



**Questions?**

Email: [KTB@ks.gov](mailto:KTB@ks.gov)

Phone: (620) 341-6280 or (800) 362-0699

Online at: [kslib.info/talking](http://kslib.info/talking)

**Application for Talking Books Services**

Applicant's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: KS ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Alternate Contact information**

Others that are authorized to contact us/order books on your behalf.

Contact person: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**By law, preference in lending of books and equipment is given to veterans.**

Please check if you have been honorably discharged for the U.S. Armed Forces.

Please have a doctor, nurse, optometrist, social worker, counselor, teacher, librarian, or other qualified professional complete this entire section. (See Certifying Authority)

**Eligibility Criteria** (Check only one)

Deaf and Blind  Blindness  Visual Impairment

Physical Impairment (which prevents holding a book)  Reading Disability

Does the applicant also have hearing impairment?

Moderate (some hearing loss)  Profound (cannot hear/understand speech)

**Certification of Eligibility** (Cannot be self or relative)

I certify that the applicant named (above) has requested library services and is unable to read or use standard printed material for the reasons indicated above. (Please print or type)

Certifying Authority's name: \_\_\_\_\_

Title and Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Language:  English  Spanish  Other: \_\_\_\_\_

Services Requested:  Audio  Braille

Download digital audio and/or braille using BARD

### **Playback Equipment and Accessories**

Player Selection (Choose One):

Basic – allows for listening to books and magazines

Enhanced – allows for navigation by chapters/bookmarks

I have my own personal mobile device or NLS authorized device

Accessories:

Headphones (only for use where speakers are not permitted)

Pillow “speaker” (issued solely to readers confined to bed)

### **Book selection**

I do not wish to receive books that contain:  Violence  Sex  Strong Language

Select one of the following:

Please select books for me in the categories checked below.

I will select titles from Talking Books catalogs and/or online services.

I will download my own materials.

### **Reading Preferences of Applicant**

To best serve you, some suggested subjects are listed below. Check all that apply.

Animals  Clean reads  Mystery  Science Fiction

Biographies  Historical Fiction  Romance  Westerns

Christian Fiction  History

Favorite author(s) and/or subjects:

How did you learn about the NLS free library service? (check all that apply)

Veterans Affairs/Defense Health Agency  Event/Expo

School  Public Library

Internet/Social Media (specify below)  Friend/Family

Vocational Rehabilitation Center  Other Health Care Professional

Consumer/Support Group  Other Ad (specify below)

TV Ad  Other (specify below)

Comments:

## **Statement of Confidentiality/Waiver**

In accordance with authorizations in Kansas law, the personal information provided in this completed form will be held in confidence by the Kansas Talking Book Service and will not be available for examination by individuals, institutions or government agencies outside the network. You may periodically receive calls to rate your service satisfaction with Talking Books. The information on this application may only be shared with the applicant or the person identified as "contact person."

## **Eligibility of Blind and Other Physically Handicapped Persons for Loan of Library Materials**

The following persons are eligible for loan services:

1. Legally blind persons.
2. Other print disabled persons as follows:
  - a. Persons whose visual disability, with correction, prevents the reading of standard printed material.
  - b. Persons unable to read or unable to use standard printed materials as a result of physical limitations.
  - c. Persons having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner.

## **Certifying Authority**

Eligibility must be certified by one of the following:

Doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, and professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, a social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

Network libraries may accept scanned signatures of certifying authorities in lieu of hard-copy originals. The requirement to retain a signed/certified copy of the application remains. The copy may be retained in paper files or properly organized, secure, and retrievable electronic files.

Qualified readers must be residents of the United States, including territories, and the District of Columbia, or American citizens domiciled abroad.

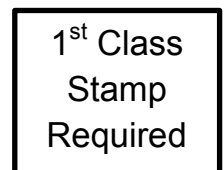
## **Return of Equipment**

Playback equipment and special attachments are supplied to eligible persons on extended loan. If the loaned equipment is not being used in conjunction with recorded reading material provided by the Library of Congress, it must be returned to the loaning library. Funding provided by the State Library of Kansas through a grant from the U.S. Institute of Museum and Library Services.

## **BARD (Braille and Audio Reading Download)**

BARD is a free service available to Kansas Talking Books patrons that enables users to download digital audio and/or braille books or magazines:

- from the website for use with digital talking book machine, or
- to a personal mobile device using the BARD Mobile app.



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