

Connecticut Library for Accessible Books

786 South Main Street Middletown, CT 06457

(860) 704-2220 or (800) 842-4516

Fax: (860) 704-2228

csl.AccessibleBooks@ct.gov



CT State Library

CT Library for Accessible Books

Application for Free Library Service: Individuals

Please complete this application and submit it to the Connecticut Library for Accessible Books (CT LAB). The application may be sent by email, fax, printed and mailed, or printed and hand delivered.

Applicant Information (Please print or type)

Last: _____ First: _____ Middle: _____

Date of Birth (mm/dd/yyyy): _____ Gender: _____

Street Address: _____

City: _____ County: _____ State: **CT** Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Alternate Contact Information

Please provide the name of someone that we can contact if we cannot reach you.

Name: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

Veterans: 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.

☐ Check here if you were honorably discharged from the United States military.

In addition to service via phone, how would you prefer to receive communications from the Connecticut Library for Accessible Books? Please select one.

☐ Mail Large Print

☐ Mail Hard copy braille

☐ Email

Eligibility for Loan of Library Materials

The following people are eligible for service, provided they meet one of the following criteria:

- a) An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
- b) An individual who has a perceptual or reading disability.
- c) An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.

Indicate the primary disability preventing you from reading printed material.

- | | |
|--|---|
| ☐ Blindness | ☐ Reading disability |
| ☐ Visual impairment | ☐ Deaf/Blindness |
| ☐ Physical disability | |

If you also have a hearing impairment, please indicate the degree of hearing loss:

- ☐ Moderate – Some difficulty hearing and understanding speech
- ☐ Profound – Cannot hear or understand speech

See www.loc.gov/nls/about/eligibility-for-nls-services for the full eligibility terminology.

Certifying Authority

Eligibility must be certified by one of the following: doctor of medicine, doctor of osteopathy, ophthalmologist, optometrist, psychologist, registered nurse, therapist, or professional staff of hospitals, institutions, and public or welfare agencies (such as an educator, social worker, case worker, counselor, rehabilitation teacher, certified reading specialist, school psychologist, superintendent, or librarian).

To be completed by Certifying Authority

Name: _____ Title: _____

Organization: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

- ☐ I certify that this applicant is eligible for NLS services.

Signature: _____

Date: _____

A typed or handwritten signature is acceptable after certifying data is completed.

Library Services and Delivery of Materials

Check the types of services that you would like to receive. You may select any combination of the services listed below.

- ☐ Talking Books (audio) books/magazines on cartridges sent to my residence (includes loan of a digital talking book player)
- ☐ Hard copy braille books/magazines sent to my residence
- ☐ Download Talking Books and braille books from BARD (Braille and Audio Reading Download) The service is provided by the National Library Service for the Blind and Print Disabled (NLS), part of the Library of Congress. Materials can be downloaded via a computer web browser or the BARD mobile application

Book Selection

Please select option A or B.

- ☐ **A. I wish to receive only books that I request.** Please call or email the library to request books. No books will be sent to you unless requested.
- ☐ **B. I wish to have books selected for me. Please complete the Reading Preferences section of this application.** The library will send you books based upon your selected preferences. We will also send titles that you request. Each book that you return will prompt automatic delivery of another book to you.

Reading Preferences

Age Range:

- ☐ Adult
- ☐ Young Adult
- ☐ Children's Titles, Grades: _____

Subject Categories:

Please select all categories that represent your reading interests.

- | | | |
|---|---|---|
| ☐ Adventure | ☐ Family | ☐ Inspirational |
| ☐ Animals/Nature | ☐ Fantasy | ☐ Music |
| ☐ Arts | ☐ Gardening | ☐ Mysteries |
| ☐ Bestsellers | ☐ General fiction | ☐ Poetry |
| ☐ Biographies | ☐ Gov't & Politics | ☐ Psychology/Self Help |
| ☐ Business | ☐ Health & Medicine | ☐ Religion |
| ☐ Classics | ☐ Historical Fiction | ☐ Romance |
| ☐ Contemporary fiction | ☐ History | ☐ Sciences |
| ☐ Cooking | ☐ Horror & Occult | ☐ Science Fiction |
| ☐ Disabilities | ☐ Humor | ☐ Short Stories |

- ☐ Sports
- ☐ Spy Stories
- ☐ Stage & Screen

- ☐ Suspense Fiction
- ☐ Travel
- ☐ True Crime

- ☐ War & Military
- ☐ Westerns

Please list some favorite titles, authors, genres, or topics:

Additional Preferences

1. I will accept books containing:

a. Descriptions of Violence

☐ Yes

☐ No

☐ Some

b. Strong Language

☐ Yes

☐ No

☐ Some

c. Descriptions of Sex

☐ Yes

☐ No

☐ Some

2. Some books have not been reviewed for descriptions of violence, strong language, or descriptions of sex.

☐ Yes, I want to be sent these books.

☐ No, I do not want to be sent these books.

3. I am interested in receiving books in languages other than English (please list other languages below):

Survey: How Did You Learn about this Service?

Check up to three:

- ☐ Veterans Affairs/Defense Health Agency
- ☐ School
- ☐ Friend/Family
- ☐ Consumer/Consumer Support Group
- ☐ TV Ad
- ☐ Health Care Professional

- ☐ Vocational Rehabilitation Center
- ☐ Public Library
- ☐ Event/Expo
- ☐ Radio Ad
- ☐ Internet/Social Media
- ☐ Other (specify below)