

TO BE COMPLETED BY LIBRARY STAFF

DATE RECEIVED _____ DATE ENTERED INTO CUL _____

STAFF NAME _____

WELCOME PACKET MAILED YES NO



Washtenaw Library for the Blind and Physically Disabled @AADL

AADL.ORG ANN ARBOR DISTRICT LIBRARY 343 S. FIFTH AVE • ANN ARBOR, MI 48104

wlbpd.aadl.org • wlbpd@aadl.org • 734-327-4224

APPLICATION AND CERTIFICATE OF ELIGIBILITY FOR LIBRARY MATERIALS

Mail, drop off, or scan and email this application to the WLBPD@AADL (pages 1-3 must be completed). Once your application is processed, you can expect to receive additional information in the form of a welcome packet that will include the first issue of your bi-monthly subscription to the most recent catalogs for ordering books.

A talking book machine will also be provided to you at no cost and immediately upon acceptance of this application. Equipment and materials issued through WLBPD are federal property. When no longer needed, they must be returned by mail or in-person to either the WLBPD@AADL or to the Braille & Talking Book Library in Lansing, MI.

Please know that in order to ensure that you are receiving service according to your preferences, you can expect a call from a Reader Advisor in the coming weeks.

Notice: All patron records pertaining to this service will remain confidential, as required by the Michigan Library Privacy Act.

HOW DID YOU RECEIVE THIS APPLICATION? _____

If you're applying for an institutional account, please list the name of your institution under Name of Applicant and complete all other relevant information below.

LAST NAME (PLEASE PRINT) FIRST NAME M.I.

STREET ADDRESS

CITY, STATE ZIP CODE COUNTY

BIRTHDATE (MO/DAY/YR) EMAIL ADDRESS PHONE NUMBER

Please tell us who to contact if you cannot be reached and/or to assist with your account:

NAME PHONE NUMBER

VETERAN STATUS: *Have you been honorably discharged from the US Armed Forces?*
YES NO

QUALIFYING DISABILITY (please check only one)

- BLIND:** Visual acuity of 20/200 or less in the better eye with correcting glasses or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.
- DEAF-BLIND:** Severe auditory impairment in combination with legal blindness.
- VISUAL DISABILITY:** Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses.
- PHYSICAL DISABILITY:** Unable to read or use standard printed materials as a result of physical limitations. Examples include: without arms or the use of arms; impaired or weakened muscle and nerve control; limitations resulting from stroke, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, and arthritis.
- PHYSICALLY-BASED READING DISABILITY:** Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. Individuals must establish the following facts:
- The reading disability must be of sufficient severity to prevent reading regular or standard printed material in a normal manner,
 - The cause of the disability must be physically based, that is, it must be an organic dysfunction, and
 - The person certifying the application must be medically able to judge whether the disability has a physical or organic basis.

Note: An individual whose reading disability does not have a physical origin is NOT eligible. The signature of a doctor of medicine or doctor of osteopathy is required by federal regulation on the application to certify not only that a reading disability exists and is serious enough to prevent reading regular printed material in a normal manner, but also that the identified condition has a physical basis.

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 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

I certify that the applicant named has requested library service and is unable to read or use standard printed materials for the reason indicated above. The person certifying this application must be a Non-Family Member. (Please print or type.)

NAME (PRINTED)

DATE

TITLE AND OCCUPATION

STREET ADDRESS

CITY, STATE

ZIP CODE

COUNTY

PHONE NUMBER

SIGNATURE

EQUIPMENT: A Digital Talking Book Machine will be mailed directly to you upon receipt of this application. Equipment may be exchanged or returned at any time.

Additional equipment (optional): Headphones

SPECIAL ATTACHMENTS: If you use a breath switch or if you are unable to access your digital talking book machine due to severe hearing loss, you may inquire about special attachment options by calling (734) 327-4224.

SERVICES DESIRED

- Digital Talking Books**
- Braille and Audio Reading Download (BARD):** Downloadable talking books, magazines, and Web Braille books available. An email address is required.
- Large Print Books by Mail:** In order to receive large print books by mail, you must have an Ann Arbor District Library card. If you don't already have an AADL card, please fill out the application on page 6.
- Braille Books**
- Movies on DVD with Descriptive Narration**
- Magazines**

CIRCULATION OF MATERIALS (Please Check One)

- Send/Return:** When you return a book, another will be sent automatically.
- On-Demand:** Books will only be sent when you request them

Would you like a Reader Advisor to select books for you? yes no

PREFERRED READING LEVEL: Please check one that best applies.

- Preschool Young Adult
 Kindergarten Adult
 Grade level 1-9 (please specify _____)
-

WILL YOU ACCEPT BOOKS WITH THE FOLLOWING? Please check all that apply.

- Violence yes no some
Explicit descriptions of sex yes no some
Strong language yes no some
-

IN WHICH FORMAT DO YOU PREFER TO RECEIVE YOUR BI-MONTHLY CATALOG OF NEW BOOKS? Please check one.

- Talking Book Topics Large Print Digital Cartridge
Braille Book Review Large Print Braille
-

READING INTERESTS: Please check subject choices. If you're interested in more specific subject choices, a Reader Advisor can provide more details.

- | | | | |
|-------------------------------|------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> 100 | Adventure | <input type="checkbox"/> 1900 | Historical Fiction - Foreign |
| <input type="checkbox"/> 200 | Aging | <input type="checkbox"/> 2000 | Historical Fiction - U.S. |
| <input type="checkbox"/> 300 | Animals and Nature | <input type="checkbox"/> 2100 | History Foreign |
| <input type="checkbox"/> 400 | Art / Architecture | <input type="checkbox"/> 2200 | History U.S. |
| <input type="checkbox"/> 500 | Bestsellers | <input type="checkbox"/> 2300 | Hobbies |
| <input type="checkbox"/> 600 | Biography | <input type="checkbox"/> 2400 | Holidays |
| <input type="checkbox"/> 700 | Business and Economics | <input type="checkbox"/> 2500 | Home Management |
| <input type="checkbox"/> 800 | Careers | <input type="checkbox"/> 2600 | Humor |
| <input type="checkbox"/> 900 | Computers | <input type="checkbox"/> 2700 | Inspirational |
| <input type="checkbox"/> 1000 | Cooking | <input type="checkbox"/> 2800 | Literature |
| <input type="checkbox"/> 1100 | Disability | <input type="checkbox"/> 2900 | Modern |
| <input type="checkbox"/> 1200 | Entertainment | <input type="checkbox"/> 3000 | Music |
| <input type="checkbox"/> 1300 | Ethnic | <input type="checkbox"/> 3100 | Mystery |
| <input type="checkbox"/> 1400 | Family | <input type="checkbox"/> 3200 | Occult / Horror |
| <input type="checkbox"/> 1500 | Fantasy / Folklore | <input type="checkbox"/> 3300 | Philosophy |
| <input type="checkbox"/> 1600 | Foreign Language | <input type="checkbox"/> 3400 | Plays |
| <input type="checkbox"/> 1700 | General Interest | <input type="checkbox"/> 3500 | Poetry |
| <input type="checkbox"/> 1800 | Health | <input type="checkbox"/> 3600 | Psychology |

- 3700 Reference
- 3800 Regional Interest
- 3900 Religion
- 4000 Romance
- 4100 Science Fiction
- 4200 Science / Technology
- 4300 Short Stories
- 4400 Social Issues
- 4500 Spanish
- 4600 Sports / Recreation
- 4700 Travel
- 4800 War

SPECIFIC TITLES YOU WANT NOW:

FAVORITE AUTHORS OR SERIES:

APPLICATION FOR A LIBRARY CARD FROM ANN ARBOR DISTRICT LIBRARY

I would like to receive Large Print books by mail.

After qualifying as a patron of the WLBDP@AADL, you and your family living at the same address are also eligible for a library card from the AADL. Please sign below (or fill in the information requested below if the applicant is under 18 years old) to receive your AADL card. Your card will be mailed to your home. Family members will need to fill out a separate AADL card application and present identification at any AADL Public Service Desk.

If applicant is under 18 years old: Under Section 3 of the Michigan Library Privacy Act, MLC 397.601 et seq., a library may not release a minor child's library records unless a parent or legal guardian of the minor child completes and signs this form. Release of Minor Child's Library Records:

Print name of minor child: _____

I hereby declare that: 1) I am the mother / father / legal guardian (circle one) of the above-named minor child; and, 2) I accept full responsibility for the return of library materials checked out by the above-named child as well as liability for payment for the child's overdue fines and damaged or lost materials; and 3.) I give consent for the release of the child's library records to:

Print name of parent, guardian or third party: _____

I am applying for an Ann Arbor District Library Card. I agree to be responsible for all use of my card, will observe and comply with all Library rules and policies, and notify AADL promptly of change of address or loss of my Library card. I expressly agree to pay all fines and charges assessed for the untimely return of AADL materials borrowed under my card and all fees, costs, and expenses incurred by the Library in collection of such fines and charges.

Signature of applicant (or parent/guardian if applicant is under 18 years old)

Date

Printed name of applicant

FOR LIBRARY USE ONLY

21621 0

Entered in CUL: Yes No

Staff Name

Date