

TO BE COMPLETED BY LIBRARY STAFF

DATE RECEIVED \_\_\_\_\_ DATE ENTERED INTO WEBREADS \_\_\_\_\_

STAFF NAME \_\_\_\_\_



# Washtenaw Library for the Blind and Print 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 email this application to WLBPD@AADL.ORG. Once your application is processed, you can expect to receive a welcome packet and any equipment that you have requested. 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 Ann Arbor District Library or the Braille and Talking Book Library in Lansing, MI.

Please know that in order to ensure that you are receiving service according to your preferences, you may receive 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.

*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 FIRST NAME MIDDLE  
(PLEASE PRINT)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE ZIP CODE COUNTY

\_\_\_\_\_  
PRIMARY PHONE NUMBER ALTERNATE PHONE NUMBER

\_\_\_\_\_  
BIRTHDATE EMAIL ADDRESS  
(MO/DAY/YR)

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

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER EMAIL ADDRESS

**INDICATE THE PRIMARY DISABILITY PREVENTING YOU FROM READING PRINTED MATERIAL.**

Blindness

Physical Disability

Deaf/Blindness

Visual Impairment

Reading Disability

**If you also have a hearing impairment, please indicate the degree of hearing loss:**

Moderate: Some difficulty hearing and understanding speech

Profound: Cannot hear or understand speech

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**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](http://www.loc.gov/nls/about/eligibility-for-nls-services) for the full eligibility terminology.*

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**VETERANS**

Veterans 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.

## 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 (PRINTED)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ORGANIZATION

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
PHONE NUMBER

I CERTIFY THAT THIS APPLICANT IS ELIGIBLE FOR NLS SERVICES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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

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**BARD (BRAILLE AND AUDIO READING DOWNLOAD)** is a web-based, password-protected service that provides access to thousands of audio and braille books, magazines, and music scores available from NLS. The service is available as an application on a Windows or Mac computer or on an iOS or Android device. The mobile application, known as BARD Mobile, includes built-in playback capability so you can enjoy talking books anytime, anywhere.

### **SERVICE DELIVERY FOR LIBRARY MATERIALS (CHECK ALL THAT APPLY)**

I have a personal mobile device (iPhone, Android, iPad, or Kindle Fire) and Internet or cellular access. I want to download digital talking books and/or eBraille materials to read instantly with the free BARD Mobile application. (Please provide your email address on page 1 for BARD registration.)

I have a personal mobile device and would like to access the free BARD Mobile application, but I would also like materials sent to my home by USPS. (Please select the types of materials you want mailed to your home. Check all that apply.)

Digital talking books and magazines on cartridge/flash drive

Braille books and magazines

Large Print books by mail

(Ann Arbor District Library card required, see page 6)

I do NOT have a personal mobile device. I want my library to send books by USPS to my home. I would like materials in the following format. (Check all that apply.)

Digital talking books and magazines on cartridge/flash drive

Braille books and magazines

Large Print books by mail

(Ann Arbor District Library card required, see page 6)

**EQUIPMENT:** If you elected to receive digital talking books through the mail, a Digital Talking Book Machine will be mailed directly to you upon receipt of this application.

Check this box if you would also like a set of headphones mailed to you.

**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 or emailing [wlbpd@aadl.org](mailto:wlbpd@aadl.org).

**HOW DID YOU LEARN ABOUT THE NLS FREE LIBRARY SERVICE?** Check up to three:

- |  |                       |
|--|-----------------------|
| Veterans Affairs/Defense Health Agency | Event/Expo            |
| Other Health Care Professional         | TV Ad                 |
| School                                 | Radio Ad              |
| Vocational Rehabilitation Center       | Other Ad              |
| Friend/Family                          | Internet/Social Media |
| Public Library                         | Other                 |
| Consumer/Support Group                 |                       |

**READING PREFERENCES (OPTIONAL):** Complete the following if you want library materials sent by home delivery, USPS Free Matter for the Blind.

**Check one:**

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

**PREFERRED READING LEVEL:** Please check at least one.

Adult Titles

Young Adult Titles

Children's Titles (grade: \_\_\_\_\_)

**SUBJECT CATEGORY:**

Adventure

Classics

Romance

Bestsellers/Fiction

History

Science Fiction

Bestsellers/Nonfiction

Mystery

War/Military

Biography

Psychology/Self-Help

Westerns

Please indicate additional titles, authors, genres, series, or topics that you are interested in:

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Will you accept books with the following subjects?

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

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

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# APPLICATION FOR A LIBRARY CARD FROM THE ANN ARBOR DISTRICT LIBRARY

**I would like to receive Large Print books by mail.**

After qualifying as a patron of the Washtenaw Library for the Blind and Print Disabled, 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 separate AADL card applications.

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; 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 fees 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 fees 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 fees 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 into Webreads:      Yes      No

\_\_\_\_\_  
Staff Name      Date