



IOWA DEPARTMENT FOR THE BLIND

APPLICATION FOR FREE LIBRARY SERVICE

Iowa Library for the Blind and Physically Handicapped
524 Fourth Street
Des Moines, Iowa 50309-2364
515-281-1333 or 800-362-2587
TTY: 515-281-1355

Please Print or Type:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Home Address

Street \_\_\_\_\_
P.O. Box \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_
County \_\_\_\_\_
Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address If Different

Street \_\_\_\_\_
P.O. Box \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_
County \_\_\_\_\_
Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_
Month Day Year

Male

Female

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

ELIGIBILITY and CERTIFICATION

- Blindness Visual acuity of 20/200 or less in the better eye with correcting lenses, or the widest diameter of visual field is no greater than 20 degrees.
Visual Impairment Inability to read standard printed materials with correction and regardless of optical measurement.
Physical Disability Inability to read or use standard printed materials as a result of physical limitations, e.g., paralysis, lack of arms or hands, or extreme weakness.
Reading Disability Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. [Must be certified by a doctor of medicine or osteopathy]
Deaf/Blindness In addition to any of the previously indicated conditions, do you also have a hearing loss? (If yes, see page 2).

Library Use Only: Machine Number

IOWA DEPARTMENT FOR THE BLIND

If you have a hearing loss please indicate the degree:

- Moderate** (Some hearing loss)
- Profound** (Major hearing loss)

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**Qualified readers must be residents of Iowa.**

**To be completed by certifying authority**  
 (see definitions of “certifying authority” below)

I certify the applicant named on page one has requested library service and is unable to read or use standard printed material for the reason indicated on the previous page. Please Print or Type.

Certifier’s Name \_\_\_\_\_

Facility Name \_\_\_\_\_

Title/Occupation (see below) \_\_\_\_\_

Street Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

City, State \_\_\_\_\_ Zip+4 \_\_\_\_\_ - \_\_\_\_\_

Signature x \_\_\_\_\_ Date \_\_\_\_\_

**Definition of “Certifying Authority”**

1. In cases of **BLINDNESS, VISUAL IMPAIRMENT, or PHYSICAL DISABILITY**, certifying authorities include doctors of medicine or osteopathy, ophthalmologists, optometrists, registered nurses, nurse practitioners, physician assistants, therapists, professional staff of hospitals, institutions, and public agencies (e.g., social workers, counselors, or rehabilitation teachers). 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.
2. In the case of a **READING DISABILITY** from an organic dysfunction, the certifying authority must be a **doctor of medicine or osteopathy**, who may consult with colleagues in associated disciplines.
3. **A FAMILY MEMBER IS NOT ELIGIBLE TO SIGN THIS APPLICATION AS A CERTIFYING AUTHORITY.**

**BOOKS, EQUIPMENT, AND OTHER SERVICES**

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Please check those you wish to receive:

**Talking Books on Cassette**  
A cassette player (playback only) will be automatically sent to you. It will play the 15/16 ips, 4 track Library of Congress cassettes.

**Digital Talking Books**  
A digital player (playback only) will be provided. It will play digital audio books on memory cartridges.  
 Standard Digital Player  
 Advanced Digital Player

**Descriptive Video Service**  
Videos with added narration describing action and scenes.

**Large Print Books**

**Braille books**

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**In which format would you like to receive correspondence from the library?**

Large Type       Cassette Tape       Braille       E-mail

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

**MACHINE ACCESSORIES**

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Special accessories for players are available. Please check those needed:

- Extension levers for cassette player** (assists readers with limited use of their hands in operating the standard cassette player controls).
- Headphones** (for patrons with some hearing loss, or for patrons residing in a group setting where headphones are necessary for private listening).
- Pillow Speaker** (for readers confined to bed).

The following accessories require a special application which will be sent to you:

- Amplifier** (solely for use by readers with profound hearing loss).
- Remote Control** (assists readers who have limited use of their hands in turning the standard machine on and off).
- Breath Switch** (for use with the remote control unit for readers who have little or no use of their hands).

IOWA DEPARTMENT FOR THE BLIND

Please give the name of a person to be contacted if you cannot be reached for an extended period. The person should **not** live in the same household.

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If you have received this service from any other library for the blind and physically handicapped, please provide the following information:

Library Name \_\_\_\_\_

**APPLICANT AGREEMENT**

It is the responsibility of the library user to:

- 1. Return library materials and machines to the Iowa Library for the Blind and Physically Handicapped when they are no longer being used.
- 2. Notify the Library of any address or telephone number changes.
- 3. Take reasonable care of materials and machines.
- 4. Borrow at least one book or magazine per year.
- 5. Read and return books within 8 weeks of their receipt, to allow others the opportunity to read them as well.

I understand the above responsibilities and agree to follow them.

X \_\_\_\_\_ Date \_\_\_\_\_  
*Signature of Applicant (parent if applicant is a minor)*

**READING PREFERENCES**

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Your satisfaction is important to us here at the Iowa Library for the Blind and Physically Handicapped. Please don't hesitate to contact us for specific titles or reading suggestions. We encourage you to choose each book that you want to read by submitting lists or requesting titles directly from your reader advisor. You can also give us an idea of your reading preferences on the next page.

IOWA DEPARTMENT FOR THE BLIND

AUTHORS

- Baldacci, David
- Bombeck, Erma
- Braun, Lillian Jackson
- Brown, Sandra
- Canfield, Jack  
(Chicken Soup)
- Christie, Agatha
- Clancy, Tom
- Clark, Mary Higgins
- Connelly, Michael
- Coulter, Catherine
- Dailey, Janet
- Delinsky, Barbara
- Gardner, Erle Stanley
- Garlock, Dorothy
- Grafton, Sue
- Grey, Zane
- Grisham, John
- Hill, Grace Livingston
- Johnstone, William
- Karon, Jan
- Kellerman, Jonathan
- L'Amour, Louis
- Lewis, Beverly
- Macomber, Debbie
- Miller, Linda Lael
- Parker, Robert
- Roberts, Nora
- Steel, Danielle
- Wick, Lori
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBJECTS

- Adventure
- Animal Stories
- Bestsellers
  - Fiction
  - Nonfiction
- Biography
  - Entertainers
  - First Ladies
  - Historical
  - Presidents
  - Religious
  - Inspirational
- Christian Fiction
- Classics
- Cooking
- Family
- Historical Fiction
  - Foreign
  - US
- History
  - Foreign
  - US
- Horror
- Humor
- Inspirational
- Mysteries
  - American
  - British
  - General
  - Cozy
- Nature
- Poetry
- Radio Shows

- Religion  
Specify: \_\_\_\_\_
- Romance
  - Historical
  - Old Fashioned
  - Spicy
- Science
- Science Fiction
- Short Stories
- Spanish Language
- Sports
- Travel
- War
- Westerns
- Other: \_\_\_\_\_  
\_\_\_\_\_

When possible, I would prefer books without:

- Strong Language
- Sex
- Violence
- Narrator with an accent

I would like children's books; my reading level is:

Grade \_\_\_\_\_

(Please contact a librarian with any school requests.)

My preferred language for reading is:

- English
- Other: \_\_\_\_\_

NOTES TO APPLICANT

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Mail (do not fax) your application to the Library. Once your application is received, the Library will send additional information about our services. This will include one or more of the Library's latest catalogs for ordering books, the equipment you requested, and a user's handbook. The Library will also process your subscription to "Talking Book Topics" and /or "Braille Book Review," which will be mailed directly to your residence. This will let you know about the latest books at the Library.

If you have any questions concerning this information, need assistance in completing this form, or would like a Braille copy of this form, please call the library at 515-281-1333 or 800-362-2587.

The Iowa Library for the Blind and Physically Handicapped is open to the public during the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday (closed on Iowa State holidays). We are always glad to have visitors and would love to meet you.

**The machines and special attachments are supplied to eligible persons on extended loan. If this equipment malfunctions, please call the Library for instructions on how to return it. If the equipment is no longer being used in conjunction with the recorded materials from the Iowa Library for the Blind and Physically Handicapped and the National Library Service, it must be returned.**

**CONFIDENTIALITY**

The information required on this application pertains to eligibility for free library services for blind and physically impaired individuals. This information is required by the National Library Service for the Blind and Physically Handicapped of the Library of Congress to fulfill the requirements of Public Law 89-522. Complete and accurate information will speed the application process. All library records, including this application, are considered to be confidential in accordance with the Code of Iowa Chapter 22.7(13).

We look forward to providing you with library service. Please don't hesitate to call us with questions or requests for reading materials.

**Before you mail this application to the library please review the application for completeness.**

- Have you checked the appropriate boxes?
- Has the application been signed?
- Has the appropriate certifying authority signed on page two of the application?

Thank you! Now you're ready to mail the application to:

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Iowa Department for the Blind  
524 Fourth Street  
Des Moines, Iowa 50309-2364**