



# WASHINGTON TALKING BOOK & BRAILLE LIBRARY

## Application for Free Library Service

*Mailing Address*

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www.wtbbl.org

*Administered by  
Seattle Public Library*

*Printed on Recycled Paper*

For Office Use Only			
C1		SEA	
SHP		TRI	
CXL		SPO	
PPH		WEB	

*Revised 07/2007*

Name \_\_\_\_\_

Individual or Agency

c/o \_\_\_\_\_

(If Applicable)

Address \_\_\_\_\_

Street

City State Zip Code County

Telephone (\_\_\_\_\_) \_\_\_\_\_

Area Code

E-mail \_\_\_\_\_

E-mail me a username and password for the online catalog.

Birth date \_\_\_\_\_  Female  Male

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

Application information is confidential and will be used only in relation to your library service.

Check one preferred format for information from the Library:

Cassette  Large print  Braille  E-mail

Tell us whom to contact if you cannot be reached:

Name \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

## Certification of Eligibility

**Individuals:** Have a doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, nurse, therapist, or professional staff of a hospital, institution, social welfare agency, or a library certify your eligibility below. Qualified library users must be residents of the United States. I certify that the applicant named is unable to read or use standard printed material for any one of the following reasons:

**Institutions:** (schools, libraries, care facilities): An administrator must sign below, certifying that the institution/school named serves persons who are unable to read or use standard printed material because of one or more of the reasons below and that the reading materials and equipment borrowed will be used by such persons only.

1.  **Blindness**

Visual acuity of 20/200 or less in the better eye with correcting lens, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.

2.  **Visual Impairment**

Inability to read standard printed materials without special aids or devices other than regular glasses.

3.  **Physical Disability**

Inability to turn pages or comfortably hold a book for extended periods of time as a result of physical limitations.

4.  **Reading Disability**

Persons having a reading disability resulting from an organic dysfunction preventing the reading of printed matter.

**Please note: Federal law mandates that only doctors of medicine or osteopathy are allowed to certify cases of reading disability.**

5.  **Deafness and Blindness**

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Certifying Professional's Signature

Title and Occupation

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Address

City

State

Zip Code

(\_\_\_\_\_)

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Phone Number (with area code)

Date

## Books and Equipment

New Library patrons will receive a handbook that explains Library services in detail. All books and equipment are sent and returned through the mail free of charge. Please select below the services which you would like to receive. You may check multiple services.

### Cassette books:

- Send me cassette books and a special cassette player needed to play them

Send me these optional attachments:

- Headphones (large, earmuff style) for private listening
- A pillow speaker for listening in bed
- A remote control unit for individuals confined to bed, or who have low mobility or greatly restricted use of hands or arms
- Key extension levers for severely disabled individuals with limited use of hands or arms, who have difficulty manipulating key controls on cassette player
- An additional application for an amplifier with headphones for the hearing impaired
- An additional application for a breath switch

### Braille books:

- Send me braille books
- Contact me with information on downloading Web-Braille books

### Large print books:

- Send me large print books

### Evergreen Radio Reading Service:

- Send me a special radio to receive the broadcast signal (available in the Seattle, Spokane, and Tri-Cities areas only)
- Send me a password to access the web streaming signal

**Equipment Policy:** Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the Library. Your cooperation with returning these items in a timely manner is appreciated.

## Reading Preferences

Preferred listening/reading level (circle one):

Preschool    K-3    4-6    Junior High    High School    Adult

Indicate the types of books you enjoy reading:

Favorite subjects and genres \_\_\_\_\_

\_\_\_\_\_

Favorite authors \_\_\_\_\_

\_\_\_\_\_

Special interests \_\_\_\_\_

\_\_\_\_\_

List the languages, other than English, in which you wish to receive books: \_\_\_\_\_

Call the Library anytime with any special authors, title, or subject requests, or any questions you might have.

Choose one option for receiving books:

I wish to have the Library select books for me.

The Library will send books from the categories you indicated above or from requests you send us. Each book you send back will automatically be replaced. Expect to receive a call from the Library to talk about the kinds of books you would like to receive.

I wish to receive only books I request.

The Library will select books for you to start your service. You will then need to call us with lists of requests from our bi-monthly catalog of new books or make requests through the online catalog in order for us to replace the books you return. No books will be sent if there are no requests available in your file.