: _____ Large Print: _____

Please select below the services you would like to receive.

Talking books:

- Send us books on cartridges and at least one talking book player.

Number of talking book players requested: _____

Number of headphones for private listening requested: _____

Number of remote controls for the book player(s) requested: _____

- Please register us for BARD access.

More than one staff member may have BARD access, and may be registered through the BARD Application for Institutions link on the BARD website.

Braille books:

- Send me physical 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:

- We wish to have the library select books for us.** 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.
- We wish to receive only books we request.** You will need to call us with lists of requests or make requests through the online catalog in order for us to send you books. **No books will be sent if there are no requests on your library account.**

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 special requests for your library materials content: _____

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 & Law | <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 |

Email us a username & password to submit requests for books online using the WTBBBL catalog available through the Library's website.

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

How did you hear about free library service from WTBBBL? (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"/> WTBBBL 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: _____ | | |

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