

INDIVIDUAL APPLICATION

TO RECEIVE THE SERVICES OF THE NEW JERSEY STATE LIBRARY TALKING BOOK & BRAILLE CENTER (TBBC)

TBBC is a library that serves New Jersey Residents of all ages, children, teens and adults, whose ability to read may be affected by:

- A Physical Impairment
- A Reading Disability
- A Vision Impairment

Anyone who has difficulty reading standard print or holding a book in his/her hand or turning the pages of a book may qualify. Those eligible for TBBC's services can receive a long-term loan of an audiobook player, audiobooks, Braille books, access to download audiobooks, audio magazines, Braille files, news reading services and can use BARD Mobile, an app for the iPad, iPhone and iPod Touch. You can preview the audiobook player online on YouTube at <http://www.youtube.com/user/NJSLTBBC>.

There is no cost for TBBC's services. All of our services are delivered to the home and everything ships back and forth postage-free as "Free Matter for the Blind or Handicapped."

You must apply for TBBC's services. Here are the application steps:

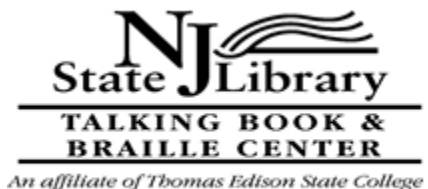
Step 1: Complete this application and have your eligibility certified. The eligibility criteria and a list of who can certify an application are listed on page 2 of the application.

Step 2: When the application is completed and certified, return it to TBBC:

- Fax it: 609-406-7181.
- Scan and Email it: tbbc@njstatelib.org
- Mail it: The last page of the application is a postage-free return label.

Step 3: Once TBBC receives your completed & certified application, you will receive a long-term loan of a digital audiobook player and a collection of audiobooks. These will be shipped to your home.

TBBC is a regional library of the National Library Service for the Blind and Physically Handicapped, a division of the U.S. Library of Congress. It is part of the New Jersey State Library. TBBC is supported by state and federal tax dollars. Questions? Call TBBC toll-free at 1-800-792-8322



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

Application for Library Services and Certificate of Eligibility – PART I

Please print all responses in CAPITAL LETTERS

NAME OF APPLICANT _____

C/O _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip _____

Telephone (_____) _____ Date of Birth _____ Gender _____

E-mail address _____

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.

ALTERNATE CONTACT

In case we need to contact the Applicant but cannot, is there someone whom we can contact such as a CBVI caseworker, social worker, adult child? (If the Applicant is a child, give parent's name.)

Alternate Contact's Name _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

If this is a SCHOOL ACCOUNT, please indicate school name _____

Indicate the primary disability preventing applicant from reading regular printed material.

See definitions under eligibility criteria. Check only one.

- Visual handicap
- Blindness
- Deaf-blind
- Physical handicap
- Reading disability (**Requires M.D. or D.O. certification**)

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.



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 material for the reason indicated above. (Please print or type.)

Authority Name _____

Title and Occupation _____

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail address _____

Authority Signature _____ Date _____

DEFINITIONS OF PHYSICAL LIMITATIONS:

VISUAL HANDICAP: Lacks visual acuity to read standard printed materials without special aids or devices other than regular glasses.

BLINDNESS: 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.

PHYSICAL HANDICAP: Unable to hold a book or turn pages 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 strokes, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, arthritis, or similar conditions.

READING DISABILITY: Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. **IF THIS DISABILITY IS CHECKED, A MEDICAL (M.D.) OR OSTEOPATHIC (D.O.) DOCTOR MUST SIGN.**

This **CERTIFICATE OF ELIGIBILITY** must be completed and signed by a competent authority OTHER than the applicant's immediate family. **AN ORIGINAL SIGNED COPY OF THIS APPLICATION MUST BE SUBMITTED TO TBBC.** In cases of blindness, visual impairment or physical limitations, "competent authority" is defined to include doctors of medicine and osteopathy, optometrists, registered nurses, therapists, professional staff of hospitals, institutions and public welfare agencies (such as social workers, case workers, counselors, rehabilitation teachers and superintendents). In the absence of any of these, certification may be made by a professional librarian or by any person whose competence under specific circumstances is acceptable to the National Library Service (NLS) for the Blind and Physically Handicapped, Library of Congress, Washington, DC. NLS administers [the federal law](#) under which the New Jersey State Library Talking Book & Braille Center operates.

Application for Library Services and Certificate of Eligibility – PART II

In addition to any of the prior listed conditions, does applicant also have a hearing impairment?
If yes, indicate degree of hearing loss. Moderate Profound

A. MATERIALS AND SERVICES AVAILABLE

Book Formats (may select more than one format):

- Audiobook (digital) Braille Web Braille
- Large Print (CHILDREN'S AND YOUNG ADULT READING LEVELS ONLY)
- Cassette audiobooks (LIMITED TO REQUEST ONLY)

B. EQUIPMENT

- Digital Talking Book Player Standard **OR** Advanced
- Cassette Playback Machine

C. SPECIAL ATTACHMENTS

- | | |
|--|---|
| <input type="checkbox"/> Extension levers (CASSETTE PLAYER ONLY) | <input type="checkbox"/> Breath switch – available to readers who have severe physical impairments. (CASSETTE PLAYER ONLY) |
| <input type="checkbox"/> Pillow speaker - limited to readers who are bedridden. | <input type="checkbox"/> Amplifier/headphone system - available to readers who are severely hearing-impaired. This attachment is loaned from the Library of Congress. If requested, loan application forms will be sent to new customer. |
| <input type="checkbox"/> Remote control unit – limited to readers who are bed-ridden or have limited mobility. (CASSETTE PLAYER ONLY) | |

RETURN OF EQUIPMENT

Playback equipment and special attachments are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the New Jersey State Library Talking Book & Braille Center, it must be returned.

D. SERVICES

Audiovision Radio Reading Service. Listen to local and national news through **your local TV cable provider via New Jersey Network** or with a special pre-tuned receiver. Internet streaming service is available for customers with an Internet account. Register at www.audiovison-nj.org.

Please indicate how you receive your television signal:

TV antenna

Satellite

Cable Company (name of cable company _____)

NFB-NEWSLINE: newspapers, magazines and the New Jersey Information Channel by touch-tone phone. (Sponsored by the NJ Commission for the Blind and Visually Impaired.)

E. PERSONAL PREFERENCES:

1) I do **NOT** wish to receive books that contain:

Strong Language.

Violence.

Explicit Description of Sex.

2) **Languages:** Will you borrow books in other languages besides English?

NO

YES

Languages (Specify): _____

3) **My reading level is:** (Check all that apply)

Adult

PreK - K

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

9th grade

High School

F. CIRCULATION OF MATERIALS (The loan period for books is three months.)

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

OR

I wish to have books selected for me from the following subjects

<i>SUBJECTS – Adult</i>		
<input type="checkbox"/> Biographies (specify)	<input type="checkbox"/> History	<input type="checkbox"/> Religion (specify)
<input type="checkbox"/> Black experience	<input type="checkbox"/> Horror	<input type="checkbox"/> Romances
<input type="checkbox"/> Business	<input type="checkbox"/> Humor	<input type="checkbox"/> Science Fiction
<input type="checkbox"/> Christian literature	<input type="checkbox"/> Jewish experience	<input type="checkbox"/> Sea Stories
<input type="checkbox"/> Classics	<input type="checkbox"/> Latino experience	<input type="checkbox"/> Short Stories
<input type="checkbox"/> Computers	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Sports (specify) _____
<input type="checkbox"/> Fantasy	<input type="checkbox"/> Nature and Animals	<input type="checkbox"/> Spy stories
<input type="checkbox"/> Gardening	<input type="checkbox"/> New Jersey Literature	<input type="checkbox"/> Travel
<input type="checkbox"/> Gothic	<input type="checkbox"/> Philosophy	<input type="checkbox"/> War (Non-fiction)
<input type="checkbox"/> Historical Fiction	<input type="checkbox"/> Poetry	<input type="checkbox"/> Westerns

<i>SUBJECTS – Children and Teenagers</i>		
<input type="checkbox"/> Adventure	<input type="checkbox"/> History - American	<input type="checkbox"/> Romance
<input type="checkbox"/> Animals	<input type="checkbox"/> History – Foreign	<input type="checkbox"/> School Stories
<input type="checkbox"/> Classics	<input type="checkbox"/> Humor	<input type="checkbox"/> Science (Specify): _____
<input type="checkbox"/> Family Stories	<input type="checkbox"/> Mysteries	<input type="checkbox"/> Sports (Specify): _____
<input type="checkbox"/> Fantasy / Science Fiction	<input type="checkbox"/> Nursery Rhymes/ABC's	<input type="checkbox"/> Supernatural
<input type="checkbox"/> Friendship	<input type="checkbox"/> Poetry	<input type="checkbox"/> Westerns
<input type="checkbox"/> Historical Fiction		

Other subjects of interest to you that we did not list, or **favorite authors** whose books you prefer to read:

G. BI-MONTHLY PUBLICATIONS LISTING NEW BOOKS - Please indicate the one you want by checking the desired format.

TALKING BOOK TOPICS : Large Print Cassette

BRaille BOOK REVIEW : Large Print Braille

MAGAZINES: The New Jersey State Library Talking Book & Braille Center has a list of more than 70 magazines, which are available at no charge to registered patrons. The magazines are in Braille or on cassette. Magazines can also be downloaded from the Braille and Audio Reading Download database. If you would like a list of available magazines, please check here .

H. LIBRARY NEWSLETTER.

How would you like to receive our newsletter?

Large print

E-mail

Braille

email address: _____

Audio format (digital)

I. HOW DID YOU LEARN ABOUT OUR SERVICES?

Commission for the Blind & Visually Impaired

Outspoken Library

Conference

Public library

Family or Friend

TBBC presentation

Health care provider (doctor/nurse)

TBBC website

Other (please explain):

TV, radio, newspaper, magazine

J. COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED (CBVI)

Information on CBVI can be found on their website:

<http://www.state.nj.us/humanservices/cbvi/home/index.html>

Please check here if you wish to be contacted by or receive information on CBVI

MAIL THIS COMPLETED APPLICATION TO THE ADDRESS BELOW.
FOLD ALONG THE LINE AND STAPLE OR TAPE CLOSED.

**FREE MATTER
FOR THE BLIND OR
HANDICAPPED**

**NJ State Library Talking Book & Braille Center
Attn: Readers' Services
P.O. Box 501
Trenton, NJ 08625-0501**