



TALKING BOOK & BRAILLE CENTER

An affiliate of Thomas Edison State College

2300 Stuyvesant Avenue
Trenton, NJ 08618
Phone: 1-800-792-8322
609-406-7179
FAX: 609-406-7181
www.njstatelib.org/tbbc

APPLICATION FOR DEPOSIT ACCOUNT SERVICE

Agency Name: _____

Contact Person: _____

Address: _____

City: _____ County: _____ Zip: _____

Telephone: _____ Extension: _____

E-mail: _____

Type of Agency:

- Nursing Home
Adult Day Care
Library

- Hospital
Other: (Specify)

Types of Services Requested – please indicate any/all services your institution wants to receive

- Digital books – includes 1 player
Books in Braille
Audiovision (Radio Reading Service)
Magazines in Braille

The New Jersey State Library Talking Book & Braille Center is supported by the New Jersey State Library and is funded by the Institute of Museum and Library Services through its Grants to States program.



Adaptive Equipment Requested:

Pillow Speaker – For bedridden readers

Reader Profile:

Check what applies to those who will be using the service.

Books should be in:

English Spanish Other: _____

Restrictions on Book Content:

No explicit descriptions of violence

No explicit descriptions of sex

No strong language

Reading Level(s):

Adult

Young Adult

Preschool

Reading Grade Level _____

(Indicate)

Subjects:

Adventure

Mysteries

The Arts

Nature and Animals

Business & Economics

Occult and Horror

Cooking

Poetry

Disabilities

Popular Biography

Entertainment

Religion

Family Stories

Romance

Historical Fiction

Science Fiction & Fantasy

Historical Non-Fiction

Social Issues

Humor

Sports and Recreation

Literature

Westerns

Travel

Minority Experience

Favorite Author(s): _____

AUTHORIZATION SIGNATURE

Authorization by facility director or library director is required in order for this application to be processed

As Director of this facility, I certify that this facility regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request a Deposit Account with the New Jersey State Library Talking Book & Braille Center in order to provide these individuals with the opportunity to enjoy recorded materials.

Date of Request: _____

Signature: _____

Printed Name: _____

Position Title: _____

Mail completed application to:

**New Jersey State Library
Talking Book & Braille Center
Attention: Mary Kearns Kaplan
2300 Stuyvesant Avenue
Trenton NJ 08618**